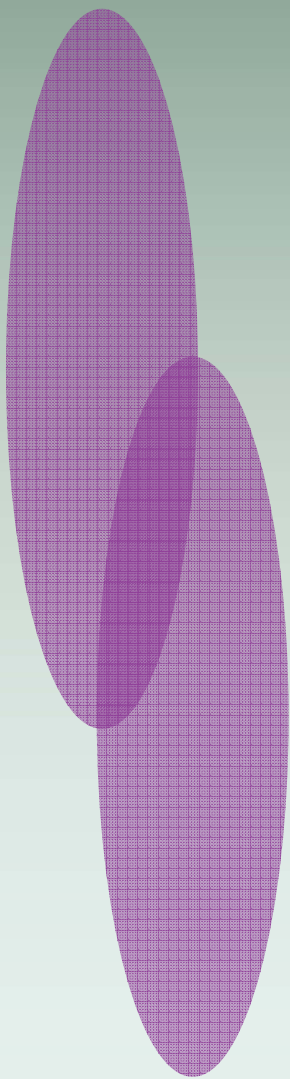


Royal Borough of
Kingston upon Thames

Closing the Gap ...

Strategy for Early Intervention and Prevention

2007 – 2010



Closing the Gap...

Strategy for Early Intervention and Prevention

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Preface

I am pleased to introduce this strategy to close gaps for children and young people, intervene early where we need to and prevent poor outcomes by ensuring we have excellent universal services.

We are ambitious to change life chances for children and young people. They are our future and their well being is the key to the well being of the whole community. We have set ourselves some very challenging targets as part of this strategy, to turn the curve on some long standing social and educational trends. We do not accept the inevitability of poorer outcomes for some children and young people and intend to make more of a difference to their future prospects.

The strategy is a test of our Children's Trust arrangements, with partners in schools, the health service, the police, other agencies and the voluntary sector to work effectively in a joined up way. Focusing together on the work strands set out in this document we will narrow the gap in outcomes for our most vulnerable children, young people and families by 2010.

A handwritten signature in black ink that reads "Bruce McDonald". The signature is written in a cursive style with a large initial 'B' and 'M'.

Bruce McDonald
Chair of the Children and Young People's Trust Board

October 2007

Closing the Gap...

Strategy for Early Intervention and Prevention

Introduction

This document sets out the range of activities in Kingston which are designed to ensure we close achievement gaps, improve life chances and target support effectively to vulnerable children and families who are at risk of poor outcomes.

Our primary role is to support families and communities to improve children's outcomes. The Government's change programme for children's services, *Every Child Matters*, has established new, integrated ways of delivering support to children and families and the communities in which they live. *Every Child Matters* sets out that every child, whatever their background or their circumstances, should have the support they need to achieve the five key outcomes to:

- be healthy;
- stay safe;
- enjoy and achieve;
- make a positive contribution; and
- achieve economic well-being.

The priority for the Children's Trust has been to bring together services for children, particularly education and children's social services and health services, by ensuring that planning and delivery is coordinated and information is shared so that children are supported before they reach crisis point.

While the majority of children and young people in Kingston achieve good outcomes, a significant minority do not and the gap in outcomes for different groups is unacceptable.

The greatest differences in life chances and outcomes exist between those who are affluent and children who suffer social and economic deprivation. Poverty is the biggest barrier to progress. Where we can ensure attainment in education, good social and emotional skills and positive parenting, we provide the essential protective factors which minimise risk and build resilience for children, young people and their families.

This strategy, therefore, is focused on closing the gap by targeting more effort and support, across all the services for children, young people and families, for those who are most vulnerable and at greatest risk of poorer outcomes, particularly those caught in generational cycles of deprivation. It is highly ambitious and its impact will be the greatest test of the effectiveness of our Children's Trust arrangements.

Vision

Our vision is that children, young people and families, especially those at risk, will be able to access appropriate support from a range of services working in a joined up way, quickly and easily, in their local area, local school or children's centre so that outcomes are improved.

Prevention and Early Intervention

Prevention is the process of boosting positive outcomes for children and young people by focusing on promoting key “protective factors” that help boost children’s own capacity to avoid developing problems, i.e. they help boost children’s *resilience* to potential poor outcomes. All universal services are preventative.

For example, promoting high attainment is a preventative intervention – children who do well at school are less likely to go on to develop poor outcomes, even if they are disadvantaged in other respects compared to their peers. Prime examples of preventative services include health visitors, providing care to all new families; Children’s Centres; and schools – the universal service for all children after age five. As prevention is about building resilience for all children, the role of universal services is fundamental.

Early intervention means intervening as soon as possible to tackle problems that have already emerged for children and young people, and therefore reduce the need for more complex interventions at a later stage. Early interventions therefore target specific children and families with an identified need for additional support once problems have already begun to develop. Early intervention is therefore about targeted support.

Key Elements in Our Strategy

The priorities in the Children and Young People’s Plan (see Appendix 1) set out a wide range of planned improvements across the five outcomes. However some of these are more focused on prevention and closing the gap. The following priorities are key to delivering more effective early intervention and prevention.

- Through the Children’s Centre programme and extension of the weekly entitlement to early education for three and four year-olds to 15 hours by 2010 we aim to improve outcomes in the Foundation stage and access to childcare, and reduce worklessness and child poverty;
- Going further to narrow attainment gaps in schools at each key stage;
- Cluster services including provision of extended activities, family support and targeted support for vulnerable children and young people through the ASKK service;
- By 2010-11 schools to offer two hours of free extended activities a week during term time, with two weeks a year of part-time holiday provision, for children eligible for Free Schools Meals;
- Rolling out to all schools the successful Social and Emotional Aspects of Learning (SEAL) programme – building children’s social and emotional skills and providing the foundation for higher attainment;
- More support to help parents play their critical role in supporting children’s development through the parenting strategy, universal advice and guidance service for all parents, family learning and the Family Liaison Service;
- Greater personalisation in children’s centres, schools, health services and youth services in supporting children and families. We aim to ensure that the services provided are more responsive to the needs of families, that they offer additional support earlier and that packages of support are tailored in accordance with need;

- Use the Common Assessment Framework to help schools, health and social care services and other children's services assess risks better;
- Develop more effective practice in supporting children and young people with social and emotional difficulties in schools, eg through the Family Advice and Support Service (FASS);
- Providing more effective support to families caught in a cycle of low achievement. The worst child outcomes tend to be associated with families with complex needs and we aim to ensure that in future we reduce the number of families that require intensive support and intervention. The strategy aims to develop further our dedicated and integrated 'whole-family' support through the use of family lead professionals and multi-agency teams;
- Providing targeted and integrated youth support for 13-19 year olds especially those at risk of under-achievement, anti social behaviour and youth offending, including alternative education provision and a programme of positive activities;
- Improving outcomes for disabled children through the integration of services and more joined up family support.

The Strategy will be a success if:

- We reduce the number of children who need to be on the child protection register
- We reduce the number of Looked After Children as a result of more effective support to families in need
- We improve educational attainment and school attendance for Looked After Children
- We reduce the number of families in crisis as a result of effective early intervention
- We increase the number of vulnerable children and families, who need it, who access affordable childcare and pre-school education
- We raise attainment in the Foundation stage
- We reduce attainment gaps between fsm and non-fsm pupils at every Key Stage
- We increase the number of eligible families who take up tax credits and childcare places funded by the affordability programme
- We increase the number of vulnerable parents who benefit from family support and other parenting advice and guidance
- We continue to reduce teenage pregnancy
- We reduce youth offending
- We continue to reduce NEET (not in education, employment or training) for vulnerable groups
- We increase the number of young people engaged in positive activities and volunteering

- We continue to increase access for disabled children to leisure and out of school activities
- We continue to improve educational attainment for pupils with LDD
- We increase the number of 0-3 year olds who have good health outcomes
- We increase the number of schools implementing the SEAL (social and emotional aspects of learning) programme
- We continue to increase the number of families who live in decent homes and reduce the number in temporary accommodation
- We reduce the number of children requiring more serious interventions
- We can demonstrate improvements and better outcomes for identified families caught in a cycle of under-achievement and with the poorest outcomes
- We demonstrate improved outcomes for children and young people identified at vulnerability level 3, who received integrated packages of support
- We increase the number of vulnerable children who access and benefit from the core offer of extended services
- We reduce the number of children and young people who require intervention due to challenging and anti-social behaviour
- We increase the number of 'at risk' 14-16 years olds who attain educational qualifications at least equivalent to 1 GCSE
- We reduce the number of 11-16 year olds who are persistent truants
- We reduce the number of permanent exclusions

The Prevention Strategy

Where unfavourable or challenging background factors, family characteristics or processes are present, the risk that a child will experience poor outcomes increases. These potentially negative influences are known as 'risk factors'. For example, children from lower income families are more likely to have poor outcomes than children from higher income families. Boys with a convicted father are three times more likely to be convicted of a crime than those with a non-convicted father. Children who experience parental separation and divorce are more likely to have a lower level of academic attainment or no qualifications. Risk factors tend to compound each other – the more risks a child is exposed to the more likely they are to suffer poor outcomes. However poor outcomes are not inevitable.

The strategy, therefore, aims to

- reverse the trends, turn the curve on predicted outcomes
- identify and understand the risk factors for children and young people
- intervene earlier and reduce vulnerability and risk for children and families
- use resources more effectively to achieve longer term impact
- target support where it is needed most and
- make better use of protective factors so as to prevent the poorer outcomes which result if we do little, do it too late or do not do enough.

Preventing negative outcomes from arising in the first instance reduces failure and its accompanying costs, which are significant when more intensive and expensive interventions become necessary. The costs of failure are also borne by society more widely, for example in lost economic contribution, poor health, or the effects in some cases of anti-social behaviour.

For children and young people, the failure to prevent problems from developing or getting worse has adverse consequences for their life chances. Evidence recently commissioned for the Government has shown that childhood problems can be strong predictors of poor and costly adult outcomes, including multiple adult deprivation or being in a workless household. Problems left to deteriorate for too long may never be tackled effectively, even in adulthood.

