

# **Islington Children and Young People's Plan**

**2006/07 – 2010/11**

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**Building better futures with children,  
families and communities**



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**Islington's vision for children and their families**

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**Children will:**

1. have good relationships with each other, and those supporting them
2. feel that they belong, be healthy and confident
3. use their abilities to the full, and achieve their own ambitions
4. enjoy their education at school and wherever they learn
5. feel safe everywhere in Islington; on the street, in their homes and at school
6. have their voices heard, and take responsibility in line with their age
7. play an active part and make a positive contribution to their community and beyond.

**Children and families will have:**

8. the information they need to make choices and decisions for themselves
9. their needs and views placed at the heart of service planning and delivery
10. people and places to turn to when they need help or advice
11. enough people to support them, who are well trained, and who show them respect and commitment

**Children, their families and friends will have access to:**

12. places to play, and other activities that are affordable, high quality and accessible for all ages, cultures and interests
13. decent homes and protection from homelessness
14. good local health care, available when and where needed
15. healthy, affordable eating, and plenty of opportunities for enjoyable exercise and sports
16. jobs, training and opportunities for lifelong learning
17. security from poverty
18. services and activities that fulfil their individual requirements, including any specific, spiritual, or cultural need

Everyone and every organisation concerned with children and families is dedicated to ensuring that every child in Islington will have the opportunity to achieve their own potential, and that their families and communities will have the support they need to nurture and care for them.

## 1. Introduction

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The Children and Young People's Plan describes the work that the children's partnership is tackling to improve the life chances of all our young people in Islington. Raising aspirations and tackling child poverty are key drivers for us in the task of raising the bar for everyone, and in particular for those where the challenges are greatest.

The last three years have seen significant improvements to the opportunities and life chances for Islington's Children and Young People. We aim to give young children the best possible start in life and our partnership with parents is crucial to this. We are developing a stronger "Think Family" approach across all services and we are putting more support in place for all parents as well as our new Family Nurse Partnership which supports our youngest parents.

The experience our youngest children have is often outstanding and we are closing the gap between the families most in need and our more advantaged population. Health indicators for our youngest children continue to improve, but we have not yet cracked this by the time children leave primary school. Nevertheless, many children are achieving well, and have experienced a rich and varied curriculum that is preparing them for secondary school. We know there is more to do to make sure that the best experiences are offered to all our children, especially those whose families struggle to get the best opportunities for their children. We believe that getting the foundation right is critical to every young person's future and key levers will be, sensible eating and physical activity, extending the reach of children's centres, significantly improving outcomes in communication language and literacy at the end of the foundation stage, and work with families where substance misuse and mental ill health are undermining children's well-being.

Going to school every day has been a key theme in previous plans, and although we have made some inroads this continues to be a significant priority. Work to draw in all aspects of learning, out of school hours, in our youth centres, and in the wider community through sport and creative activities remains very high profile. We are investing in capital developments, such as the MyPlace development in the Hornsey area so that all aspects of young people's interests and aptitudes can be fostered and strengthen what happens at school and in college. Children Looked After are attending school much better, however some young people are being excluded from school more, and bringing all our agencies together to focus on this will be a major theme for the coming period. Above all else we want to mainstream and universalise the specific successes we have in this area, and we intend to consolidate strong behaviour partnerships to make sure we can provide early intervention for children and young people with the most challenging behaviour.

Islington's children and young people deserve to go to the best schools if we are to break through intergenerational poverty and lack of opportunity. Many of our primary schools offer just such an opportunity where, for example learning outside the classroom supports children's literacy and numeracy skills. Our secondary schools include two Academies, and the focus on English and mathematics within a broad and innovative curriculum remains our key priority. Building Schools for the Future will open one completely rebuilt secondary school, and two more refurbished by the end of the financial year, radically improving the learning environment in those schools.

We are only too aware that outstanding learning is dependent on the right curriculum pathway and higher aspirations along the way. For that reason we are working with all schools on the 11-19 continuum, building on the rise in young people staying in education, and aiming for 91% to go to City and Islington College, the Consortium, or other post 16 education to pursue courses that lead to good quality accreditation. Targeting support for more vulnerable groups, through innovative work such as the Family Pathfinder Programme, the virtual school for Looked after Children, and our six area children and young people's partnerships is building on previous work that we know works well, and is intended to keep the young person at the centre of our planning.

All families will be able to ask for advice and information to help them to get into work, and to maximise their incomes and reduce child poverty. Much of the work described above supports our drive to reduce intergenerational worklessness, and bring children and families closer to the world of work, and with the right skills to access the breadth of opportunity that London has to offer. The recession gives us the reason to be even more focused on young people having the right skills and qualifications, with their wellbeing carefully planned for so that they can take up opportunities when, and before, the economy begins to recover.

Keeping children and young people safe is stated clearly as a separate priority in the wake of the Laming report. In Islington we have skilled and enthusiastic teams working innovatively to keep children safe. There is good direct work with children, and their views are listened to. Our task in this plan is to broaden the dialogue between professionals, and establish an expertise that is as strong between agencies as it is within agencies. We have a good platform from which to work on what will be an important theme for the next two years.

The progress we have made in improving outcomes across Children's Services has been supported by our strong partnerships with schools, other agencies and services. We will be strengthening our partnership working through a review of our Children's Trust arrangements in the forthcoming year.

Finally, our commitment is to foster the developments of individuals who can flourish and shine, who have a sense of belonging to and ownership of the community in which they are growing up. They want to feel safe and have high standards of respect for themselves and others and such of this plan will support them in that enterprise.

## 2. The key themes from our updated needs assessment

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Islington is the eighth most deprived borough in the country, and the fourth most deprived in London. However, within Islington there are no clear demarcations between deprived and affluent areas.<sup>1</sup>

Each year, approximately 2,800 children are born in the borough, and many others arrive from outside the borough, often from overseas. **Births** are expected to increase by 4% between 2008 and 2018 as Islington's **population** is projected to grow. In total, there are currently approximately 40,500 children and young people aged 0-19 living in Islington, accounting for just under one fifth of the local population.<sup>2</sup> The population of children and young people is among the most diverse of all population groups in the borough; 67% are from BME groups<sup>3</sup>, a rise from the 2001 Census, and this trajectory is expected to continue<sup>4</sup>. Locally, it has been estimated that between 5 – 10% of the population belong to communities that originally arrived as **refugees**. Among children in Islington schools, this can rise to as much as 20%.

The borough is densely populated, with an average **density** of 12,067 people per square kilometre, almost three times the London average and more than thirty times the national average. Only 13% of the borough's land is **greenspace**, the second lowest proportion of any local authority in the country. There are significant levels of population **mobility**, particularly among young adults under 30, and relatively more single people, more lone parent households, fewer older people and fewer children and young people than in other similar boroughs.

The challenge for children's services is to improve outcomes for all children, at the same time acting to reduce current levels of inequality within the borough, and in relation to the national average. All children and young people need universal services, such as education and health care, but some will need targeted or specialist care. Out of the 40,500 children and young people in the borough, it is estimated that 11,000 need, or will need, extra support or help at some stage as they grow up; there are about 2,000 children with **disabilities**. 29% of Islington school children have an identified **special educational need**, and 3.1% have a statement of SEN, slightly above the London average of 2.8%.<sup>5</sup>

Below is a brief update of some key changes in needs and outcomes since the original plan was published, set out under the 5 key outcomes for children and young people. It is important to bear in mind that these 5 outcomes are interconnected. For example, access to contraceptive services and sex and relationships education is an important part of reducing teenage pregnancy, but research points to the greater impacts of social exclusion, lack of aspiration and poor educational attainment. Similarly, services are increasingly co-located, for example in Children's Centres, Extended Schools, youth services and other settings, meeting needs more holistically through bringing workforces together and information-sharing, and helping to improve the accessibility of services to local communities.

### Being Healthy

Health and well-being are central to the development of children and young people as they grow up. Good health starts from the beginning, pre-conceptually and during the early years of their lives. Infant mortality, with a rate of 5.8 per 1000 live births in 2004-06, was higher than the England and Wales (5.0) rate. This rate has increased over the last five years. However, the rate of 7.6% of live births in Islington in 2005 classified as low birth weight (under 2500 grams) is lower than the rate for England and Wales and similar to the London average. There has been a downward trend in the borough since 2002.<sup>6</sup> In Islington, more 5 year olds in Islington have dental decay than in London and England – just under half of all 5 year olds in Islington experience dental decay.

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<sup>1</sup> Islington Joint Strategic Needs Assessment 2008

<sup>2</sup> GLA 2007 Population Projections (High) for 2008 year

<sup>3</sup> Local Data, 2007

<sup>4</sup> Census 2001, DMAG Briefing: GLA 2006 Round Ethnic Group Projections

<sup>5</sup> School Census 2007 / DCSF

<sup>6</sup> Healthcare Commission

Breastfeeding is widely known to be beneficial to babies and support their early development. In Islington, the proportion of mothers initiating breastfeeding within 48 hours has risen from 60% to approximately 85%. But for the full benefits of breastfeeding to be realised, this should be maintained for longer. What we find is that mothers tend to discontinue breastfeeding after 2 weeks.

To maintain good health and well-being, it is widely accepted that sensible eating and physical activity are essential to healthy living and the lifestyles that children adopt in the future. In Islington, there has been a slight increase in the proportion of children in Year 6 who are not at a healthy weight. Both children in Year 6 and in Reception, this is higher than the national averages. There will need to be a two pronged approach to 1) help children avoid becoming overweight or obese and 2) help children who are already overweight or obese to return to a healthy weight as they grow up.

Following a decade of relatively low Measles, Mumps and Rubella (MMR) vaccination uptake, there are now a large number of children who are unvaccinated or partially vaccinated with MMR. Measles is serious, and can lead to pneumonia and encephalitis, and ultimately death. There has already been an outbreak of measles involving two schools in Islington this year so, again, increasing childhood immunisations plays a key part in the development of children.

Psychological well-being and mental health needs of children and young people is important to good health and happy childhood. Nationally it is recognised that improvements have been made to provide the support that young people need in this area but there is still more to do. It is estimated that just under 3,200 children and young people aged 5-17 would be expected to have a mental health disorder, approximately 36% more than the national average<sup>7</sup>.

Over the past couple of years, the needs of young people to access the advice and support to help prevent them engaging in behaviour that are either harmful to them such as excessive drinking is widely recognised and prominent in the work done around developing a Strategy for Integrated Services for Young People (ISYP). Islington has the 5th worst rate in London for alcohol specific hospital admissions for under-18s.<sup>8</sup>

The ISYP also recognises the importance to equip young people with the knowledge to make choices in areas such as looking after their sexual health and avoid early pregnancy. Both the under-18 conception rate and alcohol related admissions to hospital show that this is still an area that remains high on our agenda. In 2006, there were 142 under-18 conceptions in Islington, equivalent to the rate of 54 per 1,000 young people. This is higher than the national average<sup>9</sup>. There has been some progress in reducing the under-18 conception rate; however this is still significantly higher than in London and England.

### **Staying Safe**

Whether in school, at home, or outdoors on Islington's streets, parks or places the community provides for children to play and meet, ensuring that children and young people feel safe and are protected from harm whilst having the freedom to grow up and enjoy their childhoods is of utmost importance.

The safety of our most vulnerable children remains paramount to support their well-being and although the rate of children in Islington who need safety from maltreatment, neglect, abuse and exploitation is higher than the London average, this has fallen from 39.1 per 10,000 population aged under 18 in 2005/06 to 32.9 per 10,000 population aged under 18 in 2007/08.

There are also children who will need security and stability to support their well-being. In Islington, the rate of children being looked after by the Council has fallen from 116.2 per 10,000 population aged under

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<sup>7</sup> Islington Joint Strategic Needs Assessment 2008

<sup>8</sup> Local Alcohol Profiles for England, North-West Public Health Observatory, 2008

<sup>9</sup> Islington Joint Strategic Needs Assessment 2008

18 in 2005/06 to 98.5 per 10,000 population aged under 18 in 2007/08. It is believed that parental substance misuse and mental ill health still tend to be dominant and 'hidden' issues.

Where alternative family arrangements are needed to enable our children to grow up to achieve all they can, looked after children from Islington tend to have stable placements. In 2005/06, 12% of looked after children experienced 3 or more placements. This fell to 10% in 2007/08.

Through the TellUs 2 and 3 surveys, undertaken through a sample of children in our schools, children said that they felt safe from being hurt by others (76% for both). However, this does not appear to tally with perceptions that have come through from other consultations such the Independent Commission on Youth Safety and consultations recorded by Listen Up.

Islington's streets are relatively safe for children. In Islington the number of children killed or seriously injured in road traffic accidents was 73% below our 1994-98 average (In 2006, 5 children were either killed or seriously injured). However, the rate of hospital admissions in Islington caused by injuries to children and young people rose between 2004/5 and 2006/7 from 111.5 to 140.5 children per 10,000 children. This was consistently higher than the London average.

### **Enjoying and Achieving**

At the Early Years Foundation Stage, the proportion of the cohort gaining 6 points or more for all Personal Social and Emotional Development assessments was 30% in 2006, rose to 39% in 2007 and then fell to 36% in 2008.

Attendance at primary school improved last year and stayed steady this year. In 2006/07, primary school absence fell from 7.26% of children not attending school in 2005/06 to 6.28% of children. However, this is still above the London average (5.7%). Attendance at secondary school got worse last year but is improving quickly. In 2006/07, secondary school absence increased from 9.08% in 2005/06 to 9.49%, above the national average of 7.86%. Too many children are attending school less than 80% of the time (persistent absentees) with approximately 3 – 4% of children persistently absent from school.

Attainment at age 11 (Key Stage 2) in English increased from 74% in 2006 to 78% in 2007; maths increased from 68% to 76%; and science increased from 79% to 85%. Attainment at age 16 (GCSE and equivalent) has also increased from 47% of children gaining 5 or more A\*s to Cs in 2006 to 57% in 2008. Although, young people's educational outcomes are improving, this is below those in similar areas.

Although there is a range of educational and recreational leisure time activities in Islington, stakeholders including children and young people, still identify affordability, accessibility to vulnerable groups such as children with special needs and mental health needs, young people's involvement in shaping services and activities and better co-ordination, marketing and promotion of activities was needed.

### **Making a Positive Contribution**

There are a number of excellent examples of support for young people to engage and participate in decision-making; however stakeholders including children and young people still feel that young people need to be given a greater influence in decision-making including taking the lead and prioritising the issues they want to be involved in.

