

Joint Strategy for Improving Outcomes for Children, Young People and their Families

**Final Version
April 2011**

Manchester Children's Trust
(Logo and branding to be added)

1. Introduction

We want all children and young people in Manchester to be healthy, safe and to enjoy and achieve at school, so that they have the skills, abilities, self esteem and positive outlook to get good jobs, make a positive contribution and be successful in adult life.

A rapidly changing national picture means that we have to look at new ways of working with new models for investment, integrated commissioning and delivery of services to create conditions for economic growth and enabling all children, young people and families to reach their potential to access jobs and economic wellbeing. At the same time we must provide sufficient support for our most vulnerable children and young people, ensuring they are safeguarded and narrowing the gap in outcomes compared to their peers. We will pioneer a radical '*whole family*' approach to supporting families with complex needs, helping them towards independence.

As a partnership we are committed to working together to make best use of our shared resources and to target them to best effect. This plan sits alongside current plans and strategies held by partners and explores what we can do *together* and *in addition* to those existing plans and strategies that will benefit children and young people.

We will work closer with local communities and neighbourhoods with an emphasis on developing local commissioning arrangements identifying the needs, key partners and solutions to fit local circumstances. Manchester Children's Trust will strongly champion the needs of children and young people and encourage high aspirations to ensure that children's needs are met and they can achieve their full potential.

2. The Manchester Context

2.1 Population

Manchester's resident based population is 483,800 (2009 Mid Year Estimate). By 2015, the population is projected to rise to 519,000, growing to 591,700 by the end of the projection period in 2033. There are 115,910 children and young people (aged 0 – 19) in the city – comprising 24% of the resident population, which is higher than for regional or national figures. The 2009 Registrar General's Mid Year Estimate indicates that 17.6% of the population is aged 0-15; 6.3% are aged 16-19 and 14.8% are aged 20-24.

Black and minority ethnic residents (BME) make up 22.4% of Manchester's population as a whole, and the proportion of children and young people from a BME background is far higher. In 2009, 44.7% of learners in Manchester schools were from a BME background and the proportion of BME learners is predicted to carry on rising. In 2009 there were 173 languages specified as a first language by learners in Manchester schools, the most common being Urdu, Punjabi, Arabic, Somali and Bengali.