Having a happy and fulfilling childhood is important in itself. But it is also an important objective for a preventative system – positive outcomes are self-reinforcing and benefit the whole community. Children achieving at school, developing strong relationships within their family, their friends or participating in the community set the foundations to achieve even more in the future. A preventative approach therefore needs to raise aspirations and fulfil the potential of all children – helping them to develop will also make them more resilient and protect them against poor outcomes.

Allowing poor outcomes and social disadvantage to develop for individuals creates high costs for society as a whole. For example

- children in care often experience many poor outcomes, including poor educational attainment. It is estimated that if attainment of children in care could be raised to that of all children, there might be a gain to society of around £6 billion in terms of increased productivity over these children's lifetimes. An attainment 'uplift', to the level of children eligible for free school meals might still yield a gain of around £3.5 billion;
- the costs of teenage pregnancy are particularly difficult to measure, but it has been estimated that the cost of under-18 pregnancies to the NHS alone is £63 million a year and this figure does not take into account other public finance costs, or the wider costs that society might incur;
- youth offending also creates large costs. For example, a place in a Young Offender Institution costs over £50,000 per year and the Audit Commission estimated that if effective early intervention had been provided for just one in ten of those young people sentenced to custody each year, public services alone could have saved over £100 million annually;
- the additional lifetime costs of being NEET at age 16-18 have been estimated at around £8.1 billion in terms of public finance costs;
- poor emotional health in children (mood, behaviour or development problems) predicts poor mental health and social functioning in later life. By age 28 the costs (crime, poor employment or being on benefits, poor health) are ten times higher for individuals who had troubled behaviour than for those who had few or no emotional or mental health problems in childhood.

Differences Start Early with the Risks of Low Income

Differences start very early and depend on childhood factors which include family income and poverty, parental occupation, housing, employment, family relations, mental and physical health, quality of parenting, home learning and family aspirations. The impact of low income is profound on children's development and family resilience. These factors can operate positively and build resilience to negative influences or they can expose a child to greater risk and poorer outcomes in

life. Therefore a focus on the early years, and the difference that can be made through good early years education, childcare and parenting support, are fundamental to achieving better outcomes for children. For example:

- Parental involvement is a bigger factor on achievement and child development than school
- The foundations of adult health are laid in early childhood and before birth
- Before the age of 5, 65% of higher social class children get out of the bottom 25% for cognitive ability
- 75% of lower social class children drop out of the top 25% cognitively able between ages 7-11**
- 30% of the most deprived adults had multiple risk factors at birth
- A father's involvement at age 7 predicts higher outcomes by age 19
- The causes are not genetic, but genetic-environmental
- Therefore we need to identify early those most at risk

** Predicting adult life outcomes from earlier signals: identifying those at risk, Feinstein and Sabates, 2006.

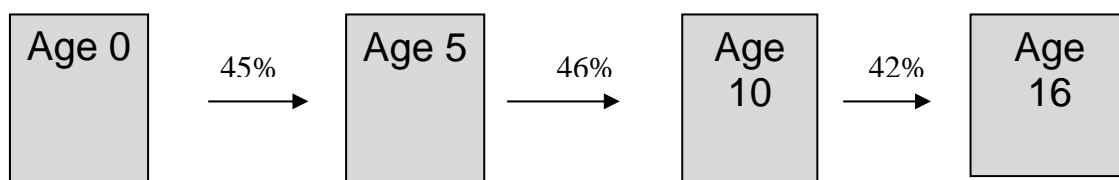
Probability of being at risk from age to age

Failure to secure good child development in the early years brings greater risk of subsequent poor achievement. Children 'at risk' at one age have 40-45% probability of being 'at risk' at the next age. Some children therefore continue to be 'at risk' as they grow up, while others drop out of the high risk groups as a result of changes for the better in their lives. Between 5% and 10% of those children who are most at risk at age 5 develop more than half the factors of adult deprivation by age 16, such as low educational attainment, mental health problems, addiction and offending.

For those children, having indicators at one age, compared with the general population, is quite predictive of them also having indicators of poor outcomes at a later stage – and ultimately later in life.

Children identified as having a range of indicators:

- at birth, have a 45% probability of still displaying indicators of poor outcomes at age five;
- at age five, have a 46% probability of still displaying indicators of poor outcomes at age ten; and
- at age ten, have a 42% probability of still displaying indicators of poor outcomes at age 16.



Our key tasks, therefore, are to

- address the needs of children already experiencing poor outcomes
- and at the same time identify those children who may be more likely to experience poor outcomes in the future.

To be able to do this, the system needs to be capable of providing a continuum of support across services throughout childhood and adolescence and to be able to intervene quickly when poor outcomes do arise.

In order to succeed at prevention we need to get better at forecasting or predicting likely poor outcomes by using the probabilities based on indicators at birth and in the early years. We also need to monitor changes in the risk factors in children's lives at all ages, as the context changes, and respond appropriately.

The need to identify children experiencing poor outcomes, and to monitor children to identify who might be showing signs of developing poor outcomes, implies a key role for universal services. These services, such as midwives, health visitors, GPs, Children's Centres and especially schools – which have constant contact with children and young people throughout childhood – play the primary role in identifying which children might be vulnerable, monitoring their progress and working with other specialised services to deliver more targeted interventions. This is the core business of our school cluster arrangements.

A preventative schedule of support can only be delivered through a whole system approach with the full engagement of universal services, especially schools.

Key Areas of Risk

A key part of the strategy is to identify and assess the needs of the 10-20% of those most at risk with recognised levels of vulnerability, and the 2-3% with multiple risk factors who require intensive support to address very poor outcomes.

There are indicators or 'risk factors' that can help to identify whether children are more likely to develop problems in childhood, adolescence or adulthood. Some indicators are common across a range of poor outcomes and some of the most important are:

- Low income and a low socio-economic background
- Family processes, poor parenting etc
- Living in a deprived neighbourhood
- School performance
- Low attainment
- Child cognitive achievement
- Child behavioural and affective development, poor social and emotional skills
- Child health and growth, eg low birth weight
- Poor parental mental health
- Impaired parenting capacity such as alcohol and drug misuse, domestic violence and learning difficulties

Multiple indicators are especially predictive of poor outcomes – the more indicators a child has, the more likely he or she is to experience poor outcomes.

Local factors and protection

Securing access to the most protective experiences is therefore essential. The key priority areas of protection for children are

- higher attainment – especially for those children who are still falling behind at school;
- better social and emotional skills – for example children's ability to communicate effectively and to control their emotions;
- positive parenting – recognising that what parents do rather than who they are is vitally important to children's development, and
- action to make volunteering and involvement in positive activities the norm for young people, which contributes to social and emotional development and gives access to trusted adults.

There is great social capital in Kingston with strong community networks to protect children from risk. We are building on a strong foundation but we know that a significant minority of children, young people and families do not, or can not, access the opportunities that are available.

There are mostly high performing schools with rich extra curricular support and extended day provision, but are the most vulnerable children targeted to benefit from the best opportunities available?

There are good support services, with improving identification of risk and information sharing across agencies, and an emerging model of well coordinated preventative activity through school clusters and ASKK. But is our effort targeted well enough to close the gap in outcomes for the most vulnerable children and young people?

Focus on Closing Achievement Gaps

We have a number of challenges to address attainment and other gaps between different groups of children and young people.

Attainment gaps, for example, increase with age in relation to deprivation. Attainment at each Key Stage is linked to earlier attainment. The longer attainment gaps are left the harder they are to tackle. While gender and ethnicity are significant in attainment gaps, the single largest attainment gap is between deprived and more affluent pupils.

- In RBK at Key Stage 2 in 2006, 61% pupils on fsm (free school meals) attained level 4 in English and 52% in Maths, compared to non fsm pupils who attained 87% in English and 84% in Maths.
- Nationally 61% pupils on fsm attained level 4 in English and 58% in Maths, compared to non fsm pupils who attained 83% in English and 79% in Maths
- At Key Stage 3 in 2006, 61% pupils on fsm attained level 5 in English and 58% in Maths, compared to non fsm pupils who attained 86% in English and 87% in Maths
- Nationally, 50% pupils on fsm attained level 5 in English and 56% in Maths, compared to non fsm pupils who attained 77% in English and 81% in Maths
- At GCSE 35% pupils on fsm attained 5 A*-C grades, compared to 70% of non fsm pupils
- Nationally in 2006, 33% of fsm pupils achieved 5 or more GCSEs at grades A* –C compared to 61% of non-fsm pupils.

Preventative system.....what do we do

For the system to be most preventative it should be capable of delivering interventions that start from pre-birth to boost preventative factors but can also provide support at all ages during childhood and adolescence where needed. This will:

- help children have a happier and more enjoyable childhood by promoting resilience for all and helping those who might have problems as early as possible;
- help reduce the need for later interventions by preventing children experiencing poor outcomes (prevention); and
- enable interventions to support as early as possible the significant proportion of children whose need was not apparent at earlier ages (early intervention).

As a result of more informed assessment all schools and other settings are now more effectively identifying levels of risk or vulnerability, and are targeting support better to meet children's and parents' needs.

This remains a challenge, to personalise and tailor responses, to be pro-active and take services to families and do it in the context of universal services, schools, children's centres, and community health services.