There is a low rate of permanent exclusions at primary school whilst the rate of fixed period and permanent exclusion at secondary school slightly increased. Permanent exclusions at primary school is still low at 0.01%; fixed period at secondary schools have increased from 4.77% in 2005 to 9.61% in 2007 and permanent exclusions at secondary schools have risen from 0.09% to 0.43%.

Recent information from the DCSF indicates that the number of young people offending for the first time has increased from 295 in 2005 to 327 in 2008. Between October and December each year, a cohort of offenders is identified and pre-court decisions are recorded. These offenders are tracked for 2 years and any re-offending recorded. 30.2% of our 2002 cohort re-offended compared to 48% of our 2005 cohort.

There are several key groups of young people that will naturally need support to dealing with major challenges and life changes such as young parents and young carers. However, there is a lack of data and likely to be an under-estimation about the true picture of these populations such as the numbers of young parents or young carers that there are in Islington which may affect the level of support we provide for them.

Through the TellUs 2 and 3 surveys, children in schools indicated that they are “happy about life” and have “one or more good friends”. However, there does appear to be a divisive gap between older and younger generations which is contributed to by the negative ‘image’ and portrayal of young people in the media

**Achieving Economic Well-being**

Young people who are not in education, employment or training (NEET) has fallen although there was a slight increase in 2007/08. The proportion of NEET young people has reduced by 7% since 2004/05 to 9.5% in 2007/08, one of the highest reductions nationally and more than three times the reduction required to meet the PSA target of a reduction of 2% by 2009/10. The initial proportion (16.5%) was one of the highest nationally. The reduction is similar to that achieved by Central London neighbours and comparators. From 2006/07 to 2007/08, the proportion of young people NEET has risen by 0.9%.

The qualification levels of 19 year olds continue to improve. However, these are still significantly below the London and national average. The proportion of young people achieving Level 2 at age 19 has increased from 48.2% in 2005 to 61.5% in 2007. The proportion of young people achieving Level 3 at age 19 has increased from 28.2% in 2005 to 35.2% in 2007.

Young people aged 24 and under that are unemployed and claiming Jobseekers Allowance has fallen. Youth unemployment fell from 26.5% of young people aged 24 and under that were unemployed and claiming Jobseekers Allowance in 2005 to 24.3% in 2008. The London average was 24.5% in 2008.

There is a shortage of affordable family accommodation in the borough, and comparatively high levels of overcrowding, particularly in the social housing sector. 25% of children live in local authority housing, and of these approximately 40% are in overcrowded conditions<sup>10</sup>, which are commonly associated with increased risk of adverse health, social and family outcomes.

Given the current economic climate and its impact on family and community life as well as other outcomes for children, children living in low-income households will present itself as a central area for concern. The rate of children living in families on low incomes is rising. Islington has the 2nd highest rate in London with approximately 47% of children living in families claiming key benefits in 2007 compared to the Inner London average of 36%. In 2005, Islington had approximately 45% of children living in families claiming benefits.

**Summation**

Data and information show that Islington children and families would benefit from additional attention to the following areas and themes:

<p>More mothers are breastfeeding for longer than 2 weeks</p> <p>Immunisation coverage in the early years increases</p> <p>More young children eat sensibly and are physically active</p> <p>More young children are at a good level of development at the Early Years Foundation Stage of learning</p>	<p>to ensure that</p>	<p>All children are given the best start in life</p>
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<sup>10</sup> HFI 2008

Fewer children are absent from school	to ensure that	Every child goes to school everyday so that all children are given the opportunity to learn the things they need to succeed at school
<p>More children at Islington schools are achieving Level 4 and above in English and maths at Key Stage 2</p> <p>More young people at Islington schools are achieving at least 5 A*s – C in their GCSE including English and maths</p> <p>More children and young people are able to enjoy the range of leisure and recreational activities in Islington</p>	to ensure that	Outstanding learning enables all young people to have the building blocks to achieving their aspirations
<p>Young people have a greater influence in decision-making and prioritising their own issues</p> <p>Fewer young people offending for the first time and re-offending</p> <p>Fewer young people not in education, employment or training</p> <p>Better emotional and mental health among young people</p> <p>Better and healthier lifestyles among young people</p>	to ensure that	All young people have access to all the support and help they need as they become young adults
<p>Children only come into the care system where it is not possible to care for safely, or in a way that promotes their well-being, in the community</p> <p>More children placed with Islington foster carers, in 'permanent' family placements and have stable placements</p> <p>More looked after children attending school, achieving in line with their peers at all Key Stages and in employment, education and training on leaving school</p> <p>Better emotional and physical health and healthier lifestyles among looked after children</p>	to ensure that	Looked after children have the lives we would want for our own children
Fewer children exposed to negative or harmful situations at home, in school and in the community that will affect their safety and future wellbeing	to ensure that	All children are safe at home, in school and in the community
Fewer children living in low-income households	to ensure that	More opportunities are available to parents and young people by raising aspirations

### 3. CYP Priorities

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1. Young children getting the best possible start in life
2. Keeping children safe at home, in school and in the community
3. Every child enjoying going to school everyday
4. Outstanding learning in every Islington school
5. Islington's children in care enjoying the lives we want for our own children
6. Young people having the best possible qualifications, experiences and opportunities for adult life
7. Families and communities raising aspirations for learning and work

### 3.1 Young children getting the best possible start in life

#### Where are we now?

Our ambition for **all** children growing up in Islington is that they get the best possible start in life – this means that their opportunities to have good health, wellbeing and high quality early learning will be as good as anywhere else in the country. We know that better support from conception and throughout the early years and childhood will lay the foundation for better life chances into adolescence and adulthood. In Islington we need to do more for the most vulnerable and disadvantaged families to narrow the gap in persisting local inequalities in health and wellbeing outcomes. We will do this by working in partnership with families to offer preventive services that are centred upon sound evidence of impact, and by offering early interventions that avert later problems or crises.

Children's readiness for school has implications for success at school later in life. The Islington Joint Strategic Needs Assessment (2008) found that outcomes for children at the end of the Foundation Stage are lower than those for children nationally. Between 2006 and 2008, the percentage of children achieving a good level of overall achievement at the Early Years Foundation Stage in Islington increased slightly from 30% to 36%. However, during that period, this fluctuated from a high of 39% in 2007 and continued to be below the London and national averages. Better progress was made in narrowing the gap.

We need to work to continue to improve both the initiation and duration of breastfeeding. Breastfeeding is known to be beneficial to both mothers and babies and to support infants' early development. Benefits include protection against common childhood infections, including gastro-enteritis, ear, respiratory and urinary tract infections, as well as diabetes mellitus. The longer-term benefits include lower blood pressure and protection against obesity and, as these benefits are greater the longer it is sustained. Initiation rates have increased locally, and are higher than the England average, but the numbers of mothers who still breastfeed at 6-8 weeks after birth is significantly lower. During 2009/10 our target is for 64% of women to be continuing to breastfeed at 6-8 weeks

**Table 1: Exclusive breastfeeding rates**

	<b>Initiation</b>	<b>10-14 days</b>	<b>6-weeks</b>
Islington 2007/8	85.5%	59%	Local data not yet available
England 2007/8	69.6%	39%	22%

Childhood immunisation is one of the most effective preventive health interventions and protects children from infectious diseases, some of which can have serious or fatal consequences. Immunisation uptake is lower in Islington than England, and the 'herd immunity' levels necessary to prevent the risk of outbreaks. Recently, there have been significant increases in reported cases of measles, mumps and rubella, linked to the fall in uptake of the MMR vaccination in babies and children. In Quarter 3 of 2008/9 the immunisation uptake among children aged two in Islington was 88% for diphtheria, tetanus, pertussis, polio, Hib and pneumococcal and 75% for measles, mumps and rubella (MMR). By 2010/11 we plan to work towards a target coverage of 95%.

We have a continued challenge to reverse the trend of rising obesity, with 75% of Islington residents living in flats, a lack of green space allowing young children to be active and easy access to fast food outlets. To maintain good health and well-being, sensible eating and physical activity are essential to healthy development and the lifestyles that children adopt in the future. The main long-term risk of obesity in children and young people is its persistence into adulthood, where it is associated with a greatly increased risk of diabetes; an increased risk of high blood pressure, coronary heart disease, stroke, osteoarthritis and cancer. Obesity can also be associated fertility problems and increased health risk to women during pregnancy and labour.

Annual surveys of heights and weights carried out over the last three years show that about one in ten children in Reception were obese, which is slightly higher than the national proportion. Almost a quarter of Year 6 children in Islington were obese in 2008, significantly higher than the England average. There has been a slight downward trend in obesity in Reception over the past three years, but an increasing trend in the proportion of children who were obese in Year 6. Our target is for fewer children to become obese and those who are obese or overweight to return to a healthier weight as they grow.

**Table 2: Obesity in Islington by school year 2006-2008**

Year	Islington schools average			London average			National average		
	2006	2007	2008	2006	2007	2008	2006	2007	2008
Reception	12.10%	10.60%	10.59%	10.70%	11.30%	10.9%	10.00%	9.90%	9.60%
Year 6	23.60%	23.60%	24.06%	19.50%	20.80%	21.60%	17.30%	17.50%	18.30%

The prevalence of decayed, missing or filled teeth (DMFT) in 5 year olds in Islington is higher than regional and national levels, with a population average of almost 1.95 DMFT teeth per child (compared to 1.57 in London and 1.49 in England). Although the proportion of children who access NHS dental care in Islington is lower than at a regional and national level, this gap has narrowed. In June 2008, 62.9% of children in Islington had seen a dentist in the previous 24 months, compared to 63.9% of children in London, and 69.0% of children in England.

### What do we have to work with?

Parents are the key to achieving the best outcomes for young children. Through the implementation of our Workforce Development Strategy and Parenting Support Strategy, we will ensure that the children's workforce works together effectively and is equipped to provide mothers and fathers with good information and timely, well targeted support to help their children lead healthy lives, to keep them safe, to enjoy positive play and learning experiences and above all have high aspirations both for themselves and their children as they grow up. We will continue the development of locality-based preventative services within our six Area Children and Young People's Partnerships which are designed to co-ordinate the interface between universal, targeted and specialist services.

Healthy women will tend to have healthy babies, so our first priority will be to ensure that all women and their partners have opportunities to prepare for being a parent and to make well-informed decisions about their care throughout pregnancy, birth and post-natally. We must continue to increase the number of women who see a midwife or a maternity healthcare professional before the end of the 12<sup>th</sup> week of pregnancy from 66.1% at the end of Q3 2008/9 to 90% by 2010/11. A full health and social care assessment will help ensure that any problems in pregnancy can be detected early and that women are given the information, support and care needed to manage or reduce any risks. This, plus advice on nutrition, smoking, alcohol and positive mental health will help improve the chances of a healthy pregnancy for both mother and baby and can reduce the risk of infant mortality, low birth weight and other serious adverse outcomes. We will work with our local maternity providers to implement the 'choice guarantee' so that by the end of 2009 women will have choices about:

- how and where to access ante-natal care
- the type of ante-natal care
- the place of birth - with advice on the safest option for them
- the place of post-natal care

During 2008, Islington was successful in being selected by the Department of Health to become one of the pilot sites for the Family Nurse Partnership (FNP). This is an intensive health-led preventive

programme for young mothers aged under 19 and their partners having their first baby, and which has shown consistent short and long term benefits for children and families over a 30 year trial in the US. It begins in early pregnancy and is oriented to the future health and well being of the child, through improved ante-natal health, improved child health and development and improved economic self-sufficiency of the family. Over the next three years, we will be contributing to the national research trial to evaluate the impact in the UK. Funding for the FNP beyond the first year has been secured jointly from NHS Islington and the Local Area Agreement (LAA).

In Islington we have developed comprehensive universal services – health services, early years settings and schools are central to an effective system of prevention and early intervention and work in partnership with parents and families. The Islington Healthy Children's Centre programme was launched in early 2009 and builds on the successes of the local Healthy Schools Programme which supports the links between health, behaviour and attainment. Children's Centres target the most disadvantaged communities, who are also likely to be those most likely to smoke or use drugs and alcohol; they offer an ideal setting to provide information, advice and support. We are working to embed systems to ensure staff working in universal settings can quickly identify early signs that children and families might need additional help and can provide streamlined access to targeted and specialist provision such as social care, family support, CAMHS or disability services..

Breastfeeding is a key priority for the LAA through to 2010/2011, with additional mainstream resource support through NHS Islington's 'Business Case for Prevention'. The strategy supports staff and volunteer development, drop-in support networks and the development of Baby Friendly Environments in health and children's centre settings. We will continue to work in partnership with the Breastfeeding Network (BfN) to establish more breastfeeding support groups, to address inequalities by focusing on areas of higher need and targeting 35 mothers from a range of cultural background to train as peer supporters. An increasing proportion of staff from midwifery, health visiting teams and volunteers have received UNICEF Baby Friendly training, and more will be trained over the next three years as part of the local offer to improve support for women breastfeeding.

All children deserve the highest quality early years education and care that nurtures their personal, social and emotional well-being and that encourages them to develop the dispositions, attitudes and skills they need to enjoy education and achieve well. We also know that children who receive high quality early years provision go on to do well throughout their primary school education and that attending high quality provision is particularly important for children who are most vulnerable to poor outcomes.

We will work with all early years settings (children's centres, schools, nurseries and playgroups in the private, voluntary and independent sectors and childminders) to improve provision and outcomes for children. A key focus is to improve leadership and develop the workforce so that those responsible for early years provision as well as those working directly with children are appropriately well-qualified and knowledgeable about child development and how young children develop and learn best. We will continue to work with all providers to embed the new national Early Years Foundation Stage framework to give all children the opportunity to develop well across the six areas of learning and development. However, knowing how to support children's personal, social and emotional development and their communication and language is fundamental to children's outcomes, so we will continue to provide training and programmes that develop practitioners' skills in these areas. Building on our success in narrowing the gap in outcomes for the 20% of children who are most vulnerable to poor outcomes at the end of the Early Years Foundation Stage and all children, we will continue to embed programmes and strategies that focus on this group, such as developing partnerships between parents and carers in early years provision, ensuring provision for boys is developmentally appropriate and stimulating, supporting practitioners to identify children with special educational needs and providing mother-tongue workers to work with teachers in understanding and assessing the needs and achievements of some groups of bilingual, minority ethnic children..