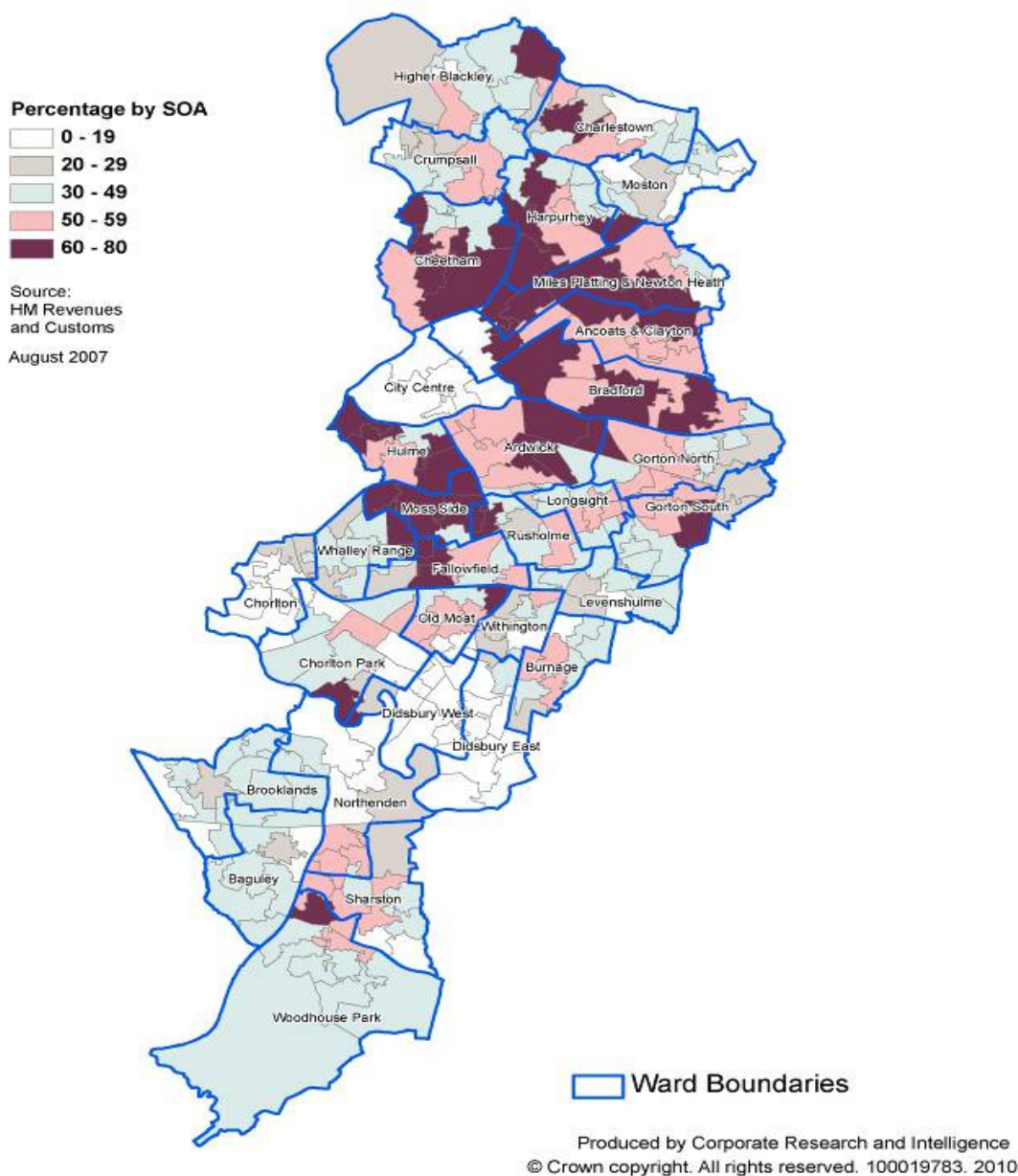
2.2 Deprivation and Child Poverty

Despite periods of economic growth and reductions in deprivation during the last few years, there continues to be significant and persistently high levels of deprivation and worklessness in the city. The Index of Multiple Deprivation based on income, employment, health and disability, education, skills and training, barriers to housing and services, crime and living environment, ranked Manchester as the 4th most deprived Local Authority in England. There are 105 Lower Super Output (LSOAs) areas in Manchester where over half of all children live in income deprived families. Amongst all Core Cities, Manchester has the highest percentage (43.6%) of children under the age of 16 living in poverty compared to 22.4% national average. In the recent report *Severe Child Poverty in the UK* published February 2011 by Save The Children, Manchester had the highest proportion of children (27%) living in *severe* poverty in the United Kingdom.

The Campaign to End Child Poverty group released a *Child Poverty Map of the UK* (March 2011) which provides a localised map of child poverty on the closest possible measure to that used nationally by the government. The report indicates that at parliamentary constituency level, Manchester Blackley (43%), Manchester Central (52%) and Manchester Gorton (43%) are all well above the national averages for child poverty, and Manchester Withington (28%) and Wythenshawe & Sale East (a shared boundary with a neighbouring authority) are also above the national average.

The Child Poverty Map also shows that at ward level, 28 wards out of 32 exceed the national average. More than half of all children in eight wards are living in poverty: Miles Platting & Newton Heath (50%); Bradford (52%); Cheetham (52%); Harpurhey (53%); Ancoats and Clayton (54%); Ardwick (57%); Hulme (58%) and Moss Side (64%).