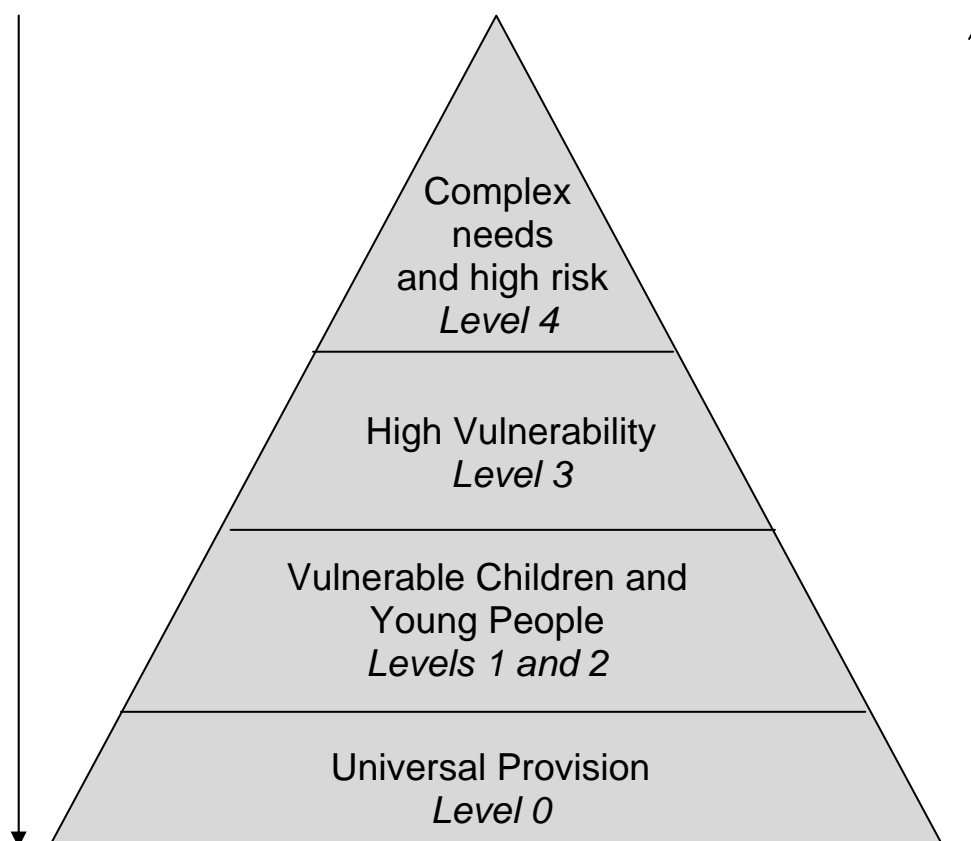
The Local Authority, schools and other partners are also challenged to target more of the available resources for deprived pupils towards those pupils and to invest more in early intervention and prevention.

In providing integrated support packages we are aiming to sustain high quality interventions over time, support children and families through key transitions in their lives and make a long term difference.

One key issue is better access for deprived children to the excellent opportunities and facilities that are already available in Kingston, which we know would act as protective factors in their lives in reducing risk and building resilience.

Targeted and Universal Provision

Our aim is to strengthen universal provision and increase its preventative impact so that there are fewer children and young people with high levels of vulnerability who require serious interventions.



Current developments

We are currently developing and rolling out:

- Multi-disciplinary work between school nurses, health visitors, EPs, EWOs, social care staff, integrated youth support staff
- A Lead Professional for all children and young people assessed at vulnerability level 3
- The use of the Common Assessment Framework (including training)
- A database and tracking of vulnerable children and young people 0-19
- A multi-agency panel and support package through the ASKK service
- Agreed definition and more systematic assessment of levels of vulnerability
- Training in the use of protective indicators and risk factors
- Sharing and use of “vulnerability data” to target additional support in clusters
- Training for Heads and LA and school staff on the prevention model and processes eg the lead professional role and CAF
- Provision of a network of preventative and early intervention support for the most vulnerable pupils and families in clusters, with clear outcomes.

The Work Programme Strands for this Strategy

This strategy is a combination of progressive universalism, prevention and early intervention. There are 12 work strands which make up the strategy.

Progressive universalism means that those children and families who need it should receive additional support to address the persistent gap in outcomes between the lowest and the highest socio-economic groups. This means offering a continuum of support according to need, with greater personalisation of services to meet every child’s and family’s requirements.

Strand 1: Through the Children’s Centre programme and extension of the weekly entitlement to early education for three and four year-olds to 15 hours by 2010 we aim to improve outcomes in the Foundation stage and access to childcare, and reduce worklessness and child poverty

We are determined to ensure that every child gets the best start in life and the ongoing support they and their families need to allow them to fulfil their potential, irrespective of circumstances. Children’s Centres are designed to make a significant difference to outcomes in the early years and later in childhood and adolescence.

Investing in children and young people helps to break the cycle of deprivation so that children born into disadvantaged households do not grow up to have families of their own which under-achieve. Therefore our Children’s Centre programme is also designed to help parents and carers to lift children out of relative poverty, increase access to childcare and decent housing, and improve employability. The programme is key to closing the gap and ensuring more disadvantaged families have better access to support and achieve better outcomes.

The Government requires children’s centres to reach out to the most vulnerable groups in the communities they serve. Research from the National Evaluation of Sure Start showed that while provision benefited disadvantaged families, the most vulnerable service users did not benefit. More priority needs to be given to targeting support where the needs are greatest. For example, recent analysis of the cohort of children born in 2000 has shown that while 57.4% of families with an annual income over £52,000 said they had support from a health visitor in the first year, only 41.5% of families with an annual income of less than £3,000 received a similar service.

Our aim is to ensure that Children Centres contribute to:

- **Family prosperity** – having parents with qualifications or skills, in employment or accessing all the available state benefits to ensure a decent household income, which can increase a child's chances of well-being during childhood and success as an adult;
 - **Parenting** – so that parents' positive behaviour and parenting skills are supported, which has a significant influence on child outcomes, particularly when children are young;
 - **Children's outcomes** – to improve the physical, social, emotional, health and cognitive development of children under 5 so that they are able to make a successful start to school and make good progress in Key Stage 1;
 - **Integrated services** – to ensure the right joined up services are available across social care, education and health, to help all children to achieve their potential and narrow the gaps between affluent and deprived children;
- Childcare** - to secure sufficient childcare to meet the needs of working parents; to provide parents with information and help in their parenting roles; to improve the outcomes for all children up to the age of 5; and reduce inequalities.

Our aim is to use the opportunities afforded by children's centres and extended schools to help narrow attainment gaps by maximising parental involvement in their children's education, with all parents able to play a full role in supporting their children's learning, including through better information about their needs and progress, and the services available to support them.

Through the above services such as our Children's Centres and ASKK arrangements we will be able to monitor the impact of support. We will also use feedback from service users, via Family Support meetings and Children's Centres Service user Groups.

Strand 2: Going further to narrow attainment gaps in schools at each key stage

Narrowing attainment gaps is a key priority. While average attainment has risen, attainment gaps both within and between schools remain, both between boys and girls, and between disadvantaged children and their better off peers.

For example, nationally in 2006, 63.4% of girls achieved 5 or more GCSEs at grades A* –C, compared with only 53.8% of boys. In Kingston 73% of girls and 61% of boys achieved 5 or more GCSEs at grades A* –C.

In 2006, 61% of non-FSM (free school meals) pupils achieved 5 or more GCSEs at grades A* –C compared to 32% of FSM pupils. Only 20% of FSM pupils achieved 5 or more GCSEs at grades A* –C including English and mathematics. In Kingston 36% of fsm pupils achieved 5 or more GCSE grades A* –C.

Low levels of attainment are one of the most predictive indicators of poor outcomes in adulthood. It is essential to boost attainment from the earliest stages of childhood, and early education and childcare and early years support have a key role to play in narrowing attainment gaps and building children's resilience to poor outcomes.

In particular, disadvantaged children can benefit significantly from good quality preschool experiences, giving them a developmental boost at entry to primary school. Pre-school experience raises the average (mean) attainment of children above the expected level at Key

Stage 1. Without pre-school, children from deprived backgrounds fall below expected standards. A key part of this strategy is to narrow attainment gaps in the Foundation stage.

Within the lowest socio-economic groups, the attainment gap in both reading and maths appears to increase over time. This suggests that the experience of pre-school is particularly important in raising attainment levels in the early primary years and that children from low income backgrounds who do not receive early years education are likely to fall further behind other children.

Attainment in the early years is necessary, but not sufficient alone to help deliver improved outcomes. Maximising the chances that children achieve five good GCSEs depends on ensuring high attainment at earlier key stages. Evidence shows that most variation (76%) in attainment at age 14 is in line with expected progress from age 11 – and so reflects the prior influence to age 11. For example, longitudinal research has found that pupils registering in the bottom 20% of reading skills at age ten are up to four times more likely not to be entered for any public examinations at age 16 than good readers at age ten with similar social disadvantages. Most of the difference between school outcomes is directly attributable to the prior attainment of their intake.

However, research also shows that for some children, gains from the early years are not always sustained and consolidated effectively at primary school. In terms of average attainment, the gap between more deprived schools and less deprived schools has been closing, with the greatest rise in attainment coming from the most deprived schools. However within deprived schools, the rise in average attainment has largely been due to improved results for non-free school meals (non-FSM) children. The gap between free school meals (FSM) children and their peers remains significant, and in some cases is even slightly widening. The gap between these groups of children, at key stages 2 and 3, is wider in Kingston than nationally or regionally.

While at school, children from the lowest income groups are three times more likely than children from the highest income groups to fall from the top quartile of attainment, and children from the highest income groups are three times more likely to escape from the lowest quartile of attainment. More affluent children have a 65% probability of escaping from poor attainment between age 7 and age 11, compared to only a 23% probability for low income children. Conversely, children from low income backgrounds have a 74 per cent probability of falling from high attainment between age 7 and age 11, compared to only a 20% probability for more affluent children.

This strategy therefore is focused on closing the attainment gap between better and worse off children. This includes ensuring that all children benefit from sustained, high quality pre-school education, especially those from disadvantaged groups who are sometimes at risk of missing out on the universal free entitlement; providing more personalised services through schools to ensure the additional needs of less affluent children are better met; and ensuring extended services drive up attainment and provide wider support for those at risk of falling behind.

In Kingston the Inspector with specific responsibility for inclusion and personalisation focuses on ensuring that effort is well targeted to ensure vulnerable pupils make good progress. Included in this work is the training being provided through the National Strategies for personalisation and assessment for learning. The agenda for clusters is also focused on the needs of vulnerable pupils to close achievement gaps. At secondary level the Authority will continue to support and challenge schools to address the differential outcomes we have across the secondary sector, both between schools and between departments in schools.

Strand 3: Cluster services including provision of extended activities, family support and targeted support for vulnerable children and young people through the ASKK service

The Government has set a goal that every primary and secondary school will provide access to a range of extended services from 8am to 6pm by September 2010, with half of primary and a third of secondary schools offering this by September 2008.

Outside the classroom, the extended schools programme has a key role to play in boosting social and emotional skills and raising aspirations. Extended schools are resources for the whole community and are ideally placed to give parents and communities access to a wide range of services and support.