We view developing services at a universal and targeted level as the most effective way of improving outcomes for all young people with speech, language and communication needs (SLCN). In due course

this will also free up specialist services to address the needs of the most vulnerable young people with SLCN. We have bid to become a commissioning pathfinder under the action plan from the Bercow Review to progress this aim.

Islington received positive feedback from the Childhood Obesity National Support Team on our cross-agency work to tackle childhood obesity. While the percentage of pupils who are obese in year 6 in Islington is high, analysis of the National Child Measurement Programme data demonstrates that rates are not rising. The analysis enables us to provide targeted work on healthy eating to schools with highest need and to support a multi-agency preventive approach to improve healthy eating and physical activity for the most vulnerable groups. We have put in place evidence-based Obesity Care Pathways for Early Years and for Primary Schools to support a structured programme of needs-led interventions. We will also implement the Islington Play Strategy that aims to provide more and better play spaces and opportunities for children and young people to be active which will be supported by significant investment from the DCSF Playbuilder Grant.

Islington has a local stretch target for 95% of Islington schools (58 schools) to have achieved Healthy School status by March 2009, from a baseline in 2005/6 of 7 schools (11.5%). Significant progress has been made in engaging schools in the programme, with 97% having achieved status by March 2009. Local evaluation shows that schools report outstanding and sustained impact from their involvement with the programme. Findings include 88% of pupils have the expected knowledge, skills and understanding in health education; 94% of pupils choose to eat two or more portions of fruit and vegetables at lunch time; a 21% increase in the uptake of school meals; an increase in healthy lunch boxes in children in KS1; an increase in the percentage of students choosing water as their drink option from 1% to 20% at a special school. There will be continuing need to build on the momentum created by work with the local programme to support schools in promoting better physical and emotional health and wellbeing.

The School Sports Coordinator Programme has used its PECCSL results to target additional support and resources to schools and groups where it is most needed, and enabled 88% of pupils in 2008 (75% in 2007) to participate in a minimum 2 hours high quality PE each week and an average of 13 pupils at each school involved with sports volunteering and leadership. From 2009, the target moves to measuring progress against a minimum 5 hours a week of physical activity, including PE, in line with advice from the government's Chief Medical Officer on the minimum needed to promote healthy development and growth in children and young people.

Good mental health and emotional wellbeing is essential for good overall health and for enabling children to have a happy and fulfilling childhood. Strong bonding and attachment between parent or carer and infant builds resilience and self esteem in children and supports prevention of emotional and mental health problems later in life. Findings of a needs assessment carried out during the development of Islington's Parenting Strategy indicated the need for increased support for bonding and attachment through evidence based programmes of support. The Healthy Children's Centre programme supports existing and planned work led by the community psychology service.

Children living in disadvantaged households with multiple deprivation factors are more likely to suffer with problems with emotional health and wellbeing and to have a physical or learning disability. Mental health disorders amongst Islington children and young people is about 36% higher than the national average and we continue to see an increased incidence of children with disabilities. We will start to measure local progress using the national indicators to measure emotional health and wellbeing and experience of services by parents of disabled children as soon as they are published.

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### **Where do we want to be?**

#### **Outcomes for children, young people and their families**

1. More women initiate breastfeeding and breastfeed their children for longer.
2. Islington's children are more active and eat healthier diets so that fewer children become obese and

**Outcomes for children, young people and their families**

those who are obese or overweight can return to a healthier weight as they grow.

3. More children are up-to-date with immunisations, including MMR
4. Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal Social and Emotional Development and Communication, Language and Literacy and the gap narrowed between the lowest achieving 20% and the rest
5. Fewer children develop tooth decay, and access to preventative and treatment services is promoted.

**How will we get there?**

<b>2009/11 Actions / Activities by services and the wider community</b>	<b>To be monitored by</b>	<b>Linked to</b>
All children under five with complex disabilities can access the Early Support Programme to provide them with coordinated services and better, more accessible information.  Disabled children and their families are reporting a more favourable experience of local services and the Aiming High for Disabled Children 'core offer' (PSA 12/NI 54)	Disability Strategy Board	Strategy for Children and Young People with Disabilities and their Families
The Healthy Schools Programme continues to develop health and wellbeing in schools, and the new local Healthy Children's Centres standards in Early Years are implemented. 95%of schools to achieve Healthy Schools Status by 2009 (LAA) 100% engaged in the programme by 2010 (LAA)	Early Years Strategy Board 5-13 Strategy Board	LAA
More women seeing a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy by implementing Maternity Matters and the Choice Guarantee Measurement Indicator: NI 126	NHS Islington Board	Maternity Matters
Continue to maintain the momentum of peer support to further improve and sustain breastfeeding rates which will contribute to our obesity strategy.	ISP Health and Wellbeing Board	LAA
Implement the commissioning priorities identified through the Parenting Support Strategy	Parenting Support Strategy Group	Parenting Support Strategy
Continue to work with maternity providers, GPs and Children's Centres to provide early access to local services deliver the choice guarantees	NHS Islington Board	NHS Operating Framework
Primary Health Care Teams and Children's Centres will work to improve the uptake of childhood immunisations	NHS Islington Board	Islington Immunisation Strategy
Embed systems and processes to improve the quality of immunisation data	NHS Islington Board	Islington Immunisation Strategy
Implement the Foundation Stage Strategy	Cambridge Education@Islington	CE Annual Plan

<b>2009/11 Actions / Activities by services and the wider community</b>	<b>To be monitored by</b>	<b>Linked to</b>
Implement and review the impact of the Obesity Care Pathways for Early Years and for Primary Schools	NHS Islington Board	Obesity Strategy
Every child should have at least 5 hours physical activity each week	Schools Sport Coordinator network	Obesity Strategy
Improve support for children with speech, language and communication needs in line with the recommendations of the Bercow Review	Strategy & Commissioning Board for Children with Disabilities	Strategy for children and young people with disabilities and their families

## 3.2 Keeping children safe at home, at school and in the community

### Where are we now?

2008 has seen a national focus on safeguarding children arising from the Baby P case. In response to this all local authorities and their partners who comprise local safeguarding children boards have reflected on the robustness of their arrangements.

The focus of partner agencies in Islington on prevention and early intervention is highly relevant to safeguarding issues. During the period 2004 – 2008, Section 47 enquiries have shown an increase (470 in 2004/05 and 543 in 2007/08) and the number of initial child protection conferences has remained largely the same (200 in 2004/05 and 186 in 2007/08). However, the number of registrations has reduced (175 in 2004/05, 141 in 2007/08) as has the number on the register / subject to a child protection plan (154 in 2004/05 and 111 in 2007/08). This does suggest that risk issues are being identified, but that “children in need” approaches are being used as practitioners are more confident that multi-agency plans can be devised safely and robustly outside of the child protection arena.

The re-registration rate measures the percentage of children whose names have been placed back on the child protection register (become subject to a child protection plan) following a period when they were not on the register (subject to child protection plan). The re-registration rate is taken as an indicator of the effectiveness of child protection plans. The rate of re-registrations came under scrutiny in the period 2005/6 when there was a sharp increase. This was cause for concern as it implies that child protection plans were not as effective as they could be and so families were returning to the child protection arena. The picture since then has stabilised and the 07/08 figure for re-registrations was 11.3% which is well within the acceptable limits.

One of the key performance indicators for child protection is the length of time children spend on the Child Protection Register (now “subject to a child protection plan”). It is generally acknowledged that children should not be on the CPR for more than two years as, by this time, either the risks should have significantly reduced, or legal action should have been taken in order to safeguard the child. At the end of March 2008, only two children had been on the register for more than two years. These were children from the same family who were subject to procedures under the Public Law Outline (PLO) and there were clear plans in place. This also indicates that cases where the child protection plan is not effective are dealt with swiftly by some other means such as action under the PLO or court proceedings.

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### What do we have to work with?

The Islington Safeguarding Children Board became operational in April 2006. Over the past three years it has operated effectively, and is developing into the model envisioned by the Government's guidance on LSCBs. It has good support from partners, and a clear business planning process which has ensured important safeguarding developments have taken place. These have included:

- The introduction of a Child Protection Audit Framework, which ensures there is an annual programme of auditing of multi-agency work.
- Excellent arrangements for the operation of a child death overview panel and rapid response to unexpected child deaths.
- Effective engagement of racial, ethnic and faith groups in safeguarding issues.
- A comprehensive safeguarding training programme.
- Positive policy and practice developments on a range of issues.
- Development of a higher profile amongst partner agencies (e.g. through ISCB meetings taking place in front-line settings).

- All partner agencies reviewing their internal safeguarding arrangements in the light of the Baby P. case.
- Introduction of arrangements to manage allegations against professionals who work with children.

Important progress has been made in the areas identified above and, in addition, specific developments by individual agencies have further strengthened safeguarding within the borough; for example:

- The introduction of new arrangements for making referrals to Children's Social Care, and responding to those referrals by the Children's Social Care Service February – April 2008.
- The creation of a dedicated "Children in Need Service" (April 2008) within the Children's Social Care Service, ensuring continuity of social work involvement from initial assessments to completion of children in need plans.
- The strengthening of social work involvement at an early stage through the "social workers in children's centres" development, and the pilot of linking social workers with schools.

However, the strengthening of safeguarding arrangements is a continuous enterprise for individual agencies and partnership working. The Islington Safeguarding Children Board (2008-09 Business Plan) has identified emerging issues that it will be addressing:

- The continued increase in the identification of the extent of domestic violence, and understanding of its impact on the borough's children.
- The increase in the number of cases involving trafficking, honour violence, female genital mutilation and sexual exploitation.
- Responding effectively to children who run away from home.
- Based on the development of successful partnership working with adult drugs / alcohol services, there is a need to develop stronger relationships between children's services and adult services for people with mental health needs and learning disability needs.

In addition, further priorities have emerged:

- Learning from the lessons of the Baby P case
- Reviewing of safeguarding arrangements in respect of schools in the light the greater autonomy schools have acquired.

Underlying, and providing the context for, the specific initiatives outlined above, all partners recognise that there needs to be continued **cultural change**. In particular:

- There is a need for the establishment of strong and trusting relationships between those who impact on the lives of children (based on more opportunities for direct contact and communication, rather indirect – e.g. electronic - contact) in which creativity and problem-solving thinking and practice can flourish. This is essential for effective safeguarding. All the evidence from Serious Case Reviews and people's day-to-date experience is that it is lack of effective communication between people that results in poor and unsafe outcomes for children; improving the quality of relationships will result in improved communication, earlier identification of need and more timely and effective help. The development of the Area Children and Young People's Partnerships and models of "Team-Around-the-Child", "Team-Around-the-Family" and "Team-Around-the-School" will provide the opportunity for the further development of such relationships,

building on the relationship-focused initiatives that have been taken forward in 2007- 08 (such as the location of senior social workers in children’s centres, and the development of a pilot for social workers to link with schools).

- The need to develop a culture of, and practical arrangements for, constructive challenge between individual professionals and between services that impact on the safeguarding of children - at operational, strategic and organisational levels. The idea is to move to a position which is characterised by reflection at all levels, and where transparent dialogue about issues of concern is positively encouraged, and experienced as an empowering and learning experience – for organisations and individuals.

**Where do we want to be?**

**Outcomes for children, young people and their families**

1. Improved partnership working between adults’ mental health services and children’s services, and as a result improved outcomes safeguarding and well-being outcomes for the parents and children affected.
2. Improved understanding of the extent and nature of need (and improved responses to) of children who are the victims of trafficking, honour-based violence, sexual exploitation and Female Genital Mutilation.
3. Messages from Serious Case reviews are understood by all staff involved in the safeguarding of children, and inform their practice.
4. Effective implementation of the Public Law Outline in terms of outcomes for children.
5. Unexpected child deaths are being responded to effectively, and lessons from child deaths are being learned and acted on.
6. The welfare of children who run away from home is safeguarded.
7. Multi-agency working in respect of sexual abuse, and the interface between police and children’s social care, is effective.
8. Reflective and constructive challenge is embedded in the working relationships between:
  - a. individual professionals
  - b. supervisors and supervisees
  - c. organisations with safeguarding responsibilities
9. The messages from the 2009 Laming Report are translated into tangible improvements in the safeguarding and well-being of children.
10. All partner agencies are operating effective safe recruitment arrangements, and comply with the requirements of the ISA.
11. Children from all faith, ethnic and racial communities are safeguarded.
12. Children are effectively safeguarding in the school environment.