Percentage of children under 16 in poverty: 2007

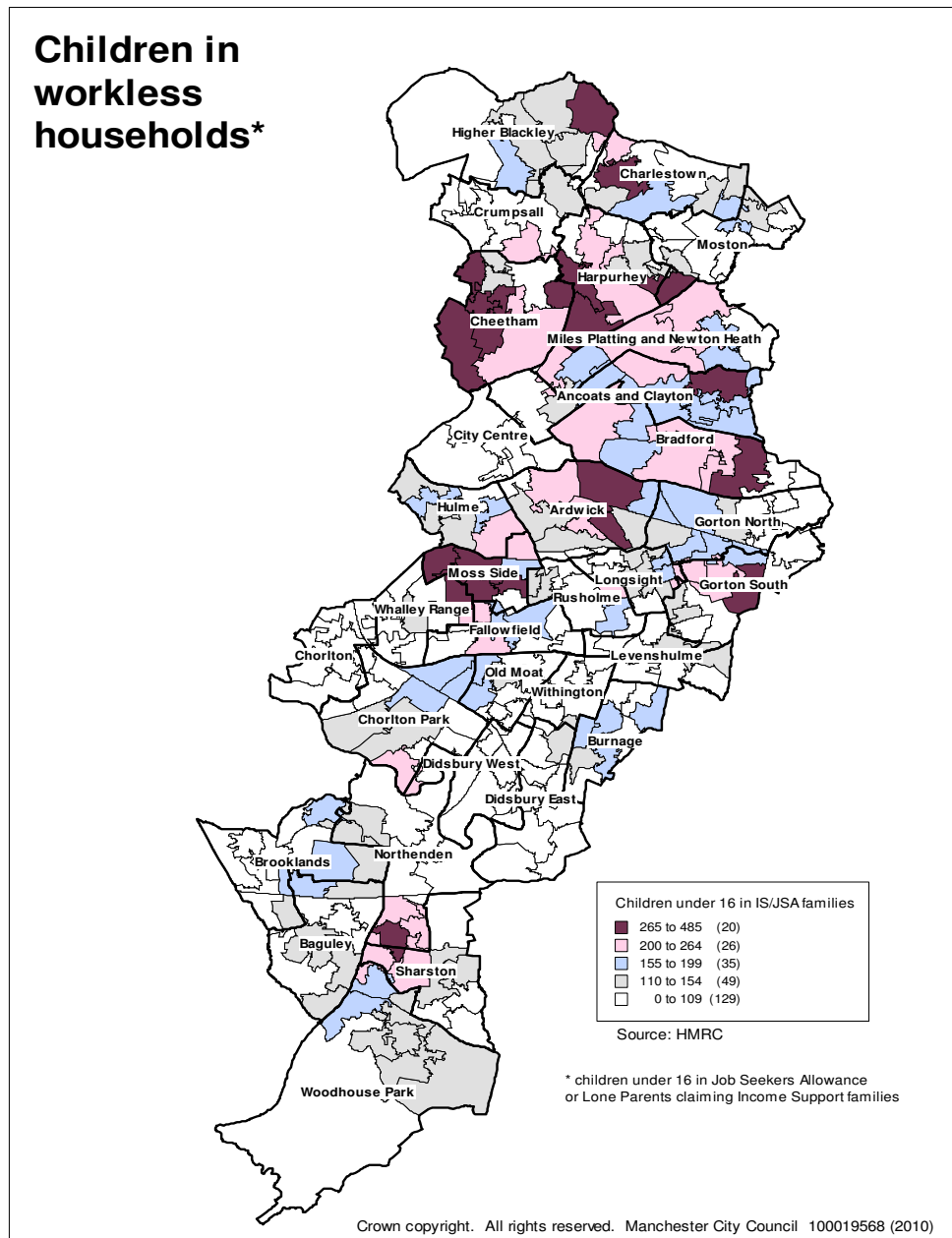


2.3 Worklessness

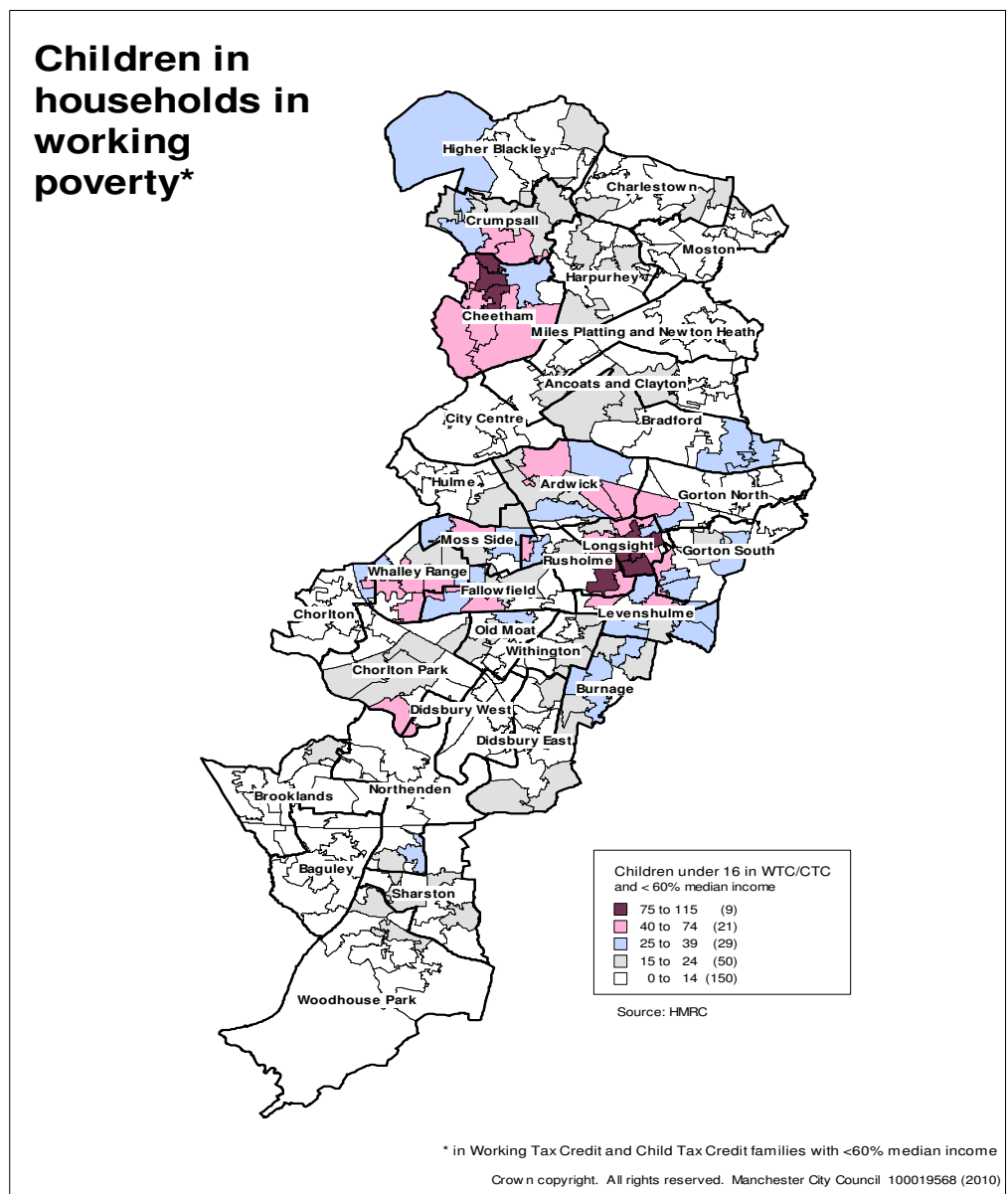
Worklessness continues to be a major contributory factor to deprivation, poverty and dependence in Manchester. Of the 43.6% children living in poverty, 89% of these live in households where their parents are in receipt of Income Support or Job Seekers Allowance. The remaining 11% are in receipt of in-work benefits and as Map 2 below shows, these are focused around Longsight, Cheetham and Rusholme. There is also a significant number of working families in Manchester that would now be classed as living on the edge of poverty, accounting for a further 25% of children in the city.