The offer includes

- access to a full menu of extended activities and services, including high-quality childcare in primary schools provided on the school site, through clusters or other local providers, with supervised transfer arrangements where appropriate, available 8am-6pm all year round;
- a varied programme of activities, such as homework clubs and study support, sport (at least two hours a week beyond the school day for those who want it), music tuition, dance and drama, arts and crafts, special interest clubs such as chess and first aid courses, visits to museums and galleries, learning a foreign language, volunteering, business and enterprise activities, and a safe place to be;
- parenting support, including information sessions for parents at key transition points, parenting programmes run with the support of other children's services and family learning sessions to allow children to learn with their parents;
- swift and easy access to a wide range of targeted support services such as speech therapy, child and adolescent mental health services, drug and alcohol services, family support services, intensive behaviour support, and (for young people) sexual health services;
- wider community access to ICT, sports and arts facilities, including adult learning.

In addition to developing children's academic abilities, our aim is to ensure extended schools provide a breadth of activities that can raise aspirations by broadening children's horizons and help them to discover and develop talents they may have outside the classroom.

Recent evidence on extended schools shows that participation in extended activities can be associated with higher levels of attainment. Analysis of the performance of 'full service' extended schools showed in secondary schools:

- at GCSE the percentage of pupils in 'Wave 1' schools achieving five or more A*-C grades and equivalents increased by just over five percentage points between 2005 and 2006, up from 40.1% in 2005 to 45.3% in 2006. This compares with a 3.5% increase in schools in the control group and a 2.5% increase in the National Average over the same period;
- between 2002 and 2006, the proportion of pupils achieving five or more A*-C grades in GCSE and equivalents in 'Wave 1' schools improved by 14.6% compared with an improvement of 12.4% in control schools. They also improved nearly double that of the National Average rate (7.8%); and
- schools in Wave 1 also made strong progress in terms of the percentage of pupils achieving five or more A*-C grades including English and Maths at GCSE or equivalents, with an improvement of 3.3% between 2005 and 2006 compared with a 1.6% increase for

schools in the control group. The improvement between 2002 and 2006 was 7.4% in Wave 1 schools compared with a 4.6% increase in schools in the control group.

And in primary schools:

- between 2005 and 2006 Wave 1 schools improved their Key Stage 2 Average Point Score by 0.5 points, from 26.0 average points in 2005 to 26.5 average points in 2006. This compared with an increase of 0.1 points in control schools and 0.2 points in the National Average;
- Wave 1 schools saw an increase in their Key Stage 2 Average Point Score between 2002 and 2006 of 0.8 points compared with an increase of 0.2 points in schools in the control group and a 0.4 points increase in the National Average;
- This was also mirrored in Wave 2 school results with an increase of 1.6 points between 2003 and 2006 compared with a 1.0 point increase in schools in the control group and a 0.5 points increase in the National Average.

Our aim is to ensure cluster services target support to vulnerable children and families, prioritise effort to close achievement gaps and provide an effective multi-agency response to children and families with the most complex needs.

The Local Authority will strengthen procedures for the exchange of information between prevention services, schools and clusters. Children's centres and other early years' settings are well supported and our aim is that all provision will be good or excellent. Clusters are working together to commission a range of extended services to narrow gaps in attainment and other outcomes.

Strand 4: By 2010-11 schools to offer two hours of free extended activities a week during term time, with two weeks a year of part-time holiday provision, for children eligible for Free Schools Meals

While the Government has provided substantial start-up funding for extended services directly to schools, the ongoing sustainability of regular and high quality extended activities will depend on sensible charging by schools. Activities for which a school might charge include breakfast clubs; sports, music and arts beyond the curriculum; and enrichment activities such as visits.

The childcare element of the Working Tax Credit provides support to children of parents in work, meeting up to 80% of the costs of activity-based care with registered providers. However, this support is not available to those with parents out of work. While schools are able to subsidise costs for any pupil from their delegated budgets, there is a real risk that, in the absence of specific support, the most deprived children with parents out of work – for whom the benefits of extended activities may be greatest – will be unable to participate fully.

The Government will provide further resources during 2008-2011 to fund access to extended activities for the most deprived pupils. By 2010-11, these resources will provide two hours of free extended activities a week during term time, with two weeks a year of part time holiday provision for children eligible for Free School Meals.

Strand 5: Rolling out to all schools the successful Social and Emotional Aspects of Learning (SEAL) programme – building children’s social and emotional skills and providing the foundation for higher attainment

Having opportunities to develop effective social and emotional skills is of long-term importance to children’s life outcomes. These skills are:

- **self-awareness**, which enables children to have some understanding of themselves: how they learn, how they relate to others, what they are thinking and what they are feeling. They can use this understanding to organise themselves and plan their learning;
- **the ability to manage feelings**: children use a range of strategies to recognise and accept their feelings. They can use this to regulate their learning and behaviour – for example managing anxiety or anger, or demonstrating resilience in the face of difficulty;
- **motivation**: which enables learners to take an active and enthusiastic part in learning: motivated learners recognise and derive pleasure from learning. Motivation enables learners to set themselves goals and work towards them, focus and concentrate on learning, persist when learning is difficult and develop independence, resourcefulness and personal organisation;
- **empathy**: children being able to empathise involves understanding others and anticipating and predicting their likely thoughts, feelings and perceptions. It involves seeing things from another’s point of view and modifying one’s own response, if appropriate, in the light of this understanding;
- **social skills**: these enable children to relate to others, play an active part in a group, communicate with different audiences, negotiate, resolve differences and support the learning of others.

Poor social and emotional development has a very detrimental impact on children’s resilience and capacity to learn. For example, exhibiting ‘externalising behaviour’ at age ten – defined in the research literature as engaging in disruptive, hyperactive, and aggressive behaviour – can increase children’s probability of having poor adult outcomes. This negative impact is greater than the positive impact of high attainment in English and Maths.

Evidence also shows that good social and emotional skills can help to build children’s resilience to some poor outcomes. For example, a sense of self-esteem at age ten is protective against adult depression, and having good peer relations at age ten is protective against teen motherhood for girls.

Variance in social and emotional skills emerges early in children’s lives. Early developmental outcomes, such as their language development by age two, are highly predictive of children’s social and emotional skills at age seven. This suggests that early family and environmental influences play an important role in their development. However, such skills can also be developed at a later age. For example, evidence from mentoring programmes for teenagers shows that improvements in attainment are largely driven by increases in the young person’s social and emotional skills.

There is a correlation between deprivation and poor social and emotional skills. Family prosperity is linked to non-aggressive behaviour. Declining social mobility in the UK can be partially explained through the growing relationship between parental income and the social and emotional characteristics that influence education outcomes. Gaps in social and emotional skills between children of different socio-economic groups emerge as early as age 4, and probably even earlier in life.

However, the window for intervention to improve poor social and emotional skills exists right through childhood. There is some evidence of more mobility in social and emotional skills compared to cognitive skills – 44% of children in the lowest quartile at age seven are still there at 11, whilst 29% had moved into the quartile above – compared with 64% and 26% respectively for cognitive skills.

Programmes to improve social and emotional skills show they can have a direct impact on higher attainment. The Social and Emotional Aspects of Learning (SEAL) programme is currently being rolled out in primary schools, two thirds of which are expected to be implementing it by July 2007. In Kingston twelve primary schools piloted the scheme in 2005-6, and subsequently all primary schools have started to use the SEAL materials. The year 7 materials were launched in May 07, and four of our secondary schools are piloting parts of the resource this year. Links have been established across the phases to support the development of SEAL, and the emerging dialogue and increasing familiarity between the sectors should enhance practice around transition. SEAL provides a whole curriculum framework for teaching social and emotional skills to children from the Foundation Stage to Year 7. Materials are provided with ideas and activities to help children to develop these skills in a planned and systematic way through designated PHSE sessions, along with training materials and guidance for school staff. As the scheme embeds, the themes are becoming more cross curricular, permeating a range of other subjects The primary school resource also includes assemblies and small group work for addressing particular social and emotional needs.

Evidence from the evaluation of SEAL nationally found schools piloting the programme and related measures saw consistent improvements in their national test scores in KS2 across all subjects over 2003-2005 above the national average for maintained primary schools. Teachers also reported improvements in learning due to the calmer environment and that it had a major impact on children’s well-being, confidence, social and communication skills, relationships (including bullying), playtime behaviour, pro-social behaviour and attitudes towards school. Locally teachers are reporting similar improvements, and some schools have used the materials to engage positively with parents. Through the SEAL network, schools are being funded to develop aspects of their practise and share their findings and resources with the group. Current interests include delivering successful small group work, developing the pupil voice, and creating spaces for children to unwind in school.

Impact of SEAL on attainment at Key Stage 2 increases in proportion of pupils achieving national levels between 2003 and 2005.

	National average	Average in SEAL pilot schools
English	+ 3.8%	+ 8.2%
Maths	+ 2.6%	+ 6.2%
Science	– 0.1%	+ 3.9%

Source: Evaluation of the primary behaviour and attendance pilot, DfES, 2006.

Our aim is to ensure that by 2010-11 SEAL is available to all schools both primary and secondary.

Strand 6: More support to help parents play their critical role in supporting children's development through the parenting strategy, universal advice and guidance service for all parents, family learning and the Family Liaison Service

Parental involvement has a significant impact on children's cognitive development and literacy and number skills, particularly in the early years. Parents play an even more important role than schools in ensuring their children are able to reach their full potential. This means that narrowing attainment gaps cannot rely on an in-school approach alone.

The very early years (between conception and age 3) are especially crucial to children's development. It is also known that parental engagement in their children's learning can have significant benefits for children's attainment:

"Parental involvement accounts for at least 10% of the variance in achievement net of social class. This makes parental involvement a much bigger factor than school effects in shaping achievement."

The role of parents in building resilience is crucial in three separate but interrelated ways:

- a positive parenting style has a strong and beneficial impact on children's outcomes. Evidence shows that good, enthusiastic parenting is not determined by social class or ethnic background and, importantly, that it can be learned. Research commissioned for *Reaching Out: An Action Plan on Social Exclusion* showed that poor parenting is especially predictive of poor adult outcomes;
- how parents engage in their children's learning, especially in the early years, has a much greater impact on their children's attainment than schools.
- Parental engagement in learning is therefore a contributory factor to high attainment, and a key element of building children's resilience to risk.