**How will we get there?**

2009/11 Actions / Activities by services and the wider community	To be monitored by	Linked to
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<b>2009/11 Actions / Activities by services and the wider community</b>	<b>To be monitored by</b>	<b>Linked to</b>
To review the levels of trafficking, honour based violence, sexual exploitation and FGM in the borough and ensure that ISCB partners are able to respond effectively to protect and support children facing these dangers.	Islington Safeguarding Children Board	ISCB 2008/9 Business Plan
To review the level and nature of domestic violence in the borough and the role that the ISCB should play in reducing the incidence and meeting the needs of families affected. This will include violence perpetrated by young people within their families and personal relationships.	Islington Safeguarding Children Board	ISCB 2008/9 Business Plan
To review the quality of partnership working with adults' services (in particular learning disability and mental health) and identify areas for improvement. As part of this, to review the impact of the Family Drugs and Alcohol Court during its first year of operation	Islington Safeguarding Children Board	ISCB 2008/9 Business Plan
To monitor the impact of the Public Law Outline.	Islington Safeguarding Children Board	ISCB 2008/9 Business Plan
To collate the key messages from Serious Case Reviews (locally and nationally) and implement a strategy to ensure these messages reach, and impact on, all relevant staff and managers in partner organisations.	Islington Safeguarding Children Board	ISCB 2008/9 Business Plan
To review the operation of the new arrangements for Child Death Overview Panels and rapid response to unexpected child deaths.	Islington Safeguarding Children Board	ISCB 2008/9 Business Plan
As part of ISCB's Child Protection Audit Framework, to undertake audits of multi-agency practice in the following areas: Trafficking, Honour Based Violence, Sexual Exploitation and FGM  Adult mental health (continued from previous year)  Police – Children's Social Care joint working  Sexual abuse	Islington Safeguarding Children Board	ISCB 2008/9 Business Plan
To determine the nature and level of young people running away from home and identify and introduce arrangements that promote the safety of such young people.	Islington Safeguarding Children Board	ISCB 2008/9 Business Plan
To continue and extend the development, training and partnership work with racial, ethnic and faith communities and organisations in the borough on safeguarding matters. To increase the representation of these communities and organisations on the Board and its sub-groups.	Islington Safeguarding Children Board	ISCB 2008/9 Business Plan

<b>2009/11 Actions / Activities by services and the wider community</b>	<b>To be monitored by</b>	<b>Linked to</b>
<p>The ISCB to develop and introduce a model of peer challenge amongst ISCB partners. This will be used to shape the future structure, culture and ways of working of ISCB meetings. It will also include the introduction of a “peer challenge programme” each year in which Board partners will review in depth the safeguarding arrangements of at least two of their partners.</p> <p>In 2009 – 2010 the first focus for the peer review will be two schools.</p>	Islington Safeguarding Children Board	ISCB 2009/10 Business Plan
<p>The Quality Assurance Sub-group to develop further proposals on how the concept and practice of “constructive and reflective challenge” could be developed further in front-line practice and supervision.</p>	Islington Safeguarding Children Board	ISCB 2009/10 Business Plan
<p>To make all necessary arrangements for the introduction of the ISA.</p>	Islington Safeguarding Children Board	ISCB 2009/10 Business Plan
<p>To analyse the findings and recommendations of the 2009 Laming report, and from this develop an action and implementation plan relevant to the needs of Islington.</p>	Islington Safeguarding Children Board	ISCB 2009/10 Business Plan
<p>The Mental Health Trust and Children’s Social Care Service to introduce arrangements to strengthen partnership working at all levels, as part of a “focussed relationship development” programme.</p>	Islington Safeguarding Children Board	ISCB 2009/10 Business Plan
<p>To review the constitution and working arrangements of the ISCB, including membership and representation, and responsibilities of Board partners, in the light of the current and future safeguarding agenda.,</p>	Islington Safeguarding Children Board	ISCB 2009/10 Business Plan
<p>The Children’s Social Care Service and the Housing Needs and Strategy Service, and Homes for Islington, to introduce arrangements to strengthen partnership working at all levels, as part of a “focussed relationship development” programme</p>	Islington Safeguarding Children Board	ISCB 2009/10 Business Plan

### 3.3 Every child enjoying going to school everyday

#### Where are we now?

Since 2005/06 attendance at Islington schools has seen an improving trend with overall absence and persistent absence reducing in all categories in 2007/08. Primary absence reduced in 2007/08 and this was against the national trend. Pupil absence in Islington remains higher than the national average but the rate of improvement in secondary absence and persistent absence was the fifth highest rate across all local authorities. The initial analysis of local data for 2008/09 indicates that there are signs of further improvement at secondary. Islington is on track to achieve the reducing Persistent Absence target of 7% in 2009/10 but the target of 5% in 2010/11 remains very challenging.

**Table 1: Overall absence from school**

	2005/06		2006/07		2007/08	
	Islington	England Average	Islington	England Average	Islington	England Average
Primary Schools	7.26%	5.76%	6.28%	5.18%	6.25%	5.26%
Secondary Schools	9.08%	8.24%	9.49%	7.86%	8.21%	7.34%

**Table 2: Persistent absence from school**

	2006/07			2007/08		
	Islington	England	Number of pupils	Islington	England	Number of pupils
Primary Schools	3.1%	1.8%	351	2.6%	1.7%	328
Secondary Schools	10.4%	6.7%	846	7.1%	5.6%	640

Detailed analysis of the 2007/08 data shows:

- Illness is the largest reported cause of absence in Islington and across England accounting for more than half of all absence
- Holidays are the second largest reported case. Rates are slightly lower in primary schools.
- Absence is higher for male pupils in primary schools but higher for female pupils in secondary schools.

The groups causing concern are

- primary pupils on free school meals
- pupils with SEN
- secondary pupils with English as a first language
- White British, White Irish and mixed Black and White Caribbean Pupils

The impact of attendance on attainment is significant and analysis of the Key Stage 2 and GCSE outcomes in 2007, clearly shows that as attendance improves the chance of higher outcomes increases.

The attendance of looked after children (LAC) has improved significantly. The percentage of LAC missing 25 days or more has dropped from 18% in 2004/05, to 9.1% in 2006/07 and in 2007/08 to 8.5% and is above the national average. This improvement has been brought about due to robust daily monitoring as well as targeted action to those young people identified at risk of missing 25 days.

Attendance at the Pupil Referral Units (PRUs) is improving year on year but continues to be an area of focus. The impact of poor attendance particularly from an early age is significant on the attainment for young people. It leads to disengagement and the potential for risky behaviour and a risk of these young people not being in education, employment or training (NEET) at a later age.

There is still significant work to be done to raise attendance levels even more to ensure that children can maximise their learning, attainment and access to the full range of enrichment activities and extended services opportunities.

Exclusions are rising in Islington from a low base of 14 permanent exclusions in 2005/6, 36 in 2006/7 and to 53 in 2007/8. This is likely to be higher than the national average rate. Fixed term exclusions in secondary schools rose from 701 in 2006/7 to 951. In primary schools fixed term exclusions reduced from 186 in 2006/7 to 135 in 2007/8. Some of the rise can be attributed to high rates of exclusions in particular schools and an action plan is in place to address this.

The rise of fixed term exclusions is being addressed through the roll out of Social and Emotional Aspects of Learning (SEAL) programme. However, there are some primary schools where fixed term exclusions are high and there is support from the Behaviour Support Service and work with alternative providers such as the Art Room. The analysis also indicates that there is high representation from particular ethnic groups and this is an area for development jointly with the Behaviour Support Service and the Ethnic Minority Achievement Service. Indications for the Autumn Term 2008 are that the rate of permanent exclusions is falling in the 2008/09 academic year.

Behaviour is good or better in all schools and settings as judged by Ofsted. However the Behaviour Strategy requires review so that it meets the needs of all children and has the full engagement of schools and other providers. Linked to this is a review of the quality of alternative provision and the further development of the New River College as the key provider or broker of provision.

In 2007/8 children in 6 schools were surveyed using the Index for Inclusion. Although a small sample (1088 pupils) this provides a useful snapshot on which to build:

- 58% said they liked coming to school, 35% sometimes
- 87% said they had good friends at school, 8% sometimes
- 54% said that children are treated fairly at school, 31% sometimes
- 27% said they are bullied at school, 22% sometimes
- 60% said they participated in activities during lunch time or after school 10% sometimes

All schools in Islington provide a range of out of hours activities for pupils. In March 2009, 88% of schools (compared to 75% in March 2008) have been assessed as providing a 'full offer' of the varied menu of activities as part of the extended services provision, with the rest providing a partial offer.

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### **What do we have to work with?**

Headteachers and governors, the Education Welfare Service, the Behaviour Support Service, the School Improvement Service and all partners are committed to improving attendance. All schools have set challenging targets. A Strategic Behaviour and Attendance Partnership has been established to oversee

the revised attendance strategy and to monitor progress on attendance and behaviour. The new strategy takes a multi-agency approach to improving attendance and has included feedback from young people and from parents and carers.

There is now strong evidence that good use of data and targeted, intensive work by schools, services and partners brings about improvements in behaviour and attendance.

There is a well established extended schools team that supports schools in the implementation of the Core Offer and in out of hours activities.

The Index for Inclusion is used successfully by a number of primary schools and is being extended to secondary.

There are sound anti bullying strategies agreed across agencies with an annual bullying survey, the results of which feed back into school action plans.

During 2007/08, a wide range of strategies and actions were implemented. These included:

- **Supporting schools to develop attendance actions plans with improved tracking and monitoring and recording systems**  
All the priority schools (12 primary and 4 secondary) have received additional resources from the Schools' Forum to support their in-school strategies such as First Day response workers or electronic registration lesson-by-lesson systems. There has been training and development for school staff and senior leadership in schools and with School Improvement Partners. The Persistent Absentee programme is being rolled out to all secondary schools.
- **Increased use of statutory action and parental responsibility measures'**  
New Fast Track to court procedures (12 weeks) have been implemented in all schools resulting in an increase in prosecutions and penalty notices across the borough.
- **Early intervention through multi-agency Teams Around Schools** and use of the common assessment framework targeting support to vulnerable children who are persistent absentees and those at risk of exclusion. Area children and Young Peoples' Partnerships have agreed projects to improve attendance.
- The **Back on Track programme for Year 11s** targets the disengaged to support transition to education, employment or training post-16.
- **Exam Fever**  
Resources have been made available from a wide range of support services such as youth workers, police, Behaviour Support, Connexions, Educational Psychology and allocated Teams Around Schools to support targeted year 11 pupils to ensure they attend GCSE exams over the three week period with particular emphasis on the core subjects.
- The SEAL programme is being implemented in all secondary schools with 2 lead schools identified. All primary schools are on track to meet the targets for implementing SEAL. Other initiatives to reduce exclusions include anti-bullying work, Restorative Justice and alternative curriculum. Schools with high levels of exclusions have improvement action plans through the work in support of schools and priority support.
- The New River College has been established by bringing together PRUs and Alternative Provision under one framework. It is working collaboratively with schools on prevention programmes and building up a range of alternative accredited provision.

**Where do we want to be?**

**Outcomes for children, young people and their families**

1. Improvement in attendance and reduction in persistent absence in all schools and for vulnerable groups
2. Reduction in both fixed term and permanent exclusions and time lost from learning
3. Behaviour is good or better in every school.
4. A year on year increase in the % of pupils reporting that they enjoy school.

**How will we get there?**

<b>2009/11 Actions / Activities by services and the wider community</b>	<b>To be monitored by</b>	<b>Linked to</b>
100% sign up from schools to the Strategic Behaviour and Attendance Partnership objectives	CSMT/Strategic Behaviour and Attendance Partnership	LAA CE Annual Plan LBI related plans and Strategies ie CAMHS, Disability
Extended Schools that support the health and wellbeing of children and families and Extended Schools targets met with all schools providing a range of out of hours learning and activities accessible by all pupils.	CSMT/Area CYPPs	CE Annual Plan LBI related plans
Improving attendance - continue to implement the new attendance strategy, particularly the work with partners and the local Children and Young People's Partnerships. There will be a particular focus on vulnerable groups such as Children Looked After.	Strategic Behaviour and Attendance Partnership	CE Annual Plan LBI plans Safer Islington plans Islington CLA plan
Early Intervention - Develop multi-agency targeted support for families and children through integrated working and the Team Around the School/Child arrangements targeted to parents of pupils with poor attendance or at risk of exclusion / poor behaviour.	CSMT/age related Board	CE Annual Plan Integrated Working plans Workforce Development strategy Gang Prevention strategy
Extended Schools Activities - Strengthen the work of the Area Children and Young People's Partnerships to promote children's health and wellbeing, to support learning in the community, increasing opportunities and raising aspiration and implement the Disadvantage Subsidy.	CSMT/Area CYPPs	CE Annual Plan LBI related plans

<b>2009/11 Actions / Activities by services and the wider community</b>	<b>To be monitored by</b>	<b>Linked to</b>
<p>Improve Behaviour - Review and put in place an effective Behaviour Strategy that meets the needs of children and young people across the Children's Partnership.</p>	<p>CSMT/Strategic Behaviour and Attendance Partnership</p>	<p>CE Annual Plan LBI related plans and Strategies ie CAMHS, Youth Disorder</p>
<p>Improve Behaviour and reduce exclusions through implementation of SEAL and Behaviour Strategies in all schools. This work will be supported by a wide range of agencies and targeted intervention through the Team Around the School.</p>	<p>Strategic Behaviour and Attendance Partnership</p>	<p>CE Annual Plan LBI related plans, PCT and CAMHS strategy</p>
<p>Increase the use of pupil surveys in schools through the Index for Inclusion and use the results to inform planning.</p>	<p>CSMT / Area CYPPs</p>	<p>CE annual plan</p>

### 3.4 Outstanding Learning in every Islington school

#### Where are we now?

##### Children's educational achievement at Key Stage 1

Achievement at Key Stage 1 (KS1), at Level 2 and Level 2b and above, have improved for the past three years with gaps between local and national outcomes reducing in reading, writing and mathematics, except at Level 2 and above in mathematics where boys' outcomes have fallen slightly. The greatest improvement is at Level 2b and above in writing for girls where the gap has closed from 13% in 2006 to 6% in 2008. Outcomes at Level 3 have all declined over three years, which is similar to the overall national picture, but this means the gaps between local and national outcomes have increased in reading and maths. Gender differences mirror the national trend.

##### Children's educational achievement at Key Stage 2

At Key Stage 2 (KS2), the rate of improvement in Islington is greater than the national rate of improvement. Although outcomes in Islington remain below the national average, the gap between the two is closing year on year. There has been an overall improvement of 6 percentage points in the achievement of Level 4 and above in combined English and mathematics, including at Level 4 and above, a 4 percentage point increase in reading and English overall, a 5 percentage point increase in writing and a 7 percentage point increase in maths. The proportion of children achieving Level 5 and above also improved with a 5 percentage point increase in writing over three years. Islington has achieved its KS2 Level 4 and above 2008 target for English (77%) with an outcome of 78%. In mathematics the target, of 79%, has not been reached but provisional results at 75% represent a 7ppts gain in three years. The Islington KS2 Level 4 and above combined target for English and mathematics in 2009 is 76%. This is an appropriately challenging target given the ambitions for young people. However, this figure represents a 6% improvement in three years – double the national rate of improvement. The 2010 targets represent an increased challenge.

##### Young people's educational achievement at Key Stage 4

Between 2005 and 2007 there was an increase in the percentage of students attaining GCSE 5+ A\*-C grades and 5+ A\*-C (including English and mathematics). Both 5+ A\*-C and 5+ A\*-C (including English and mathematics) continued to improve in 2008 and are likely to be close to the inner London mean.

##### Children's progression from Key Stage 2 to Key Stage 4

The percentage of students achieving three levels of progress overall from KS2 to KS4 rose in English and in English and mathematics combined over the last two years. There has been a positive engagement with National Strategies programmes to improve outcomes for Bangladeshi, Turkish and Black Caribbean students.

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#### What do we have to work with?

##### Primary schools and settings

There has been a reduction in the number of primary schools below floor target at Key Stage 2. There are now 6 schools where results are below 65% for English, 7 in mathematics (a reduction of 12 in three years) and 2 schools where both subjects are below 55%. One of these schools is designated by the National Strategies team as a 'Hard to Shift' school. Islington is focusing challenge and support to bring about the improvements needed in this school and to ensure all schools are above floor targets. Where schools have received priority support, Level 3 outcomes at KS1 and Level 4 and above at KS2 have improved year on year.