However, the largest group of children living in poverty in Manchester are in workless households and Map 1 below shows their distribution across the city. The trend emerging shows that the highest concentrations of deprivation, benefit claimants and children living in poverty are in the north and east of the city, the inner city areas and parts of Wythenshawe.

Map 1 Distribution of children living in poverty in workless households across Manchester



Map 2 Distribution of children living in poverty in working households across Manchester



Corporate Research and Intelligence, Chief Executive's Department. August 2010

[children in poverty.wor]

2.4 Risk Factors for Child Poverty

As well as worklessness and low income, there are a number of nationally identified risk factors associated with child poverty:

- Family size;
- Family composition;
- Ethnicity; and
- Disability of child or parent.

In Manchester, we have identified other groups which may be more at risk and less resilient:

- Looked after children;
- Young carers;
- Teenage parents;
- Asylum seekers and refugees;
- Families experiencing domestic violence;
- Family members having mental health needs; and
- Family members misusing substances.

In his independent review on poverty and life chances '*The Foundation Years: Preventing poor children becoming poor adults*', Frank Field identifies a number of 'Drivers of Outcomes' that affect children's outcomes at different transition points from pregnancy to the adult years, and these are shown in the table at Annex 1. A healthy pregnancy, authoritative but positive parenting, high quality childcare, a positive approach to learning at home and an improvement in parents' qualifications can, together, trump class background and parental income in determining the life chances of children.

3. Whole Family Approach

3.1 *Secure attachment and root causes*

There is widespread recognition that strong family relationships rooted in secure attachments between parent(s) and child and good family support are essential for individual, family and community wellbeing, as well as providing long-term benefits to broader society. What happens in the family can be a key protective factor in building children's resilience and reducing their current and future risks associated with adversity and disadvantage. Stimulating and nurturing environments enable children to learn and thrive and define their healthy development, ability to form relationships and empathise with others, regulate their emotions and actions and apply themselves to school and work.

Recognising the root causes that prevent our children and young people from achieving their potential and providing preventative measures and timely interventions is key to ensuring that in later life they are able to secure educational success, be in work earning a living wage, live in decent homes, enjoy good health and wellbeing and eventually be effective parents themselves.

Life chances begin to be determined in pregnancy and a healthy pregnancy and strong nurturing attachment between parent(s) and the baby in the first few months of life have a significant influence on emotional development as well as providing a template for the child as they grow into adulthood. The development of a baby's brain is affected by their attachment to their parent or parents and the development of neural pathways can be negatively affected by a lack of secure attachment. This can lead to increased stress hormones in later life, impacting on mental health, aggression, ability to learn and

impulse control. In worse cases, there is evidence to show that brain growth and development can be significantly reduced by neglect.

3.2 Risk factors that affect the family

Establishing secure attachment between parent(s) and child and the quality of relationships at home are perhaps the greatest influence on a child's life chances. The risks that can threaten families establishing a secure attachment with their children can be summarised as:

- Worklessness;
- Family and child poverty;
- Alcohol and/or drug misuse;
- Domestic abuse;
- Housing;
- Environment;
- Low aspiration;
- Mental health;
- Physical health;
- SEN;
- Disability.

4. The national context and what it means for our services

Since producing our last plan (CYPP 2009 – 2012) there have been unprecedented changes in national policy and legislation and significant reductions in resources across, health, education, social care and policing.