Positive parenting is important even before birth. During pregnancy the behaviours and lifestyle of a mother to be can have long-term impacts on later life outcomes of her children. One of the most predictive indicators of poor adult outcomes is low birth weight. Babies below average weight are at higher risk of health complications throughout childhood. Evidence suggests that causes of low birth weight include mothers smoking during pregnancy and in the home, poor diet, and excessive alcohol or drug consumption during pregnancy.

The years between birth and age three are especially crucial to children's development:

"...studies show that the foundations of adult health are laid in early childhood and before birth. Slow growth and poor emotional support raise the lifetime risk of poor physical health and reduce physical, cognitive and emotional functioning in adulthood ... insecure emotional attachment and poor stimulation can lead to reduced readiness for school, low educational attainment, and problem behaviour, and the risk of social marginalisation in adulthood."

The important influence of parents continues right through childhood. Parental engagement in their children's learning can have significant benefits for children's attainment. This makes parental involvement a much bigger factor than school effects in shaping achievement.

Our aim is to ensure:

- all schools, children's centres and early years settings have effective programmes for engaging and supporting parents, especially the most vulnerable;
- information services are effective in providing advice and signposting for all parents;
- parenting support programmes and family learning are available and accessible across the borough;
- the family support service works closely with parents and there is a support package and a Lead Professional available for those most in need
- there is health-led family support provided in Children Centres by health visitors for the most vulnerable children under 3 and families
- we target support to parents of children aged 1 to 3 years who are at risk of learning delay
- we support fathers' involvement in their children's learning and development

We recognise that parents' needs vary from family to family, and from location to location. To reflect this we will develop a Parents' Charter, which will clearly set out what parents are entitled to at each stage of their children's lives. It will:

- outline the minimum level of support all parents can expect, and make clear what support they can get where additional need is identified;
- set out parents' rights to support from key services, explaining for each service what the support should entail;
- set out parents' responsibilities – in improving children's outcomes, for example their responsibility to help children reach their full potential at school, and their responsibility to seek additional support when needed;
- articulate the responsibility of service providers to seek to be as accessible and responsive as possible to parent's needs – including reaching out to hard to reach, vulnerable or excluded groups;
- set out the information to be provided to parents so they know what services are available locally to them and their families; and
- use consultation as a vehicle to engage, evaluate and improve the development of new services.

Parents are much more likely to 'opt in' to support if they know what they are entitled to, and what services are available. This means that statutory and voluntary organisations have to provide the necessary information to parents to allow them to access advice and guidance.

The use of a range of services and providers from the private, voluntary and statutory settings aims to provide advice and encourage engagement in parenting support. Through the Prevention Strategy approach we will be able to better target those most in need to support them.

Strand 7: Greater personalisation in children's centres, schools, health services and youth services in supporting children and families. We aim to ensure that the services provided are more responsive to the needs of families, that they offer additional support earlier and that packages of support are tailored in accordance with need

Our aim is to improve standards in schools, benefiting disadvantaged children, through personalised learning that significantly improves progression, swiftly identifies barriers to learning and supports pupils at risk of falling behind.

The strong focus on health in schools, building on the current Healthy Schools Initiative, will ensure that pupils who are particularly at risk of poor health outcomes are prioritised for additional support.

Cluster working will ensure that schools pool resources and have access to staff with the relevant skills and expertise to deliver effective early intervention work for those vulnerable children and their families who have additional support needs, through multi-agency, early intervention teams, working with the cluster.

Our aim is also to ensure that specialist services are well targeted to provide additional support services in extended schools where appropriate, as well as locating support such as mental health support within schools to help children achieve all five *Every Child Matters* outcomes.

We will also ensure that vulnerable children and young people with high levels of risk are identified through a common assessment process and supported effectively through a personalised, integrated response, coordinated by a lead professional and delivered by agencies working effectively together.

To achieve a sharper focus on building resilience and delivering more personalised early interventions, amended Children and Young People's Plan regulations are likely to give greater priority to Local Authorities and their Children's Trust partners supporting schools with multi-agency working aimed at early intervention and prevention. We have already revised our Plan to reflect this.

By building our predictive skills we will be better able to identify at an early stage those in need of additional support and develop personalised packages of support. We will also seek to identify factors which will put children at a higher risk of failing to achieve, e.g. the children of parents in prison, and develop services to support the family.

The Building Schools for the Future (BSF) programme, the Primary Capital programme and the Specialist Schools programme will enable the Authority to provide more choice, diversity and personalisation in schools. Greater flexibility and choice in the curriculum and in learning opportunities will help to ensure pupils make progress at a rate that suits their learning needs and future aspirations. Central to this will be Kingston's strategy for ICT so that through the use of technology pupils' place of learning will be extended to include libraries, other schools, the local college and their own homes.

Strand 8: Use the Common Assessment Framework to help schools, health and social care services and other children's services assess risks better

The vision for more personalised support means that each of the key universal services for children and families – health, Children's Centres and schools – will need to work with partners to deliver better risk assessment and more integrated, tailored support to service users. Our aim is

to provide more personalised support and boost resilience for the most vulnerable groups by identifying and assessing their needs earlier and more accurately.

Our plans are well advanced to use the common assessment framework in this way, across all agencies, and a training programme is underway to ensure professionals in universal services can understand risk and protective factors and work with partners to consider the benefits of carrying out need assessments under the Common Assessment Framework. This will improve capacity to intervene earlier and draw in additional support where necessary.

The implementation of the Common Assessment Framework (CAF) and *ContactPoint* (the children's Information Sharing Index) will enable agencies to identify risk earlier, and ensure the right services provide the right support at the right time for children and families in need. It will allow risks identified by one agency to flag the potential need for additional support from other agencies. Effective identification and assessment of risk is essential if universal settings such as a schools and children centres are to provide better, more bespoke packages of support for children with additional needs. We will be able to use the information we gather to share with agencies that can help support the child and their family, as well as collate this information to inform future service developments.

Strand 9: Develop more effective practice in supporting children and young people with social and emotional difficulties in schools, eg through the Family Advice and Support Service (FASS)

The revised Children and Young People's Plan gives greater priority to improving children's emotional and social development. We recognise that this is one of the best protective factors in children's lives, which helps to boost resilience and improve attainment in spite of other disadvantages.

"...the emotional and social qualities of early experiences are significant because they have permanent effects on the child's brain ... High stress-reactivity causes cognitive disruption and high levels of emotionality, which interfere with intellectual and social functioning."

The importance of caregiver-child interactions for the survival and healthy development of young children – A review, World Health Organization, 2004.

We recognise that social and emotional difficulties need to be identified earlier and additional support provided in a speedier and more accessible way. During 2006-2007 we developed the Family Advice and Support Service (FASS), which is a CAMHS tier 2 service. It is designed to support and advise other professionals and parents, including foster carers, to address children's social and emotional difficulties more effectively, and to work directly with some children. Our aim is to expand this service further and make it more available.

We are also reviewing with our partners, the South West London Mental Health Trust, the future provision of Child and Adolescent Mental Health Services (CAMHS) to make sure we improve the service and make best use of the available resources. This is intended to achieve better integration of services at tiers 1-3.

There is increased activity and total caseloads continue to rise, supported by additional investment. Children and families are seen sooner but this often still does not seem responsive enough for the urgency of some cases. Our aim is to try to move more resources to earlier intervention and to improve the capacity of other professionals in universal settings to address the emotional and behavioural difficulties of children and young people. While capacity has increased in more acute services we recognise the need for a greater focus on the provision of community based children's mental health services (tier 2) – especially in supporting universal services at tier 1.

Such early intervention work involves community based mental health services working as part of a coherent support system within and linked to schools and local settings. This is an important means of ensuring that those children who are experiencing social and emotional problems, which may impact on their long term outcomes, have access to effective early intervention work to address these. FASS works alongside professionals and families in the community to ensure that the service is meeting the needs of the people it is serving.

We aim to ensure that we can build further on the effective practice in supporting children and young people with social and emotional difficulties in schools. This will enable increasing numbers of pupils to access additional help within the school and enable schools to access more responsive community based mental health support, on the model of FASS, for those children who need it.

It is critical that professionals working at Tier 1 are able to identify and support those young people experiencing emotional and mental health difficulties at an early stage. FASS is therefore providing on-site cluster based consultation and training to professionals working in schools. Evidence of improvements are being gathered from young people, families and professionals to demonstrate the impact of these early interventions.

Strand 10: Providing more effective support to families caught in a cycle of low achievement

The worst child outcomes tend to be associated with families with complex needs and although the number of these families is relatively small we aim to ensure that in future even fewer families should require intensive support and intervention. The strategy aims to develop further our dedicated and integrated 'whole-family' support through the use of family lead professionals and multi-agency teams.

Some of the factors that have been shown to be protective factors, shielding children from negative influences are:

- authoritative parenting combined with a warm, affectionate bond of attachment between a child and its parents from infancy
- parental interest in a child's education which promotes educational attainment - a key protective factor for children
- strong family relationships which help to build social and emotional skills, themselves protective factors.

Where these protective factors are lacking there are a range of parental problems which are strongly associated with poor outcomes for the family, especially for children. These include: mental health problems, alcohol and substance misuse, domestic violence, learning difficulties, physical disability, financial stress, teenage parenthood, worklessness, poor basic skills and poor housing conditions.

Around two percent of families in Britain experience five or more of the following disadvantages:

- no parent in the family is in work
- the family lives in poor quality or overcrowded housing
- no parent has any qualifications
- the mother has mental health problems
- at least one parent has a longstanding limiting illness, disability or infirmity
- the family has low income (below 60 percent of the median)
- the family cannot afford a number of food and clothing items.

Families living in social housing, families where the mother's main language is not English and lone parent families with a young mother all face a higher than average risk of experiencing multiple problems.

The poor outcomes for children include low educational attainment, being in care, playing truant from school, having been excluded from school, or being involved in anti-social behaviour or crime.