All Islington primary schools are currently judged by OFSTED to be at least satisfactory, with increasing proportion judged to be good or outstanding. Because of the impact this has on quality and standards the focus is to continue to increase the proportion of outstanding schools.

**Secondary schools and settings**

There has been a rise in 5 or more A\*-C (including English and mathematics) in some schools but one school is below the floor target. Senior officers have met with all headteachers to explore the emerging issues and develop a shared Work Plan to raise outcomes. There is one school below the 30% threshold for 5 good GCSEs including English and mathematics. The predicted outcome for this school in 2009 is 38%.

There are no secondary schools in an OFSTED category. One school is satisfactory but with a secure capacity to improve and all others are good or better. The focus remains on increasing the proportion of outstanding schools.

While the number of good and outstanding schools and settings is improving there are still too many schools and settings that are satisfactory or where the overall judgement on effectiveness by OFSTED is not leading to sufficiently improved end of key stage outcomes. Therefore there remains the need to support and challenge schools even where OFSTED judgements have been positive in relation to overall effectiveness. This must lead to improved outcomes so that Islington performs well in comparison to other London boroughs and our statistical neighbours particularly at KS4.

**The learning experience for young people in Islington**

There is strong evidence that targeting support leads to improved outcomes and the Work in Support of Schools document identifies robust and effective procedures to support and challenge schools. This is supported by an increasingly effective use of data to target resources. Overall, the capacity to improve in schools is good, supported by strong delivery teams, good engagement with schools and a willingness to work in partnership. There has been effective work with the National Strategies team, London Challenge and other stakeholders to support the improvements made in schools.

Moreover, there is an increasing number of good schools and a commitment to outstanding as the benchmark for effectiveness developed hand in hand with an emphasis on innovation to improve outcomes based on the good capacity in schools to develop solutions. Equally we need to be ambitious in ensuring a memorable learning experience for all students in schools which reflect our ambitions for them. We need to review the quality of the provision and be sure that it is fit for the future and meets the needs of communities.

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**Where do we want to be?****Outcomes for children, young people and their families**

1. Improved attainment so that 5 good GCSEs is secure at 60% + with a continuing upward trajectory
2. Improved attainment so that 5 good GCSEs with English and Mathematics is secure at 40% + in every secondary school and with an upward trajectory
3. Early years threshold and gap targets met year on year
4. At each key stage year on year progress against London Local Authorities and statistical neighbours particularly at KS4

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**How will we get there?**

2009/11 Actions / Activities by services and the wider community	To be monitored by	Linked to
<p>All schools above floor targets at each key stage with no fall back in outcomes <b>together with</b> All schools/settings judged as good with more schools/settings becoming outstanding.</p> <ol style="list-style-type: none"> <li>1. Standards good or better in every school – capacity to improve and leadership and management good or better</li> <li>2. Schools at the heart of their communities, promoting community cohesion –good or better in 100% of schools</li> <li>3. Extended schools that support the health and wellbeing of children and families –Extended schools targets met. Healthy schools targets met.</li> <li>4. Memorable and life enhancing experiences for children that raise aspiration and achievement for them, their families and the wider community – Islington Guarantee implemented. BSF and PCP initiatives fully implemented on time.</li> <li>5. Behaviour good or better in every school -100 % sign up from schools</li> </ol>		
<p>Narrowing the Gap programme – narrow the gap in achievement by improving the outcomes for lower attaining groups, while improving outcomes overall at each key stage – close the gap, raise the bar, increase aspiration</p>	<p>CSMT Age related Strategy Boards</p>	<p>CE Annual Plan Related LBI Plans</p>
<p>Good to Great –secure every school as a good school with an increasing number of outstanding schools – these schools will be at the heart of their communities, raising aspiration and supporting the boroughs wider priorities</p>	<p>CSMT Age related Strategy Boards</p>	<p>CE Annual Plan Related LBI plans</p>
<p>Leading and managing learning –actively support the leadership and management of learning at every level in every school, securing arrangements for succession planning, and providing high quality training and development</p>	<p>CSMT Age related Strategy Boards</p>	<p>CE Annual Plan Related LBI plans</p>
<p>Improved partnership working internally and externally, particularly in relation to improving outcomes and the quality of provision in all Early Years settings and 14-19.</p>	<p>CSMT Age related Strategy Boards</p>	<p>CE Annual Plan Related LBI Plans</p>
<p>As we evaluate progress and set targets for development, we will pitch everything against the best – continuing to develop active learning communities that promote sustainable improvement</p>	<p>CSMT Age related Strategy Boards</p>	<p>CE Annual Plan Related LBI Plan</p>
<p>Innovation and transformation in our schools – The BSF and PCP will create outstanding learning environments. Federations and other explicit partnerships will enhance opportunities for children.</p>	<p>CSMT</p>	<p>CE Annual Plan Related LBI Plans</p>
<p>Consult with CYPP and put in place an Islington guarantee that shapes and defines a memorable and life enhancing experience for Islington CYPP through their school experience and experience in the wider community</p>	<p>CSMT Age related Strategy Boards</p>	<p>CE Annual Plan Related LBI Plans</p>

<b>2009/11 Actions / Activities by services and the wider community</b>	<b>To be monitored by</b>	<b>Linked to</b>
Improve the use of IT to support learning in schools ,settings and the wider community	CSMT LBI/CE board to be decided	CE Annual Plan Related LBI Plans
Through the ACYPPs, support learning in the community, increasing opportunity and raising aspiration	CSMT	CE Annual Plan Related LBI Plans
Develop our workforce and strengthen joint work across Children's Services	CSMT LBI/CE Board to be decided	CE Annual Plan Related LBI Plans

### 3.5 Islington's children in care enjoying the lives we want for our own children

#### Where are we now?

During 2008, a major exercise was undertaken to review Islington's position in respect of looked after children. This was in part to position Islington to be able to respond effectively to the challenges of the White Paper *Care Matters: Time for Change*. More fundamentally, there was a wish to reflect on the extensive progress that had been made in recent years, to identify areas where further improvement was needed and to develop a comprehensive and challenging operational and strategic plan to take this area of work forward over the next three years.

An analysis of quantitative data, views of looked after children and young people, parents and professions from a range of services, foster carers and councillor concluded the following:

1. Overall, Islington's services for looked after children and the outputs and outcomes being achieved have followed a path of continuous improvement over recent years. Most formal performance indicators show an overall trajectory of improvement (though there can be year-on-year "ups-and-downs") and fall within the Government's higher performance bands. Performance compared with other authorities and in respect of local Islington indicators is also good.

Thus, in terms of Government standards, Islington is performing well in respect of:

- Placement stability (measured by 3+ placements in the year)
- Educational achievement – in particular GCSE results
- Proportion of looked after children and young people in foster care
- Adoptions and special guardianship
- Engagement of young people and statutory reviews
- Immunisations, health assessments and dental checks
- Proportion of children in foster / residential care

In terms of local standards and targets, Islington is also doing well in terms of

- The number of children looked after (reducing) as a result of effective early intervention and care planning
  - Provision of work placement and experience opportunities for care leavers
  - Number of care leavers at university
  - Proportion of looked after children with Islington foster carers.
2. However, as Care Matters concludes for the position of looked after children nationally, even though there have been improvements when one compares current outputs and outcomes for looked after children with those of five or 10 years ago, the gap between the well-being of, and outcomes for, looked after children and the rest of the children's population is still unacceptably large. Moreover, there are some specific areas where there is a particularly pressing need to improve performance. Key amongst these are the needs to:
    - increase the pool of local foster carers and the number of children placed with them

- to increase the number of local adopters and the achievement of adoption for particular cohorts of children (especially black boys)
- improve the stability of foster placements
- improving transition to adult services

Thus, in terms of the Islington aspiration that its looked after children “should enjoy the lives we want for our own families” there is still some distance to travel. The review that took place during 2008 sets high aspirations and is designed to deliver, over time, a more significant “closing of the gap” for Islington’s looked after children and young people.

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### **What do we have to work with?**

As well as developing the Islington Plan for Looked After Children and Young People, 2008 saw the further development of key work streams identified in the 2007-2008 Annual Review of the Children and Young People’s Plan.

The establishment of the multi-agency Children Looked After Service. This Service brings together into one operational unit all services for looked after children: social care (social work, fostering, adoption, placements, contact), specialist education provision (the virtual school), specialist health provision and the main voluntary sector provider (Shaftesbury Young People). The new Service went live in April 2008 and for the rest of the year all the necessary organisational changes were bedded in. The next stage will be the development and introduction of new ways of working – especially the Team Around the Child model – to maximise the benefits of integration.

The development of fostering services has taken place as planned, with more teenagers being placed in foster care (both in-house and in the independent sector), and a reduced use of residential care. There is an increasing proportion of looked after children with Islington carers and this is largely because of the high level of support and training being given to the carers. There is a corresponding reduction in the number of young people in residential care. Colgrain children’s home was successfully closed in September 2008. The Grosvenor Fostering Resource Centre has been operational and reviewed. It is now proposed to close the residential respite function, for which there was little demand and poor value for money, but to maintain and remodel the outreach support function.

The Adolescent Multi-agency Support Service (AMASS) has continued to develop and the indications are that it is proving to be effective in preventing adolescents coming into care, and improving outcomes for these young people in the community. By October 2008, AMASS had started work with 33 young people and parents/carers. With 21 active cases at that point, AMASS had for the first time exceeded its target of 19 cases at any one time. Of the 18 active home stability cases, 15 were still at home. AMASS is in the process of being formally evaluated.

Placement stability has improved in respect of longer term placements as planned, but this remains an area for priority improvement.

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### **Where do we want to be?**

#### **Outcomes for children, young people and their families**

1. **Corporate Parenting:**
  - The implementation of modernised corporate parenting arrangements including the Children in Care Council and the Pledge.
2. **Family and Parenting Support:**
  - The only children who come into the care system are those for whom it is not possible to care for safely, or in a way that promotes their well-being, in the community.

**Outcomes for children, young people and their families**

- The number of children and adolescents entering care should continue to decrease.
3. **Care Placements:**
    - Increased proportion and number of looked after children placed with Islington foster carers
    - An increased number of children placed within borough boundaries
    - Improved stability of placements (number of placement moves in a year and long term stability)
    - An increased proportion of children in “permanent” family placements.
  4. **Education:**
    - Children under 5 are attending appropriate early years provision
    - Year-on-year narrowing the gap between educational performance of the looked after population and the rest of the Islington population in all Key Stages
    - Year-on-year improvement in the level of attendance
    - Looked after children are placed in the best achieving schools
    - Gifted and talented children are identified and supported
  5. **Health and well-being:**
    - Improved levels of physical and mental health (measured by audit of health needs and outcomes)
    - All looked after children enjoy quality time with their carer
    - All looked after children are engaged in a range of enrichment and positive activities.
  6. **Transition to adulthood:**
    - Young people leaving care receive the appropriate level of support from universal, targeted and specialist services to enable them to achieve a successful transition to adult life as measured by successful maintenance of suitable accommodation;
    - Increased numbers of young people in employment, education and training; physical and mental health needs being met;
    - Positive and supportive friendship and relationship networks

**How will we get there?**

<b>2009/11 Actions / Activities by services and the wider community</b>	<b>To be monitored by</b>	<b>Linked to</b>
Full details of the specific objectives to achieve the above outcomes are contained in the Islington Plan for Looked after Children and Young People 2008-2011	Corporate Parenting Board	Islington Plan for Looked After Children and Young People 2008/11

### 3.6 Young people having the best possible qualifications, experiences and opportunities to prepare them for adult life

#### Where are we now?

Achievement of young people in Islington continues to improve but it is still not good enough. At aged 16, the number of young people achieving 5 good GCSE grades (Grade C and above) continues to rise and is now close to the national average. Our evidence indicates that the number achieving 5 good GCSEs including English and Maths will also continue to rise. This trend will continue and we must ensure that our provision matches these expectations for higher attainment.

At aged 19, the proportion of young people achieving a Level 2 continues to show a trend of improvement and now stands at 62%. The proportion of young people, achieving a Level 3 qualification also shows improvement but is still lower than our statistical neighbours and we need to secure better outcomes for young people. The number of Islington residents applying and accepted on to a higher education course continues to rise but slowly. Only a small number of young people make applications and are successful in applying to traditional universities.

Impartial information, advice and guidance has a key role to play in ensuring that young people access an appropriate course or gain employment with training. This guidance must reflect our high aspirations for the young people. Connexions personal advisers work within schools, youth and community settings and provision such as PULSE N7. 86% of young people aged 16-18 are in learning – a 6% increase on the previous year. 88% are in education, employment or training. Improving the quality of this support along with an enhanced 14-19 curriculum offer and high levels of achievement at level 2 for 16 year olds should produce improvement at level 2 and level 3 at age 19.

Gaining confidence, building self esteem and developing important social skills are also part of preparing for adult life. Access to positive activities can help develop and foster all of these skills. Improving access to high quality positive activities is a key priority for the service. Young people achieve key outcomes from participation, including gaining an additional qualification, engaging in informal opportunities for learning and making a positive contribution to their community. The number of young people participating in a positive activity is slightly below the National Youth Agency target of 25% and so helping young people access youth provision will be part of our work in the coming year. A major consultation on services for children with disabilities has identified that access to youth and leisure provision is a key service gap.

Within schools and other youth and community settings, a great deal of work is undertaken to ensure that young people are also healthy and happy. Workshops and programmes around sexual health, relationships, drugs and alcohol misuse are aimed at ensuring that young people have the right information, support and guidance to help them make positive informed decisions in a complex world. Ensuring that this advice and guidance is of a consistently high quality is a critical piece of work for the service.

Children living in disadvantaged households with multiple deprivation factors are more likely to suffer with problems with emotional health and wellbeing and to have a physical or learning disability. Mental health disorders amongst Islington children and young people is about 36% higher than the national average and we continue to see an increased incidence of children with disabilities. We will start to measure local progress using the national indicators to measure emotional health and wellbeing and experience of services by parents of disabled children as soon as they are published. There are CAMHS workers based in all secondary schools and dedicated CAMHS input or services for the Youth Offending Service (YOS), PULSE, Looked after Children and Care leavers and Pupil Referral units. In the next two years, a revised CAMHS strategy will ensure that young people can also access these services in their own community. PULSE also offers specialist advice on drugs, alcohol, housing and sexual health as well as targeted family support services. The under-18 conception rate is also falling and in 2007 fell to 50.5 per 1000 young women. This represents a 13.4% reduction from the 1998 baseline and a 4% decrease on the previous year. The number of under-18 conceptions ending in terminations has also increased in the last year from 59% to 70%. We know that some young women are more vulnerable and

when they are identified by colleagues, projects such as Teens and Toddlers engage with these young people and are having a positive effect.