4.1 Children's Trust

The new coalition government recognises that strong local partnerships are crucial to meeting the needs of children and young people and, whilst removing the legislative requirements around Children's Trusts, it continues to support effective local partnerships that best address local issues with innovative solutions. Manchester Children's Trust has been judged as being 'outstanding' in its partnership work and we intend to build on this partnership work to secure the best outcomes possible for all children and young people.

4.2 Resources

The *Comprehensive Spending Review* (October 2010) and the subsequent local authority spending cuts have hit Manchester harder than originally anticipated and it is one of the five worst hit councils in the country. Thirty seven councils lost more than 8.9% of their spending power for 2011/12, and four of these, including Manchester, are among the five local authorities with the highest child poverty rates. Although we had already made efficiency savings in the last year and had further savings planned we now have to

reduce our spending by £110m (25%) this year and a further £60m savings in 2012/13.

Manchester NHS has to make efficiency savings of 20% and Greater Manchester Police have to save £134m by 2014, £52m of which must be saved in 2011/12. For the voluntary and community sector, the challenge will be in exploring funding possibilities in a climate where funding sources will be massively over-subscribed, and there are limitations on the criteria for sources such as the Transition Fund and the Big Society Bank. As a partnership, the cumulative loss of resources leaves us with the challenge of minimizing adverse impacts, refocusing our resources, reducing our role as deliverers of services and working alongside our partners to develop new models of working.

4.3 Education

The new *Academies Bill* (July 2010), the *Schools White Paper* (November 2010) and the *Education Bill* (introduced into parliament January 2011) set out the government's education reform programme. This includes a move towards more schools becoming academies and free schools, including special schools, sixth forms and pupil referral units, and also signals a new relationship and role for schools. The responsibility for providing some of the services currently provided by the local authority will move to schools who will commission services according to their particular needs and schools will become key commissioners of provision in their local community.

The local authority role in schooling will move its focus to: acting as a champion for parents in families and ensuring that access to schools operates fairly; supporting vulnerable children; ensuring that those with special needs or who are in care are able to get the most from their schooling; and acting as a champion for educational excellence, working with schools to ensure good and improving performance. For areas where the local authority does retain responsibility, more extensive use will be made of commissioning activity.

4.4 Safeguarding

Protecting vulnerable children and young people is a priority, as is improving outcomes for those children who are looked after. The government has commissioned *The Munro Review into Child Protection* and the findings of the review will inform future working around safeguarding. We will use the Manchester Investment Fund as a key commissioning and de-commissioning mechanism for specialist interventions with complex families and offenders to help prevent children being at risk and coming into the care system. We are looking to increase the balance of foster care places compared to residential homes to ensure high quality local placements for our looked after children. We are also reviewing our current configuration of internal residential homes with a view to increasing their effectiveness where possible, using an approach that has already proved successful.

4.5 Health and Social Care

The new *Health & Social Care Bill* signals reorganisation of the NHS and almost every part of the NHS will see significant change if all the proposals are implemented. General Practitioners (GPs) will be responsible for commissioning a wide range of healthcare services through consortia in the way that they judge will deliver the best outcomes for patients. Health and Wellbeing Boards (HWBs) will be set up in every local authority and will bring together GP consortia, Directors of Public Health, children's services, adult services and others. Each HWB will have a statutory responsibility to develop a joint Health and Wellbeing Strategy that local authorities and NHS commissioners will be required to have regard to.

Local authorities will be given the responsibility for health improvement currently carried out by Primary Care Trusts and Directors of Public Health will have a leading role in discharging local authorities' health functions such as obesity prevention, sexual health, drug, alcohol and tobacco misuse.

4.6 Special Education Needs and Disability

The *SEN and Disability Green Paper: Support and Aspiration* sets out the government's proposals aimed at creating a radically different system for children and young people with special educational needs or a disability. Proposals include replacing the present SEN assessment and statement with a new single assessment process leading to an 'Education, Health and Care Plan'; strengthening parents' choice of school; introducing greater independence of the assessment process through a possible role for the voluntary and community sector and improving support for families with children who have the most complex or serious needs.