The fact that many families receive interventions from a large number of agencies means that expenditure on this group is very high. Published estimates on the cost of different types of problems associated with poor child outcomes indicate that a family suffering from five problems (depression, alcohol misuse, domestic violence, short periods of homelessness, and being involved in criminality) is estimated to create costs of up to between £55,000 to £115,000 per year. These figures only reflect the cost of parental problems. Children from families where the parents suffer from multiple problems are significantly more likely to have additional support needs.

The cost of being in care for a child with no additional support needs is between £36,000 and £48,000, per year. However, children with additional support needs (due to emotional or behavioural difficulties and offending behaviour) can cost up to almost £300,000 per case for a care placement and associated expenditure, including about £67,000 for involvement of the Youth Offending Team. The average cost of a specialist placement in Kingston is currently £130,000 per annum.

There is a clear, increasing likelihood of many poor outcomes for children the more problems are present in the wider family. For example: those who live in families with five or more problems are six times more likely to have been in care than those with none. Children who report involvement in anti-social behaviour aged 8.5 years and 10.5 years have significantly higher levels of family adversity than those who do not report such involvement.

The key events, which are potential indicators that a family may be experiencing particularly poor outcomes, are for example:

- exclusion of a child or young person from school;
- the initiation of child protection or care proceedings;
- involvement of a young person or child with the criminal justice system or in persistent anti-social behaviour; and
- the registration of a child on the child protection register.

Our aim is to identify and support such families with an integrated package coordinated by a lead professional and other key workers such as a Family Support Worker. Over time we expect to reduce the number of children that need to be taken into care, by improving the quality of parenting and family care.

At the same time we are currently rolling out targeted youth support, to deliver coordinated action for young people with additional needs at high risk of poor outcomes. These young people are also likely to be in families with multiple problems and they are assigned a lead professional who acts as a single entry point to mainstream and specialist services and oversees a single route of referral to relevant agencies. We will continue to review referral routes and service delivery arrangements to ensure swift and easy access to support and avoid duplication, whilst promoting a culture of ambition and aspiration.

We are developing specialist services that provide a community support approach to children and young people who would either need to be taken into the care system or be placed in a specialist out of borough placement. These services include adolescent workers, support for young people to remain at home, specialist local foster carers, and CAMHS workers helping to maintain family life. We will continue to monitor our numbers of looked after children and children with a child

protection plan. Additionally, we will work within the University of Loughborough as part of a pilot to investigate further how our investment in prevention services impacts on the outcomes for children and the costs associated with statutory intervention.

Our aim is to ensure we address three key areas of challenge and improvement for public services working with families at risk:

- extending the logic of integration from *Every Child Matters* to beyond children's services to better co-ordinate all of the services working with families at risk
- ensuring the systems and services have the right incentives to focus on families at risk
- capitalising on the reach and expertise of the public sector to identify and intervene earlier to support families better.

Strand 11: Providing targeted and integrated youth support for 13-19 year olds especially those at risk of under-achievement, anti social behaviour and youth offending, including alternative education provision and a programme of positive activities

Prevention and earlier intervention do not just mean supporting children in their early years. Emerging from childhood, but not yet adults, young people are at a crucial and challenging time of life. As they enter adolescence new risks and needs are present in the lives of many young people. The transitions to secondary school and to college are major changes, calling on young people to become more self-reliant and take greater responsibility. Adolescence can be where difficulties start or are exacerbated.

For example, two fifths of a sample of at-risk young people who had been excluded from school were excluded for the first time in Year 7. The poor outcomes some young people experience in adolescence in turn represent risk factors for later outcomes in adulthood and too many continue to experience multiple disadvantages that persist into adult life. However, many poor outcomes in adolescence are undesirable in themselves even if they do not persist. Approximately one in ten 16-18 year olds in the UK, for example, are not in education, employment or training (NEET).

Research shows that the contexts in which young people spend their leisure time has an effect on outcomes, even after controlling for other factors. Taking part in positive activities builds young people's resilience against poor outcomes, allowing them to test their boundaries and try out their new-found independence. It can build aspirations and confidence to achieve. There are also major benefits to physical and mental health.

While most young people are thriving, evidence is clear that disproportionately it is young people from poorer backgrounds and communities who lack the circumstances through which they develop these skills, and so are at greater risk of poor outcomes. Those who do not have a supportive family environment, who are struggling at school, or who do not participate regularly in constructive activities in their leisure time are also at risk. Some young people in these circumstances will be facing multiple disadvantage.

We are well ahead in integrating our youth support services to improve our responses to young people's needs and support their participation in learning. The service aims to ensure that we prevent problems occurring, rather than simply intervening when they do. This means we will see marked improvements in educational outcomes for low attainers at age 16, greater participation in positive activities and decision making by young people, fewer NEET for the most disadvantaged, reductions in youth offending and teenage pregnancy and improved information, advice and guidance to young people to support them to make better choices both in and outside learning.

A key aim is to ensure that our participation strategy succeeds in engaging the most disaffected and disadvantaged groups of young people. We aim to increase engagement in volunteering and

positive activities outside school, for example, in sports, arts and leisure facilities, leadership or volunteering opportunities. A relatively high proportion of young people do not participate in any positive activities, thereby missing out on opportunities to reach their full potential. In particular, young people from disadvantaged backgrounds and from some marginalised groups are less likely to participate than others.

The 14-19 strategy continues to expand opportunities for young people to succeed at school which, together with changes to the curriculum at Key Stage 3, are helping to raise attainment, increase participation and reduce NEET figures.

The introduction of the new Diploma qualifications for 14-19 year olds will provide a mix of traditional and work-based learning; new functional skills qualifications, which will act as a guarantee that all students have the basic skills in English, maths and ICT. The new Diplomas will help to fill a gap in the current qualifications available for young people, and widen the choice of learning routes, and learning styles from 14 onwards.

Our aim is to ensure we offer a comprehensive range of positive leisure-time activities and opportunities for young people, including those offered by extended schools; and provide targeted support for the most vulnerable teenagers involving tailored packages of education, informal learning opportunities, and personal support to help address more complex problems.

Extended schools are central to this, to enable youth support services and schools to combine effectively to meet the aspirations and needs of teenagers. We aim to ensure that young people can access a range of extended services, including activities before and after school and in the holidays, and specialist support from services such as health and social care.

We recognise that this agenda is challenging. Disadvantage impacts significantly on young people's life chances and compared to other similar countries, some teenagers in the UK fare poorly. For example:

- only 33% of teenagers from disadvantaged backgrounds achieved 5A*-Cs at 16 in 2006: this compares to 57% of all pupils achieving the same level;
- the national rates of 16 – 18 year olds not in education, employment or training (NEET) have remained largely the same;
- young people are more likely to misuse substances, have sex early, and drink alcohol under age than in other EU countries;
- rates of youth offending and anti-social behaviour are static;
- levels of poor mental health are relatively high. In 2004, 10% of those aged 5 – 16 had a clinically diagnosable mental disorder. The incidence increases with disadvantage: 18% of boys and 13% of girls aged between 5 – 16 years living in the lowest income households had a mental disorder.

We recognise that schools and other services need to respond differently to young people in these circumstances. Through lead professionals and multi-agency teams, drawn from the integrated services for young people, including social care, the Youth Service, Connexions, CAMHS and Youth Offending Teams, our aim is to ensure they receive help to access whatever services necessary to remove barriers to participation and prevent problems escalating.

Schools, as the main universal service for young people, are important to ensuring that this support and brokerage of activities are provided as early as possible. Extended services in schools and investment in a more personalised approach to learning should enable a more joined up approach between schools and local services in identifying and supporting those starting to develop problems. Our aim is to ensure that vulnerable young people benefit from quicker referral to specialist help by someone they trust. Access to positive activities is a core part of any package of targeted support. For some young people, it is the foundation through which they build the confidence and a trustful relationship with adults who are working to secure their engagement in learning or employment.

An example of personalised intervention targeted at young people at risk of disengagement in Key Stage 4 and subsequent NEET status, is Kingston's GAP (Gaining Assets Programme). This ESF funded alternative provision involves partnership working between schools, work-based training providers, the Local Authority's Schools Vocational Development Service and the Youth Service. The initiative continues to secure good accredited outcomes and important social development for this vulnerable group.

Our good working relationships with partners including the police and voluntary organisations are key to successful preventative work with young people in their communities. These enable our outreach teams to target specific geographical areas and offer diversionary and positive activities to young people causing concern.

We also plan to develop 'wraparound' support packages to include positive activities, mentoring, parenting support and supported work experience where appropriate for each young person allocated a place at the PRU. This initiative is designed to enable young people either to return to school better able to make use of their learning opportunities or better equipped to access employment or training. This principle of integrated and targeted youth support planning will also be extended to those young people identified by schools in particular through the CAF process as highly vulnerable (level 3) and at risk of exclusion.

Strand 12: Improving outcomes for disabled children through the integration of services and more joined up family support

Disabled children are particularly vulnerable to poor outcomes. Part of the reason for this is the difficulties they can face ensuring that their disabilities are identified, assessed and supported as soon as possible. Disabled children are:

- likely to have lower educational attainment, with 39% of young people with a disability or health problem achieving 5 or more grades A*-C at GCSE compared to 55% of non-disabled young people;
- four times more likely to be unemployed or voluntarily out of work than non-disabled young people at age 26, and twice as likely not to be in employment, education or training (NEET) as their non-disabled peers;
- more likely to suffer from abuse, as they might be dependent on others for care, and sometimes do not understand or cannot communicate that they are being abused;
- more likely to suffer from family break-up, which may result in being taken into care. Disabled children make up 10% of all children in care, and only around 5% of the overall population. 15.8% of lone parents have a disabled child, compared to 10.8% of couples, which gives an indication of the increased potential for family break-up. In a recent survey over one in six brought up their child alone;
- likely to face more difficult transitions to adulthood. Despite similar aspirations at age 16, only half of disabled young people with non-cognitive impairments said that they obtained the education, job, or training that they wanted on finishing compulsory education, compared to three fifths of non-disabled young people.

Under the Disability Discrimination Act definition, a child is disabled if they have a physical or mental impairment that has a substantial and long term, adverse effect on their ability to carry out normal day-to-day activities. In Kingston there are 467 disabled children.