Some young people need more support and help to achieve good outcomes. Targeted work with teenage mothers, those with learning disabilities and/ or difficulties, those who are looked after and young offenders has ensured better outcomes for these young people. 56% of young mothers are now in education, employment or training – an increase of 3% on the previous year. The number of young offenders who are in EET has also risen from 54.2% to 61.5%. Those young people who are not in education, employment or training (NEET) continue to be supported through the NEET re engagement activity, the Activity Allowance pilot and other targeted work. There has been a reduction of 1.7% in the number of young people whose status is unknown in the last year as Connexions workers have made contact with them and provided support to help them re engage.

Some young people need access to specialist services. It is recognised that the number of young people using and accessing substance misuse services for young people in Islington represents an under representation of the actual prevalence of drug and alcohol misuse among young people in the borough and the need for specialist services. We know this because, for example, Islington has the joint fourth highest alcohol specific admissions to Accident and Emergency for young people in London and there are increased reports of young people getting drunk in groups from the police, youth workers and park staff. Substance misuse was noted as one of the top concerns for young people at the recent CAMHS consultation event. Young people reported a reluctance regarding contacting services for a number of reasons. Ensuring better promotion and pathways is therefore critical.

Finally we continue to work hard to ensure that less young people become involved in crime and that those who do become first time entrants into the youth justice system do not re-offend. This specialist and targeted work is a key area for development in the coming year. Outcomes are currently not good enough and the impact of gang and knife related crime is well documented.

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### **What do we have to work with?**

Good progress in improving outcomes for young people in Islington is being made in several areas. However, the outcomes are still not good enough when compared with our statistical neighbours. We want all young people to have the best possible qualifications, skills, experiences and opportunities to ensure that their transition to adult life is a successful one. We will ensure that this aspiration is reflected in the plans and policies we put in place.

The 14-19 Partnership has been developing a wide range of appropriate curriculum opportunities in schools, the college and other work based learning providers. Young people will, for example have the option of studying seven diplomas from September 2009. A strong focus in improving outcomes at 19 has led to a new 14-19 Education Plan which brings together the work of Cambridge Education @ Islington and the 14-19 Partnership. By 2010, the local authority will assume responsibility from the Learning and Skills Council for commissioning all post-16 courses and this is a unique opportunity to ensure that we have planned a broad, comprehensive curriculum that provides outstanding opportunities for all young people to achieve their very best. This includes the introduction of the International Baccalaureate. Progression rates on to further education need to be improved.

Islington is a high spender on youth provision and developments such as the mobile detached youth work (the Y bus) are ensuring that some of the hardest to reach young people are engaged with and can have access to support and guidance on all issues including health and careers. In addition securing new, high quality youth provision to enhance the local offer and enhancing the offer of activities in events like the summer university should ensure that more young people access positive activities.

The newly created Targeted Youth Support service pulls together the work of agencies and services for young people in an integrated way to ensure that the needs of our most vulnerable and at risk young people are met in a structured and targeted way. This restructuring creates capacity to improve

outcomes for some of our most challenged and challenging young people by ensuring seamless access to services, more coordinated approaches to service provision and better assessment of need and risk..

We have a revised Strategy for Young People Not in Education, Employment or Training and have created four additional posts within the Connexions team. The newly appointed Head of Information, Advice and Guidance will need to ensure that we have consistent high quality impartial information, advice and guidance in all schools, the college and in other youth settings.

NHS Islington has invested significantly in 2008/09 and will increase its investment further in 2009/10, in initiatives to reduce teenage conceptions and increase the referral and retention of young people in drug and alcohol treatment. The revised CAMHS strategy will ensure that more effective links are developed within youth services and transition to adult services is more effective.

Funding from the Youth Crime Action Plan with a clear focus on partnership working will ensure that multi agency work takes place out in the community to keep young people informed about how to keep themselves safe from violent crime, recognise the dangers of carrying knives and increase engagement with diversionary activities. Additional funding will support parents of young offenders through a new Family Intervention Project which will work alongside partners agencies to target families who are particularly difficult to engage. Additional funding has also enabled the development of an initiative which involves placing a member of the youth offending team in custody suites to ensure quick and easy access to other services within targeted youth support. By building our operational links with police, it is envisaged this post will be successful in diverting potential first time entrants away from the criminal justice system.

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**Where do we want to be?**

**Outcomes for children, young people and their families**

1. Improved achievement at level 2 and level 3 at aged 19 to match and exceed national outcomes with an upward trajectory that matches the improving outcomes at 16
2. Increased numbers of young people applying to and securing a place in further education including in top universities
3. A further reduction in under 18 conception rate to reduce rates by 55% from the 1998 baseline.
4. A minimum 2% annual reduction in the number of first time entrants to the youth justice system and a reduction in re offending
5. A further reduction in the number of 16-18 year olds who are not in education employment or training

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**How will we get there?**

<b>2009/11 Actions / Activities by services and the wider community</b>	<b>To be monitored by</b>	<b>Linked to</b>
Improve pathways and access for young people to substance misuse support and treatment	14 – 19 Strategy Board	
Encourage more young people to access positive and leisure activities	14 – 19 Strategy Board	
Establish pathways and access to targeted youth support including 6 ACYPP access hubs, a single point of access for professionals, and TYS representation on each team around the school.	14 – 19 Strategy Board	

<b>2009/11 Actions / Activities by services and the wider community</b>	<b>To be monitored by</b>	<b>Linked to</b>
Embed a cohesive Targeted Youth Support Service with clear eligibility criteria, referral pathways and links to other services, which maximises reach and reduces overlap in service provision. This will enable optimal identification of vulnerable young people in order to support them to access services and achieve good outcomes	14-19 Strategy Board: Inclusion Group	Targeted Youth Support Plan
Use evidence based interventions to support young people NEET including the commissioning of the NEETS re-engagement programme	14-19 Strategy Board: NEETS Strategy Group	NEETS strategy LAA
Develop consistent methods of communication and information to all young people on Sex and Relationship Education. Local area based access to sexual health services with outreach work in other youth settings. Focussed targeted work with vulnerable groups including those out of school.	14-19 Strategy Board Teenage Pregnancy mainstreaming group	TP strategy
Develop strong links and co-ordinated approaches between the TYS and IYPDAS to ensure that young people involved in or at risk of substance misuse access the support they need.	Safer Islington Partnership: Young People Crime and Drugs Group	Young People's Substance Misuse Plan
Operationalise and embed the range of services to support those young people at risk of becoming first time entrants to youth justice system and those at risk of re offending and support their parents too	Safer Islington Partnership: Young People Crime and Drugs Group	Youth Disorder Plan YOS action plan
Support teenage parents through the Family Nurse Partnership and teenage parent support co-ordinator as part of the local teenage parent support action plan	14-19 Strategy Board: Inclusion Group	Teenage Pregnancy Strategy FNP
Implement the gangs prevention and youth violence strategy	Safer Islington Partnership: Young People Crime and Drugs Group	Commission Action Plan
Implement the Short Breaks programme for disabled children and their families	5 – 13 Strategy Board: Disabled Children and their Families Strategy Group	Disabled Children and their Families Strategy
Implement Targeted Mental Health in Schools Programme	5 – 13 Strategy Board: CAMHS Strategy Group	CAMHS Strategy
Revise the post 16 curriculum offer including pathways and progression opportunities. Improved impartial IAG. Better tracking and use of data. Establish QA framework for alternative provision	14-19 Strategy Board Secondary strategy group	LSC transition
Target work in schools to promote higher education opportunities including identification of a children leaving care advocate. Development of links with higher educations institutions across the country	14-19 strategy board	
Introduce free leisure time for young people and better communications around the offer	14-19 Strategy Board	

<b>2009/11 Actions / Activities by services and the wider community</b>	<b>To be monitored by</b>	<b>Linked to</b>
<p>Implement a programme of workforce development to ensure practitioners are able to effectively identify and assess young people at risk at the earliest possible stage. Practitioners in universal settings will have a minimum level one training in issues related to substance misuse, mental health and teenage pregnancy, to ensure young people with emerging issues have the support they need. Practitioners in targeted services will develop their assessment skills to ensure that once issues are identified, young people are robustly assessed to ensure the right support is provided.</p>		<p>Children's Services Workforce Development strategy</p>

### 3.7 Families and communities raising aspirations for learning and work

#### Where are we now?

We know the significant impact that child poverty can have on outcomes for children. Child poverty is everyone's business and we want all services to work together to support children and families as part of a 'Think Family' approach. We want to work with families and communities to raise aspirations for their children and for themselves in relation to learning, training and work.

High level analysis taken from the *Index of Multiple Deprivation*, shows that Islington is a deprived area suffering from higher than average rates of child poverty. In 2006/07, 45% of children in Islington lived in households dependent on out of work benefits, the second highest in the country. Deprivation in the borough is both extensive and long-standing, but it sits, as well, in close contrast to pockets of extreme wealth. In Islington, there is proportionally a higher rate of infant mortality and low birth weights compared with London and the national average. Life expectancy in both males and females is lower, by two to four years, in Islington than in the rest of London and nationally.

In Islington, there are several key existing family groups that are vulnerable or at risk of poverty. This includes families that receive out of work benefits such as lone parents, disabled parents and parents of disabled children but also families that have an income at or below the equivalised 60% median income level. As at November 2008, nearly 92% of the 16,599 children in households claiming HB/CTB are in poverty. 12,164 of those children are in households headed by a lone parent and 14,336 children are in households dependent on out of work benefits. There are only 2,263 children in working households claiming HB/CTB and 1,197 of those children live in working households at or below the equivalised 60% median income level.

What is striking is not simply the extent of child poverty, but also its depth; significant numbers are not marginally below the 60% median income level, but significantly below, with some below 50% median income. Although between 2005 and 2008, the proportion of working age people on out of work benefits has fallen from 19.7% to 17.8%, there is the potential to accelerate this to minimise child poverty occurring.

In tandem with reducing child poverty within existing families, it can be suggested that as the proportion of young people not in work increases, so too does the potential for the cycle of poverty within families, as these young people will soon become the new parents and families of the future. Since 2005/06, the proportion of young people not in education, training or employment has fallen from 10.5% to 9.4%.

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#### What do we have to work with?

The long term priorities in the Sustainable Community Strategy are *Reducing Poverty, Improving Access and Realising Everyone's Potential* and the Islington Strategic Partnership has included within its new Local Area Agreement (LAA), Poverty and Worklessness as one of its five priorities with associated targets including the reduction of child poverty. In support of this, the ISP has agreed a framework strategy on worklessness and child poverty that recognises child poverty as everybody's business by requiring mainstream services across the partnership to include improvements in employment and child poverty within their service outcomes.

It is clear that all services for children, young people and their families have a significant contribution to make to this strategy in recognition of the impact that child poverty makes on all outcomes for children. Of particular significance in Islington is the issue of inequality in outcomes and our analysis shows that there are some groups within our community where such inequalities span generations and where progress is not being made in line with other groups. We need to address family poverty in a holistic way tying in our work on family support and childcare with wider initiatives to support parents into education, employment and training. We also need to work with other agencies to address family worklessness and link our NEETs strategy to complementary work that will support the family to break the pattern of inter-generational worklessness.

This priority is increasingly relevant as, at this particular time, the economic downturn is starting to impact on jobs, job security and potential employment.

Our strategy is to develop pro-active, intelligence led, targeting and delivery arrangements that co-ordinate mainstream services, across the ISP, in the provision of tailored family-centred support and personalised services to ensure that the particular needs of a family, whether arising from housing problems, child care, disability, lack of basic skills, health status or ethnicity, do not serve as barriers to entering or sustaining work. We have developed our Childcare Strategy 2008-2011 which provides the basis for investment to address identified gaps and priorities

Our wider strategy on work and poverty focuses on four main issues - support into work ; retention of work; advancement in work; and smoothing the transition between worklessness and employment. Action to increase income and to promote work progression as a way to improve future income levels forms part of these elements of the strategy.

Our approach will enable improved integration of a range of interventions which are, currently, service driven rather than family focused. This requires sound partnership working at every level - building strong and committed interagency relationships at local level across the borough, where all partners are clear about their roles and responsibilities.

Our children's centres are natural focal points for building these relationships, and we are already putting in place locally based multi-agency practitioner groupings where key workers on the ground can deliver and own project action. These cut across many services and agencies, including third sector organisations. Each agency brings detailed information and data which facilitates targeted support – the task at local level for the practitioner grouping will be practical use of the data to provide integrated support, customised to meet the needs of individual families. We are also developing the range of support delivered through schools through the extended services programme (which includes parent support) and through the 'Team around the School' model.

Embedding employment support for parents within mainstream services will add value to our existing and planned programmes of work through a combination of casework and mainstreaming that provides genuinely personalised support. These interventions can be targeted, however, on parents who are not subject to any element of benefit conditionality, but who are good subjects to test whether the *Every Child Matters* outcomes may be effectively delivered by early intervention, before their children are affected by the long term effects of poverty.

Our existing employment support services are delivered through a number of projects provided by a range of agencies. These services, focusing on training, development and job brokerage, are currently being re-configured to provide a more consistent market identity. This can promote improved integration of our employment support activities with mainstream services, such as children's services, mental health, and adult social care services. This will improve the family focus of these employment related services and better meet the needs of the Islington population which has high levels of long-term limiting health conditions, a high prevalence of mental health problems and drug and alcohol misuse.

We want to ensure that the work being provided through the third sector in supporting parents into training and employment is supported across the partnership, particularly by encouraging placement, training and career opportunities in schools and other children's services settings.

We need to focus on interventions that address both the causes and consequences of child poverty. We want our family support and parenting strategies to increase resilience, confidence and aspiration amongst families and halt the cycle of poverty. We need to target families where young people are NEET and where family focused activity can result in progress in terms of engagement in learning, training or employment for all family members of working age.

It will, therefore, be important to raise aspirations to break the poverty cycle. This will be addressed both as a whole system issue and in relation to individual families. Pilot work in the Finsbury Area CYPP is identifying a range of potential interventions that will seek to raise children's aspirations and parents'

aspirations for themselves and for their children. This will draw support from community resources such as local universities.