These children are more likely to need a complex range of services provided through education, health and social services, necessitating coordination and joint working. Our integrated service for disabled children is intended to provide this greater level of coordination and joint working. Our aim is to ensure disabled children and young people get better access to mainstream services, including good access to schools and childcare and access to positive activities and specialist support in other areas of their lives.

Services which parents and disabled children have highlighted as important in improving their outcomes, and which we aim to ensure that they receive through the integrated service include:

- access to universal services, including extended school services, general NHS services, housing and transport;
- access to good quality childcare, which can facilitate parental employment, reduce family stress, and increase a child's social and educational development;
- short breaks and holiday play schemes to support disabled children and families, giving families a break from care duties and allowing children to experience new relationships, environments and activities.
- access to key workers for children with complex disabilities, who can reduce family stress through coordinating services, facilitating multi-agency meetings.
- therapists (including speech and language therapists, occupational therapists, and physiotherapists) to manage posture, maximise mobility, and improve and enable communication.
- provision of appropriate equipment, from wheelchairs to communication aids, to maximise mobility and make it less physically tiring to care for a disabled child.
- support to ensure a smooth transition to adulthood, reducing uncertainty, increasing awareness of the options available, breaking down physical and attitudinal barriers to further education, employment, and/or a degree of independent living.

Our aim is to support disabled children and their families with flexible solutions to improve outcomes and reduce dependence on public services.

In RBK the Children's Trust is committed to the full integration of services for disabled children that will bring together all specialist services provided by health, education, children's social care and voluntary organisations.

Services are organised around the needs of children and young people with disabilities and their families, and include co-ordinated multi-agency assessments and responsive high quality interventions that maximise the child's ability and potential. The integrated service is focused on delivering a child centred approach to inclusion, citizenship and participation in family and community activities.

Information Sharing

Information sharing is a key tool to help ensure that children and young people will:

- Get the services they need, when they need them to achieve the five outcomes
- Be protected from significant harm and abuse
- Receive effective and efficient support and coordinated service provision

The barriers to effective information sharing are

- lack of confidence about what, how and when to share
- lack of common guidance for services
- professional 'silos'
- lack of understanding of different agency roles and responsibilities
- communication difficulties
- not knowing who to contact for support

In RBK we have worked to overcome these barriers by providing guidance and training on information sharing that applies across all services. We have also made good progress in integrating services to get a more joined up approach. The roll out of school clusters, children's

centres and the development of the ASKK service have also provided very good vehicles for information sharing and the identification of levels of vulnerable which is matched by an appropriate response.

This process is essential for more effective early intervention and prevention.

Information sharing key principles

Schools and other service practitioners must:

- Openly and honestly explain what, how and why information will be shared
- Always consider a child's safety and welfare when making decisions about sharing
- Seek consent – if not secured should be respected where possible (unless there is sufficient need to over-ride the lack of consent)
- Seek advice where in doubt
- Ensure information is accurate, up to date, necessary, shared with the appropriate people and stored safely
- Record the reasons for the decision – whether it is to share or not

Key principles underlying decisions

- Is there a legitimate purpose to share the information about a child?
- Does the information enable a person to be identified?
- Is it confidential?
- Do you have consent to share?
- Is there a statutory duty or court order to share?
- Is there sufficient public interest to share?
- If you share, is it the right information in the right way?
- Have you properly recorded your decision?

Information Sharing: Decision Making

- Decisions require informed judgement
- Consent is the key to successful information sharing
- Even where the law does not demand it, operating with consent is good practice.

Likely outcome if
information **is** shared

Likely outcome if
information **is not**
shared



The Common Assessment Framework and ASKK

The Common Assessment Framework (CAF) is designed to be used when there are concerns about a child's progress or vulnerability, their needs are unclear and the support of more than one agency is needed. Potentially anyone working with children, who has been trained in its use, can complete a CAF. In Kingston this is most likely to be the case when a child is identified at vulnerability level 3.

Aims	Principles
A standard approach to vulnerability factors	A process supported by a standard form
Assessment to support earlier intervention	Holistic
Improve joint working and communication	Focuses on needs and strengths
Support the sharing of information	Simple and practical. Only 1 CAF at a time
Rationalise assessments	Empowering and a joint process
Trigger Family Support meeting if appropriate	CAF cannot guarantee service provision

The CAF is not intended to be used when a child's progress is good or satisfactory, and their needs are identified and are being met, by the school and family.

The CAF collects basic information about the child or young person, identifies who is involved in supporting them, asks if consent has been obtained to make a referral and seeks the view of the assessor about the vulnerability factors **and** strengths or protective factors concerning the child, their parents or carers and the family environment. The CAF also asks the assessor to set out what they will do, will they be willing to act as a lead professional (dependent on the appropriate training) and what support is required from other agencies or services.

The three key steps of the CAF process

1. Preparation: talk to all involved, decide if a CAF would be useful (check if one already exists), contact ASKK and seek the agreement of the family.
2. Discussion: talk to all involved, agree what needs to be done and which services should be involved, including seeking the views of the family about what needs to happen.
3. Delivery: deliver agreed actions in a coordinated way by a lead professional, supported by a clear family and child support plan, monitor and review progress.

The outcome from the assessment process is likely to be either no further action, flag the child or young person to let other professionals know you are involved, involve another agency or convene a family support meeting or the involvement of YISP (Youth Inclusion Support Programme) to co-ordinate a package of support.

The Role of ASKK

The ASKK service (Advancing Services for Kingston Kids) co-ordinates information from a range of sources on potentially vulnerable children. The service logs CAF activity and the levels of vulnerability, and assists in the co-ordination of multi agency support and family support meetings.

The service also provides robust tracking and regular review of individual children's progress, identifies and logs predictive concerns and signposts practitioners to services.

The Lead Professional

The Lead Professional is the most appropriate practitioner involved in supporting a vulnerable child who takes on the role of coordinating the support from a range of agencies or specialist services and who is responsible for monitoring progress. A Lead Professional may be a teacher, youth worker, family support worker, social worker, education welfare officer, Connexions PA, school nurse, health visitor or similar practitioner.

Our aim is to ensure a Lead Professional is appointed when a child is identified at vulnerability level 3, where the involvement of more than one agency is needed to provide support and when there will be a Family Support Plan or YISP involvement which involves co-ordinating effective delivery. The Lead Professional is a family "advocate" who ensures the support plan is followed through and reviews the outcomes.

Levels of Vulnerability

Level 0 – Universal Not Vulnerable

This level would be associated with queries from callers requesting contact details and information on services available in the locality such as childcare.

ASKK Action: signpost CIS or other relevant service or information

Level 1- Early warning

This level relates to a child or young person that someone may be concerned about as a result of domestic arguments at home for example. Often these are temporary situations that calm down, but we consider them to be weak early warning signs.

ASKK Action: log the information about the concern.

Level 2 - Vulnerable and Flagged

Several sources will have suggested that there is a negative impact on the child or young person's chances of achieving good outcomes. It is likely that the needs of this child or young person can be met through single agency support, for example in school.

ASKK Action: ASKK will flag the child and will track their progress

Level 3 –Vulnerable - Flagged and Family Support Package

Children and young people in this group are at high risk of failing to achieve good outcomes in several key areas of their development. A co-ordinated multi agency package of support is required to address their needs and the family's needs.

ASKK Action: to coordinate a family support or YISP meeting to discuss what support and services may be required and a plan made.

Level 4 - Risk of Serious Harm

Child or Young Person is being hurt or abused.

ASKK action: refer to the Safeguarding Service

The Parenting Strategy

Improving support, guidance and information for parents and carers is a key part of our agenda to secure better prevention and early intervention.

The Local Authority is expected to have a clear strategy to champion support for parents by:

- Ensuring there is ownership and implementation by senior decision makers for the development and delivery of strategic parenting support initiatives
- Leading on a strategic and comprehensive approach to the development of a continuum of support for parents
- Championing support for parents and early interventions for families, working across the age range from birth to 19 years
- Working with the joint commissioning unit, ensuring that the parenting support strategy is coherent with other strategies and interventions aimed at improving outcomes for children and young people

We have given greater priority to parenting support in the Children and Young People's Plan, Local Area Agreement and Youth Justice Plan.

We are publishing our Parenting Strategy Document in November 2007, following consultation with parents and carers, to accompany this document on Closing the Gap.

Appendix 1: Key Data for Closing the Gap

Objectives:	Performance Indicator	2006/2007 performance (academic year 05/06)	2009/2010 target (academic year 08/09)
We reduce the number of children who need to be on the child protection register	<ul style="list-style-type: none"> – Number on the CPR per 10,000 population – Number on the CPR – % of re-registrations – % of de-registrations of children who were on the register for 2 years or more 	<p>15.3</p> <p>48</p> <p>5%</p> <p>3.1%</p>	<p>12</p> <p>40</p> <p>5%</p> <p>0%</p>
We reduce the number of Looked After Children	<ul style="list-style-type: none"> – Number LAC per 10,000 population – Number of Looked After Children – % LAC under 16yrs LA for 2.5yrs+ and who had been in the same placement for 2 yrs + – % LAC who have had 3+ placements within the last 12 months 	<p>25.8</p> <p>105</p> <p>53.8%</p> <p>12%</p>	<p>23</p> <p>90</p> <p>70%</p> <p>8%</p>
We improve educational attainment and school attendance for Looked After Children	<ul style="list-style-type: none"> – % LAC achieving 5+ A*-C at GCSE – % LAC achieving 1+ A*-C at GCSE – % LAC sitting at least 1 GCSE – % of Children Looked After reaching their agreed targets – % of LAC absent for 25 days+ from school 	<p>14.3%</p> <p>57%</p> <p>57.15</p> <p>70%</p> <p>7.3%</p>	<p>35%</p> <p>70%</p> <p>70%</p> <p>85%</p> <p>6%</p>
We reduce the number of children requiring more serious interventions	<ul style="list-style-type: none"> – Number of children and young people requiring statutory involvement 	<p>749</p>	<p>600</p>
We increase the number of vulnerable children and families who access affordable childcare and pre-school education	<p>The number of vulnerable children who access</p> <ul style="list-style-type: none"> a) affordable childcare b) pre-school experience c) pre-school education 	<p>Baseline to be established</p>	<p>Increase on baseline</p> <ul style="list-style-type: none"> a) 10% b) 15% c) 5%
We raise attainment in the Foundation stage	<p>The achievement gap between the lowest 20% of children and the rest of the population, (scoring a median point score of 78 points)</p>	<p>37.1%</p>	<p>25%</p>
We reduce attainment gaps between fsm and non-fsm pupils at every Key Stage	<p>% gap between FSM and non-FSM groups for</p> <ul style="list-style-type: none"> a) KS1 Reading b) KS1 Writing c) KS1 Mathematics d) KS2 English e) KS2 Maths f) KS3 English g) KS3 Mathematics h) KS4 5xA*-C 	<p>24%</p> <p>31%</p> <p>14%</p> <p>26.1%</p> <p>32.3%</p> <p>24%</p> <p>29%</p> <p>34.5%</p>	<p>14%</p> <p>20%</p> <p>10%</p> <p>15%</p> <p>22%</p> <p>14%</p> <p>19%</p> <p>24%</p>

Objectives:	Performance Indicator	2006/2007 performance (academic year 05/06)	2009/2010 target (academic year 08/09)
	The number of significantly sized BME groups making significantly better progress than expected when compared to similar pupils at a) KS2 average level for all core subjects – b) KS4 5 A*-C inc English and maths	a) 4 of 8 groups b) 0 of 8 groups	a) 7 of 8 groups b) 3 of 8 groups
We increase the number of eligible families who take up tax credits and childcare places funded by the affordability programme	– % increase in the eligible population in Kingston taking up their entitlement to Tax credits – The number of eligible families who take up tax credits (WTC) – The number of eligible families who take up childcare places funded by the affordability programme	15.5% 1,160 2 full day care 6 flexible places	17% 1307 13 full day care 20 flexible places
We increase the number of vulnerable parents who benefit from family support and other parenting advice and guidance	– The number of vulnerable children who are flagged with ASKK whose parent/ carers benefit from family support	Baseline to be established	
We continue to reduce teenage pregnancy	– Under 18 conception rate per 1000 – Number of U18 conceptions	26.8 (2005) 69 (2005)	21.1 (2008) 42 (2008)
We reduce youth offending	– Number of first time offenders in youth justice system	168	126
We continue to reduce NEET for vulnerable groups	– Average % of supervised juveniles in EET on conclusion of their intervention per year – Proportion of Care Leavers in EET compared to the local population in EET – Proportion of UASC Care Leavers in EET compared to total cohort of UASC – Participation of BME groups into EET aged 16-18 years – Participation of BME groups into EET aged 19+ – % of all LDD young people aged 16-19 in EET	90% 0.68 0.82 90% 70% 75%	94% 0.85 0.9 91% 75% 82%
We increase the number of young people engaged in positive activities and volunteering	– The number of young people engaged in volunteering through organised volunteering programmes – The % of young people participating in positive activities who receive a recorded outcome	98 60%	150 65%

Objectives:	Performance Indicator	2006/2007 performance (academic year 05/06)	2009/2010 target (academic year 08/09)
We continue to increase access for disabled children to leisure and out of school activities	<ul style="list-style-type: none"> - Number of children and young people with disabilities accessing sports through the Community Sports Coach scheme - % of school students in special schools aged 5-16 participating in at least 2 hours of high quality PE and school sport per week 	330	400 85%
We continue to improve educational attainment for pupils with LDD	<ul style="list-style-type: none"> - % of pupils who begin KS2 at L1 in English achieving L3 by end of Key Stage - % of pupils who begin KS2 at L1 in maths achieving L3 by end of Key Stage - % of pupils who begin KS3 at L2 in English achieving L4 by end of Key Stage - % of pupils who begin KS3 at L2 in maths achieving L4 by end of Key Stage 	80% reading 89% writing 75% 50% (6 pupils) 100% (8 pupils)	81% 84% 52% 27%
We increase the number of 0-3 year olds who have good health outcomes	<ul style="list-style-type: none"> - % MMR immunisations by the age of 2years - % women initiating breastfeeding - % children assessed by health visitor for physical, emotional, social development and family needs by the age of 1yr 	91% 86%	95% 92% 100%
We increase the number of schools implementing the SEAL programme	The number of schools implementing the SEAL programme a) Primary b) Secondary	a) 75% b)	a) 100% b) 80%
We continue to increase the number of families who live in decent homes and reduce the number in temporary accommodation	<ul style="list-style-type: none"> - % LA homes which do not meet decency standards - average length of time family with children or pregnant woman stays in B&B 	15% 0 weeks	6% 0 weeks
We can demonstrate improvements and better outcomes for identified families caught in a cycle of under-achievement and with the poorest outcomes	<ul style="list-style-type: none"> - The number of families caught in a cycle of under-achievement and with the poorest outcomes 	Establish baseline	5% increase

Objectives:	Performance Indicator	2006/2007 performance (academic year 05/06)	2009/2010 target (academic year 08/09)
We demonstrate improved outcomes for children and young people identified at vulnerability level 3, who received integrated packages of support	<ul style="list-style-type: none"> – Number/% of pupils supported through transition project whose school attendance is in line with the average attendance of year group – Number/% of pupils supported through transition project with no fixed term exclusions in Year 7 	141 97%	195 97.5%
We increase the number of vulnerable children who access and benefit from the core offer of extended services	% vulnerable children at level 3 in each cluster who access the core offer of extended services <ul style="list-style-type: none"> a) Kingston Town b) Malden and Coombes c) Surbiton d) South of the Borough 	Baseline being established	<ul style="list-style-type: none"> a) 100% b) 100% c) 100% d) 100%
We reduce the number of children and young people who require intervention due to challenging and anti-social behaviour	<ul style="list-style-type: none"> – Number of fte places available for yp on PAYP Project – Number of children with assessment and planned intervention targeted by YISP – % of children with assessment and planned intervention targeted by YISP who do not enter youth justice system within the year 	10 40 90%	12 80 95%
We increase the number of 14-16 years olds who attain educational qualifications at least equivalent to 1 GCSE	<ul style="list-style-type: none"> – % of pupils achieving GSCE and equivalent grade A* - G 	96.9%	99%
We reduce the number of 11-16 year olds who are persistent truants	<ul style="list-style-type: none"> – Number of 11-16 year olds who are persistent truants – Number of persistent absentee schools 	75 2	50 0
We reduce the number of exclusions	<ul style="list-style-type: none"> – Number of pupils permanently excluded during the year from all schools per 1000 pupils – Number of pupils permanently excluded – Number of days lost to secondary education through fixed term exclusions 	0.54 11 2666	0.5 10 1820

Appendix 2: Summary of Related Objectives from the Children and Young People's Plan

The following objectives from the Plan are intended to make a significant contribution to closing the gap, and to our strategy for prevention and early intervention.

Being Healthy

- 1.1 Increase healthy schools
- 1.2 Halt the rise in obesity among children
- 1.4 Ensure all children and young people take part in at least 2 hours of high quality Physical Education per week
- 1.5 Reduce teenage conceptions
- 1.7 Reduce substance related harm, including cigarette smoking and alcohol, among young people
- 2.1 Improve access to CAMHS
- 2.2 Give priority to the physical and mental health of looked after children and unaccompanied asylum seeking children
- 2.3 Develop the integrated service for disabled children
- 2.5 Develop appropriate childcare and respite services for disabled children and their families
- 3.1 Develop integrated services in new Children's Centres and Extended Schools

Staying Safe

- 1.2 Reduce the number of re-referrals to the Safeguarding Service
- 1.3 Ensure that children and young people affected by domestic violence are identified and supported
- 1.4 Develop a Preventative Strategy
- 1.5 Develop more effective earlier intervention strategies
- 1.6 Improve early intervention and prevention through family support, children's centres and extended schools supported by a parenting strategy
- 1.7 Develop an agreed and widely understood Information Sharing Strategy
- 1.8 Develop family support services to disabled children

Enjoy and Achieve

- 1.2 Develop effective support for parents and carers, in Children's Centres and Extended Schools, to help vulnerable children 0-5
- 2.1 Improve attendance and ensure the Local Authority achieves its attendance targets
- 2.2 Reduce bullying and the fear of bullying
- 2.3 Develop cluster services
- 3.2 Reduce attainment gaps for all groups of under-achieving pupils
- 3.3 Continue to develop alternative education programmes and intervention strategies for raising the achievement of vulnerable pupils
- 3.4 Reduce fixed term exclusions
- 4.1 Ensure good progress and attendance of looked after children
- 4.2 Improve the achievement and progress of disabled children and pupils with SEN
- 4.3 Improve the number of supervised juveniles in EET

Make a Positive Contribution

- 2.1 Reduce the number of first time offenders in the youth justice system and reduce re-offending
- 2.2 Reduce the number of looked after children who receive final warnings and convictions
- 2.3 Improve the range of positive activities for young people, and their participation, through integrated Youth Support Services
- 2.4 Improve social cohesion by engaging more young people in community activities including volunteering and reducing levels of anti-social behaviour
- 3.1 Increase the number of vulnerable children who make a successful transition from primary to secondary school
- 3.2 Improve access for and participation of disabled children and LAC in leisure and out of school activities

Achieve Economic Well Being

- 1.3 Continue to improve the achievement of level 2 qualifications post 16
- 1.4 Reduce the number of 16-18 year olds not in education, employment or training
- 1.7 Provide summer and other intervention programmes which ensure vulnerable 16 year olds have an appropriate destination
- 2.1 Increase the number of looked after children in further education, employment and training
- 2.2 Increase the participation rates of black, minority and ethnic groups aged 16-19 successfully into education, employment or training
- 2.3 Increase the proportion of 16-19 year olds with learning difficulties and/or disabilities into education employment or training
- 2.4 Increase the uptake of direct payments by families with disabled children
- 2.5 Improve the availability of affordable childcare
- 2.6 Improve the availability of childcare for disabled children
- 2.7 Support more disabled children and those with learning difficulties to engage in work experience
- 3.1 Support parents and carers eligible for child tax credit to claim it
- 3.2 Reduce the number of children that live in homes which do not meet decency standards