Our approach will be structured around:

- a ‘think family’ approach and a heightened awareness across children’s services of the importance of education, training and employment opportunities to family functioning and long term social and economic well being
- development of an active intelligence base for targeting parents, giving a more in-depth knowledge of their circumstances and allowing us to assess the effectiveness of interventions
- enhancing both scope and sophistication of the outreach activity being developed in a variety of settings across the borough
- development of an intelligence-led casework facility to provide specific targeted support for families
- up-skilling of a range of front line services through training and development of staff, and revision of performance regimes, which will support the development of multi-disciplinary teams to meet the needs of individual families
- development of mainstream services so that some of the main entry points for parents, such as children’s centres and housing providers, are able to provide a co-ordinated range of services immediately

**Where do we want to be?**

**Outcomes for children, young people and their families**

1. Fewer children in households dependent on defined out of work benefits
2. More households with children with incomes above the 60% equivalised median income level
3. Annual value of additional income (from work and benefits) generated

**How will we get there?**

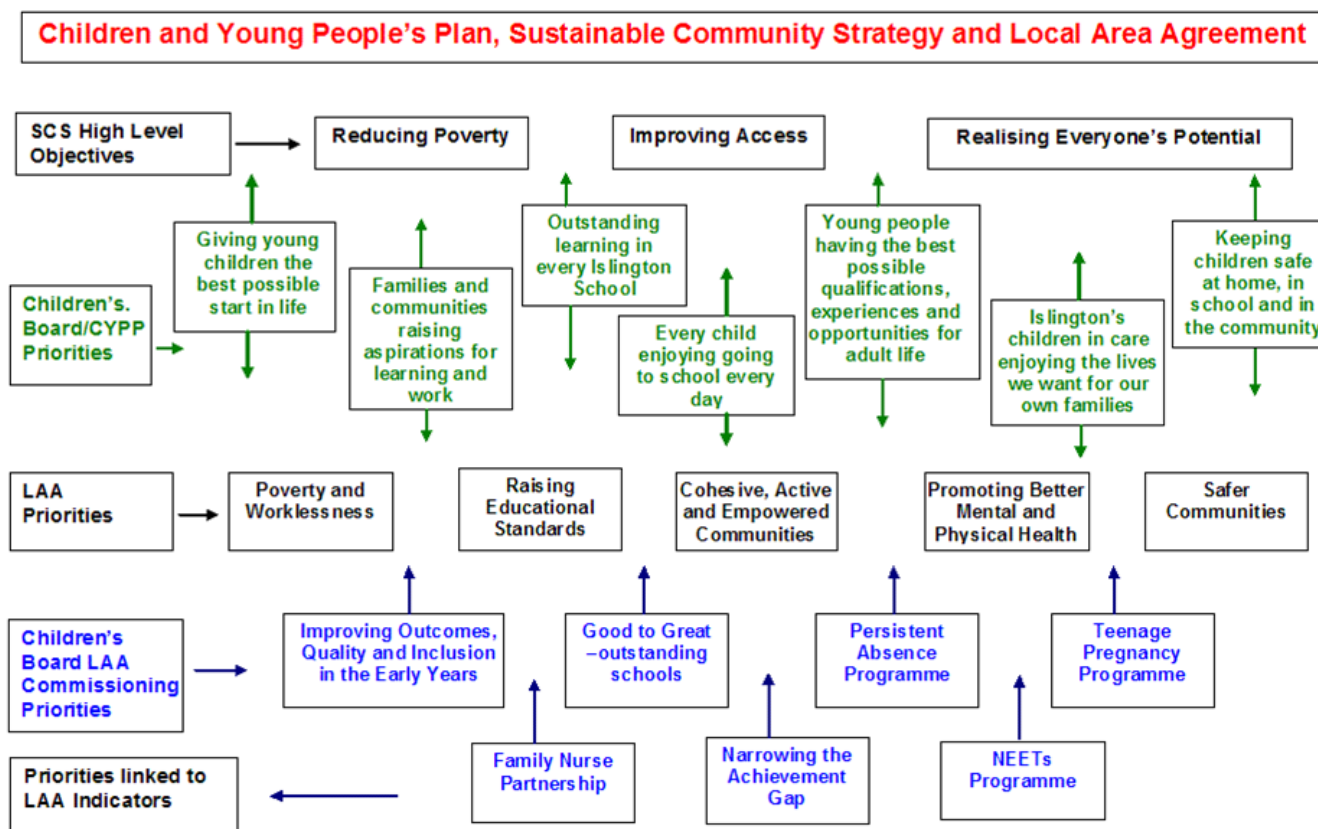
2009/11 Actions / Activities by services and the wider community	To be monitored by	Linked to
Routine consideration of family engagement in learning, training or employment as part of personalised support for vulnerable children and young people	5 – 13 Strategy Board	
Implement a multi-agency pilot to identify and tackle child poverty in both workless and working households. This will embed employment outcomes in mainstream services, and work with some of the major partners in the borough, to extend outreach activity and provide holistic support to vulnerable families through provision of direct employment related support integrated with other support services.	Early Years Strategy Board	

<b>2009/11 Actions / Activities by services and the wider community</b>	<b>To be monitored by</b>	<b>Linked to</b>
Develop strategies to raise aspirations within Finsbury Area CYPP including links with local universities, promotion of community role models; development of 3 Corners community education centre	Finsbury Area Children and Young People's Partnership	
Implement the Childcare Strategy to support parents to access training and remain employment	Early Years and 5 – 13 Strategy Boards	Early Years Service Plan Childcare Strategy

## 4. Implementing the Plan: Management and Capacity

At the broadest level, the **Sustainable Community Strategy** sets the vision for how the community will be shaped, and are concerned with the well-being of the whole community. **Corporate Strategies** such as the Corporate Strategy Service and Financial Plan and **Universal Service Plans** such as the Safer Islington Crime and Disorder Strategy support the delivery of a variety of services and have regard to the specific needs of children and their families. **Children’s Strategies and Plans** such as Islington’s Parenting Support Strategy focus on developing services for particular groups of children, on area-based initiatives and on addressing social issues through a preventative approach. **Business Plans** and **Service Plans** set out the detail of service activity, usually on an annual cycle, and translate strategic intentions into practical reality. **Appraisal and Development** focus on supporting the skills, performance and capacity of the children’s workforce. The link between the Sustainable Community Strategy, Local Area Agreement and CYPP priorities is illustrated below.

**Figure 1: Link between the Sustainable Community Strategy, Children and Young People’s and Local Area Agreement**



Embedding the delivery of our priorities through the way we plan, monitor and review outcomes will be key to implementing the priorities identified in this plan. Our priorities will be disseminated through the Children’s Partnership into our services for delivery at the front-line. The Islington Children’s Board, assisted by the age-range Strategy Boards, is responsible for monitoring progress towards improved outcomes for children and young people. These Boards are supported by the Children’s Partnership Infrastructure Boards to make sure that we are doing what we say we are going to do, and that we are doing it well. Pages 41 to 48 set out the key issues for against the ‘Children’s Trust in Action’ areas that we will be focusing on to support the delivery of our CYPP priorities.

## Management and Capacity

## Integrated Governance

### Where are we now?

Our children's trust arrangements are strong. The Children's Board has representation from all key agencies and is chaired by the Lead Member for Children. The Board, in addition to approving the Children and Young People's Plan, oversees all major strategic developments across children's services ensuring synergy with the Sustainable Community Strategy and corporate plans.

The Board has strengthened its link with the Islington Strategic Partnership (ISP). The ISP has keen aspirations to make a step change in the achievement of all children and young people, and has a clear focus on successful targeting of work by all partners. The Local Area Agreement expresses that ambition and the role that partners play. Two members of the Children's Board sit on the ISP and ensure that the interests of children and young people are effectively reflected in the work of the ISP. We have also ensured synergy with other sub groups within the ISP structure with chief officer representation on the Safer Islington Partnership, the Health and Well-Being Board and the Social and Economic Well-Being Board. This is to ensure that common priorities can be worked on across the ISP and joint commissioning undertaken. The Children's Board has also established a LAA Commissioning and Delivery Sub Group to agree and monitor activity funded under the LAA.

Under the Children's Board, we have embedded a clear planning structure which engages a wide range of partners and stakeholders in considering service performance and key developments through age-range strategy boards i.e. Early Years 5-13; 14-19. In addition, we retain a clear focus on Looked after Children through our Corporate Parenting Board. The Safeguarding Children's Board has discharged its responsibilities effectively and following the departure of the Chief Executive who acted as Chair, it has been agreed to appoint an independent chair.

Beneath these sit a range of specialist boards addressing issues such as CAMHS, Disability, Attendance and Behaviour and so on. These boards oversee the development and implementation of strategy and commissioning of services. **The partnership structure is set out in Appendix 2.**

The Schools Forum is well supported by all partners and is extending its knowledge and understanding of early years and post 16 funding in light of pending changes. We are developing a trust for the new post 16 arrangements, with City and Islington College as a key player to guarantee a high quality offer post 16, with links through from year 7.

We have launched a new Partnerships and Participation Board which acts as an important safeguard in the planning structure to ensure that children and young people (who also act as the vice chairs), parents and the voluntary and community sector are engaged on key issues in addition to representation on the age range boards. The Board has also facilitated consultation on strategy development, for example, engaging over 200 stakeholders on the development of the CAMHS strategy

The next stage of development of our children's trust arrangements is to take forward our partnerships at an area level. In response to stakeholder feedback, 6 Area Children and Young People's Partnerships have been established to focus on: *Promoting Local Involvement and Participation in Planning* - ensuring that we involve local staff and users when developing our borough-wide plans and ensuring they reflect people's experience 'on the ground'; *Promoting Integrated Working* - overseeing how Information Sharing, Common Assessment Framework and Lead Professional arrangements are being put into practice at a local level and also encouraging children's centres and schools to work together with other local providers to coordinate the overall offer for children and young people in the area; *Commissioning Services at a Local Level* - looking at how resources are used in the area and considering how they could have more impact as well as considering the use of any additional funding made available for example additional funding for young people's services will be steered through the area partnership structure.

The development of these partnerships has evolved over the last 3 years involving over 600 local stakeholders in Area Children's Network events. These have been useful in engaging local stakeholders in considering our Children and Young People's Plan priorities, identifying priorities for local action and importantly considering local arrangements that would assist in improving outcomes for children, young people and their families.

**Where do we want to be?**

1. Children's Trust arrangements reviewed and updated in light of new statutory guidance.
2. Children's Board composition and terms of reference reviewed and fit for purpose to address new requirements.
3. The engagement of stakeholders is further strengthened within our Children's Trust arrangements.

**How will we get there?**

<b>2009/11 Actions / Activities</b>	<b>To be monitored by</b>	<b>Linked to</b>
Review our Children's Trust arrangements and use the support of the DCSF through the Commissioning Support Programme.	Commissioning Board	Strategy and Commissioning Service Plan
Agree a new Section 75 Arrangements with the PCT (NHS Islington) which will cover both joint provision and joint commissioning of services.	Children's Board	Strategy and Commissioning Service Plan
Agree a new Compact with the third sector and ensure strong representation across all partnership boards from the voluntary community and faith sector.	Commissioning Board	Islington Compact
Develop support for new nominations of parents on each of our partnership boards to enable them to make an effective contribution.	Partnerships and Participation Board	Strategy and Commissioning Service Plan
Delegate additional funds on top of the Youth Opportunities Fund and develop Area YOF panels. We have adopted a target of 25% of positive activities budgets being determined by young people by 2012, five years ahead of the government target.	Partnerships and Participation Board	C&YP Participation Strategy

## Management and Capacity

## Integrated Strategy

### Where are we now?

There has been a considerable focus over the last two years to ensure an effective synergy between the Sustainable Community Strategy high level priorities, the Local Area Agreement and the Children and Young People's Plan. This is an iterative process requiring contribution and response to overarching corporate plans whilst engaging as widely as possible with stakeholders. The outcome is represented diagrammatically on page 43.

This year has seen considerable progress in developing a comprehensive approach to needs assessment. First a comprehensive borough data profile has been produced in partnership with the PCT. This provides the statistical basis on which to develop more detailed analyses and needs assessments. A key corporate development has been the Joint Strategic Needs Assessment of the 'Health and Well-Being' of the community which will have strategic importance for the Sustainable Community Strategy (SCS) and the LAA. Work within Children's Services has flowed from this through a Children's Services Data Profile which provides a comprehensive set of data relating to key Children's Services functions. This provides the key reference document for service managers and planners to draw from in their roles. This supports the Needs Assessment produced for the CYPP and, significantly, for the major service reviews undertaken. Detailed needs assessments have been produced for the reviews on Integrated Services for Young People and Parenting Support, CAMHS and Services for Disabled Children. These pull together key population and performance data with extensive stakeholder consultation and engagement in order to identify strengths and gaps in provision. These assessments have identified commissioning priorities and required service redesign in light of evidence of what works locally and nationally.

The development of data and needs assessment is now being taken forward at an area level with profiles produced for the six Area Children and Young People's Partnerships providing a stimulus for joint planning, integrated working and local commissioning. The council has reached Level 4 in relation to the national equality standard, an essential building block for responding to the diverse nature of the Islington community. Equality Impact Assessments are produced for the CYPP and major policy and service developments.

There has been a major focus on commissioning with the establishment of the new Strategy and Commissioning Division. This has combined work on the commissioning infrastructure and major service reviews. The Commissioning Action Plan identified a number of areas for development and progress has been made in developing understanding of the commissioning cycle across the children's partnership and the engagement of the third sector in commissioning. There has also been considerable joint commissioning activity with strategic reviews for Crime and Disorder and for Substance Misuse being undertaken in partnership with the Community Safety Unit, Police and other partners. A strong theme of the major strategic reviews has been to secure improved outcomes through integrated and joint commissioning. This approach has also been extended to Supporting People with a significant joint strategic focus between children's services and housing and adult services with major new commissions for Vulnerable Young People and for Vulnerable Families.

The major service reviews have secured wide stakeholder engagement both in the needs assessments and proposals for service redesign which are reflected in commissioning priorities.

Commissioning capacity will be further strengthened by a refreshed partnership with the PCT through a new Section 75 agreement which identifies arrangements for joint management and joint commissioning of services including pooled budget arrangements.

**Use of Resources (Revenue)** - Consistent with its high levels of need and the priority given to Children's Services, Islington is a higher spending authority that is delivering improved services and

better outcomes. The council and the PCT have a sound financial base and significant progress has been made to improve efficiency and value for money. A corporate efficiency programme has seen expenditure reduce without impact on front-line service delivery e.g. by reducing sickness levels and agency costs. This has included ongoing efficiencies built into the contract with Cambridge Education @ Islington and a reduction in the number of second tier posts in children's services. The DCSF supported Islington through a project examining VFM in Children's Services which identified good practice nationally and processes to support efficiency and service improvement. This is now being put into practice through the Commissioning Framework.

The focus on value for money has been addressed through the Joint Agency Panel (JAP), reducing the number of out-borough placements but importantly seeking to ensure better outcomes for placements made. The number of children in care has been significantly reduced, and where children do have to become looked after increasing use is made of local foster homes, with support where necessary, rather than residential homes.

Significant progress was made during 2007/08 to ensure a smooth transition from specific grants to Area Based Grant, incorporating the three-year funding settlement. Of particular note has been the 'mainstreaming' of funding previously provided through the LAA (Neighbourhood Renewal Fund) where over £1m of resources has been built into mainstream service delivery, thus supporting the ISP through the Children's Board to review its commissioning priorities for the next three years through the new LAA. Over £20m of short term funding was at stake in the lead up to the 2008/09 budget and the council has worked with the PCT to overcome the challenge of the £300k reduction in the CAMHS Grant for 2008/09.

The Children's Board commissioning priorities proposed for the LAA address the key LAA priorities and agreed indicators, they include: the Family Nurse Partnership; Outcomes Quality and Inclusion in the Foundation Stage; Reducing Persistent Absence; 'Good to Great Schools'; Narrowing the Achievement Gap; Healthy Schools; Teenage Pregnancy Programme; and NEETs.

This aspect of resource management will continue to be a priority though this plan to ensure that services have been effectively reviewed and timely consideration given to continuations/revisions/exit strategies at the end of the current comprehensive spending review.

The council has supported a 'save to spend' programme through the establishment of the Adolescent Multi Agency Support Service (AMASS) and this has led to the planned reduction in residential provision at a reduced cost. A Family Support Strategy has been developed which integrates a number of complementary reviews and strategic developments into a clear preventative framework e.g. the major service reviews have sought to address the issue of prevention and early intervention within the identification of commissioning and investment priorities. The commissioning priorities have also addressed the issue of access – e.g. through the development of area 'hubs' for youth provision and a flexible borough-wide parenting support service. The Childcare Sufficiency Assessment has also identified gaps and areas for investment and has led to some service redesign matching services more closely to need. We have also been successful in securing additional resources to address key early intervention and prevention priorities e.g. the Family Pathfinder Programme, Family Nurse Partnership.

**Use of Resources (Capital)** –There is a substantial and expanding programme of capital investment in schools and children's centres. Major achievements in 2007/08 include the opening of the new Bridge Special School on the campus of Hungerford Primary and Holloway Secondary schools; the opening of the Golden Lane Campus, an exciting and unique development incorporating a primary school, children's centre and special school primary department.

The BSF programme has seen the appointment of the Local Education Partner with work starting on site at 3 schools. The Academy programme has seen the opening of the St Mary Magdalene Academy providing an all age school from 5-19 as well as hosting a local early years centre on the campus. Work

has also started on the new Islington City Academy which will include the secondary department of the special school for physical disabilities. The primary capital programme proposals are being progressed within the context of a revised School Organisation Framework which will bring together school performance, diversity, asset management, community cohesion and development of extended services alongside an assessment of demand and supply of school places. The children's centre programme (16 centres, 5 of which are on primary school sites) has been similarly effective in finding creative solutions to the challenge of making relatively small amounts of central government capital go a long way. There is a Children's Services Property Board that has produced a Property Strategy designed to ensure we make the best use of our service and office accommodation. The council is also investing significant capital resources through the Play Strategy and in youth service provision for the first time for many years, through a Youth Capital Strategy which will be an essential component in addressing the new Strategy for Integrated Services for Young People by providing more accessible services.

**Performance Management** The CYPP priorities have been translated into detailed action plans with clear objectives, accountabilities and milestones in the relevant service plans for the Children's Services Department, Cambridge Education @ Islington and the PCT. This, together with the renewed focus of the Quality, Performance and Planning Board has resulted in a more efficient and focused structure through which to review and monitor the CYPP. This also provides a sound framework through which to consult and develop the new CYPP over the coming year.

Key performance indicators (KPIs) focussed on our CYPP priorities are monitored across the partnership by the Strategy Boards, while those which are high risk are also monitored by Members and senior management. Performance is routinely benchmarked against the national and/or statistical neighbour and London comparators. There is a comprehensive framework for monitoring the NSF linked to the partnership strategy and specialist boards.

Performance management arrangements are now well-developed across all divisions of Children's services and key partners, with regular (usually monthly) reports covering detailed outcome and process indicators for each service area. These are well-used by managers for both review and service development and to address any under-performance, including through appraisals. Children's Social Care has had a comprehensive quality assurance (QA) framework which establishes clearer links between QA activity and good practice standards, professional development, organisational learning and all relevant procedures and customer outcomes. The model can be used as an effective practice development and workforce development framework.

There is comprehensive monitoring of the contract with Cambridge Education @ Islington based on a range of KPIs linked to national performance data and service quality. The Work in Support of Schools framework provides a clear process for monitoring performance in providing differentiated support and challenge for schools.

Performance information has been incorporated within needs assessments to ensure that new service development is underpinned by a strong evidence base. Area profiles are being developed which will enable the Area Children and Young People's Partnerships to monitor performance across the area as a basis for targeting interventions.

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### **Where do we want to be?**

1. New CYPP produced in light of new statutory guidance
2. Major service reviews impact on the quality of services and outcomes for children and young people
3. Joint commissioning arrangements with NHS Islington strengthened

4. Health commissioning expertise developed within children's services to assist NHS Islington in reaching World Class commissioning standards

**How will we get there?**

<b>2009/11 Actions / Activities</b>	<b>To be monitored by</b>	<b>Linked to</b>
Develop the new CYPP in light of new guidance	Children's Board	Strategy and Commissioning Service Plan
Review the impact of the LAA Strategy	LAA Commissioning and Delivery sub group	Strategy and Commissioning Service Plan
Review the impact of the 14-19 Plan	14- 19 Strategy Group	Strategy and Commissioning Service Plan
Approve and implement the Section 75 agreement	Children's Board	Strategy and Commissioning Service Plan
Review the impact of the Integrated Service for Young People Strategy	14- 19 Strategy Group	Strategy and Commissioning Service Plan
Review the impact of the Parenting Support Strategy impact	Family Support Strategy Group	Strategy and Commissioning Service Plan
Review the impact of the Disabled Children's Strategy	Disabled Children's Strategy Group	
Review the impact of the CAMHS Strategy	CAMHS Strategy Group	Strategy and Commissioning Service Plan
Review the impact of the Youth Disorder Strategy	Safer Islington Partnership	
Review the impact of the Play Strategy	Play Strategy Group	
Review the impact of the Children's Centre Strategy	Early Years Strategy Group	Strategy and Commissioning Service Plan

**Management and Capacity****Integrated Front-line Delivery and Processes****Where are we now?**

Workforce plans are developed by a multi-agency Workforce Development Steering Group. This group produces an Integrated Training Programme that can be accessed by all stakeholders, including the private and voluntary sector.

The focus is on the skills, knowledge, values and behaviours that underpin new ways of working, covering all aspects of the Common Core of Skills and Knowledge that form the basis for working with children, young people and their families. There is a comprehensive training programme that is open to the wider children's workforce free of charge. All training on integrated front line processes and ways of working is delivered to inter-disciplinary groups as a Core Skills programme. Occupationally specific training is highly valued as it gives people greater professional confidence to contribute their expertise in a multi-agency group.

The integrated programme includes Induction that is open to all members of the Children's Workforce, including partner organisations. It is entitled "One Workforce" and covers a clear statement of a shared vision and values; tools for integrated working and sign posts to required training on skills for integrated working, including the Common Assessment Framework, role of the Lead Professional, and Information Sharing.

A central plank of improving service delivery and delivering new ways of working is through capacity building, focusing on middle managers. A middle managers' programme delivered to delegates from a variety of backgrounds and agencies responsible for front line services. The course focuses on developing managers and staff to deliver new ways of working.

A sub set of the Workforce Development Group leads on the co-ordination of recruitment, and pathways into working with children and young people. A Recruitment Brochure has been produced for use by all parts of Children's Services, further embedding identification as "One Workforce"

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**Where do we want to be?**

1. More locally delivered, multi-disciplinary training and development to support partnership working and break down professional barriers to integrated working
2. Local Practice Development work, geographically based, to coach and support integrated working across Health, Schools, Social Care, Young People's Division and Early Years, with an emphasis on strengthening team- around-the-child activities and good information sharing
3. Leadership-team development that is multi-disciplinary so that leaders within schools, children's centres, from social care, health, young people's division, are forming strong links across organisational boundaries.
4. Integrated working skills, knowledge and behaviours to be a part of every job description and person specification for all children's services staff, and assessed in recruitment
5. Performance Management (e.g. appraisals) systems across all of children's services, to include integrated working
6. Opportunities for case-work discussion outside of line management and with an emphasis on early intervention and integrated working

7. Families do not have to repeat their story to several different professionals.
8. Families with whom several professionals are involved are clear who their lead professional is.
9. Families who are the recipients of integrated working report positive improvement in terms of needs being met, and there is objective evidence of this.
10. Families and children experience positive transitions when there are necessary changes in service responsibility.
11. There are fewer "specialist" level interventions.

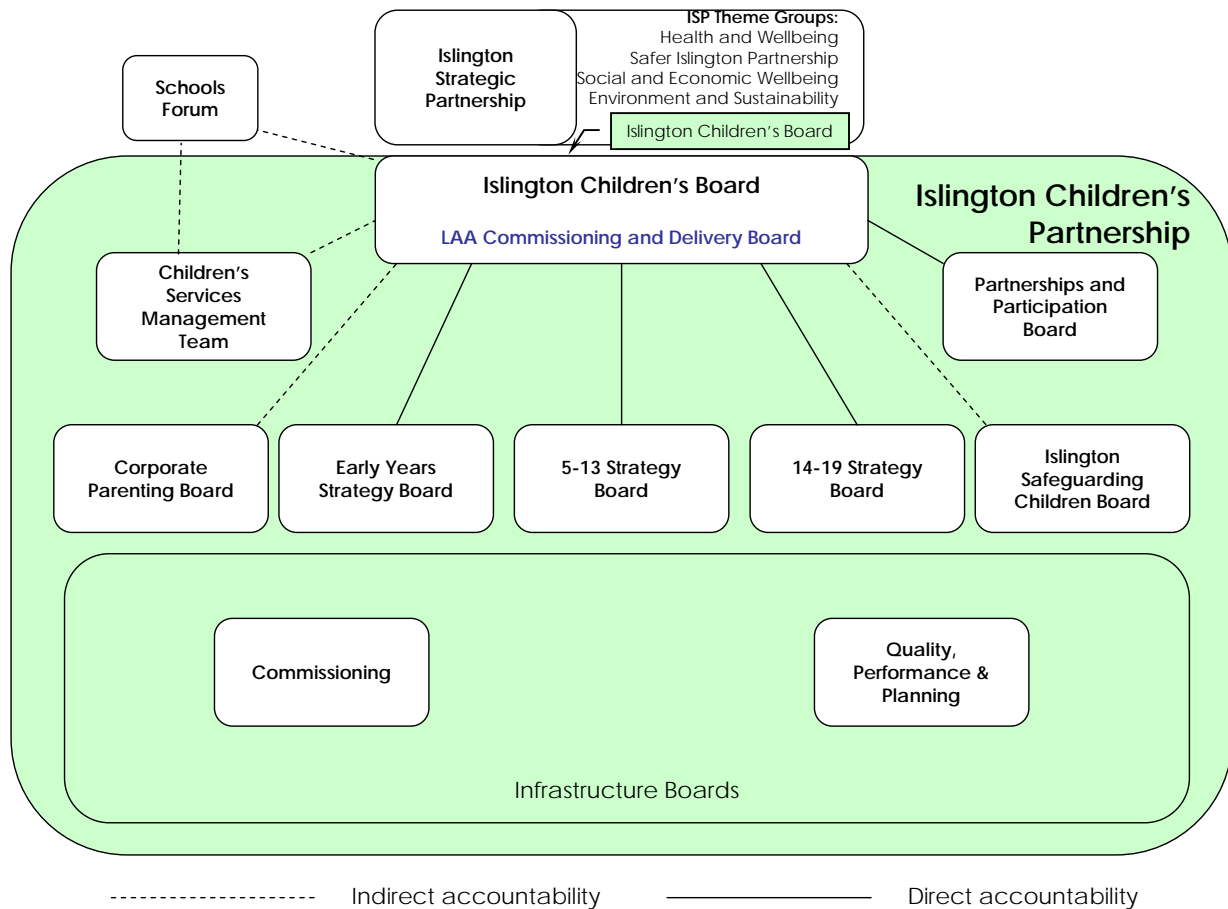
**How will we get there?**

<b>2009/11 Actions / Activities</b>	<b>To be monitored by</b>	<b>Linked to</b>
Complete Self assessment of workforce development against 7 key themes as required by CWDC: Shared purpose identity and vision Common values and language Behaviours focused on positive outcomes for children and young people Integrated working practices High quality, appropriately trained staff Complementary roles focused around children and young people Capacity to deliver	Integrated Working Board	
Develop a One Workforce learning and development strategy that is shared across all of children's services	Integrated Working Board	
Adopt National Induction Standards for Working with Children and Young People across all parts of the children's workforce	Integrated Working Board	
Establish multi agency training covering all aspects of integrated working as normal practice	Integrated Working Board	
Establish of 3 Practice Development Clusters, coterminous with the pairing of each of two ACYPPs	Integrated Working Board	
Restructure Integrated Working and Workforce Development to form one unit and deliver workforce reform priorities	Integrated Working Board	
Specific development programmes responsive to organisational priorities, e.g. parenting programmes; targeted youth support; Think family	Integrated Working Board	

## **Appendix 1: Measuring and Evaluating the Impact of the CYPP**

To follow once outcomes and activities are finalised.

## Appendix 2: Islington's Children's Partnership



As at April 2009