4.7 Early Years

We propose to cease to be a universal provider of early years' activities and commission a 'targeted family offer' to be delivered by private, voluntary and independent providers, including schools. A specification outlining broad outcomes for 0-5 year olds will be agreed and providers will then be asked to bid to meet these outcomes and deliver services in localities. The local authority would retain the role of reviewing outcomes and planning and quality assuring what is delivered, enabling us to effectively champion the needs of children and families.

4.8 Youth and 14-19

We value our young people and are working with neighbourhood and regeneration services, schools, colleges and other partners to ensure that a cohesive local offer for young people is delivered across the city. Whilst withdrawing from our current role as a direct provider of youth services we will work closely with our young people and partners, particularly neighbourhood community based services, to understand local need and commission very

targeted street-based services for those young people most at risk of poor outcomes. We will continue to work with Connexions refocusing delivery to provide support and engagement for vulnerable young people furthest away from the labour market.

4.9 Play

We are considering how we can use our commissioning of play services in a different way through improved commissioning of play provision at a locality level. We will review how we fund, commission and quality assure play provision, with a focus on stimulating local provision and driving forward equal access to play services in the city.

4.10 Crime and Disorder

New legislation around crime and disorder in the *Police Reform and Social Responsibility Bill* and the *Justice Green Paper Breaking the cycle: effective punishment, rehabilitation and sentencing of offenders* proposes changes to systems for: preventing offending by young people; effective sentencing for young offenders; youth justice funding; payment by results and transparency and accountability in the youth justice system. In a move to ensure that crime and disorder and work with complex families are integrated into front line delivery, responsibility for youth offending and for complex families will move to Children's Services in 2011 and we are currently working to embed this within our operating model.

In Manchester, it is the view of the Crime and Disorder Reduction Partnership that achievements in reducing crime and improving public confidence over the past five years would not have taken place without a strong multi-agency partnership led by the local authority and the police and we want to build on that partnership. On that premise, it is our intention to go forward with a refreshed crime and disorder strategy from 2011 and consultation on the strategy is now underway.

5. Conclusion

5.1 A Whole family approach across all services

In order to deliver improved outcomes for children and young people across all partnership services, we recognise that there needs to be a greater recognition of root causes and risk factors that compromise family stability and affect child and family poverty, and a renewed focus on tackling these issues with a whole family centred approach.

Our approach to family support will be informed by the work and findings of the Ardwick City Region 0-5yrs Project and the Child Poverty Family Intervention Project. These projects were aimed at helping families to secure

strong attachment between parent(s) and child, whilst also enhancing the resilience and capacities of families and supporting them into work.

Outreach work, parenting interventions and family intervention projects were targeted at families with complex needs and families with intergenerational worklessness and analysis of the effectiveness of this work indicates favourable improvement across a number of areas including: improved parental and child attachment; children being ready for school and parents being more 'work ready'; parents accessing employment, education, vocational training, voluntary work and actively engaging with Job Centre Plus; reductions in domestic violence, alcohol and drug misuse, mental and physical health problems, poor parenting and family breakdown

Implementing a whole family approach is our strategic aim for both Children and Adult services through joint working policies, strategies and our oversight of services. The joint work of the Manchester Safeguarding Boards including the development of cross cutting protocols and training has progressed this vision. For practitioners the approach means assessing, referring and signposting any family members to appropriate services. It is an approach where services aimed at adults also consider the best interests of children in the family and services aimed at children and young people also consider the needs of adults in the family especially those more at risk of abuse'

We recognize that in order to improve outcomes for children and young people, the needs of adults in the family must also be addressed. We will work closely with partners and colleagues providing services to adults to ensure that a whole family approach is embedded and families are helped to reach their goals. An example of this is the pilot Voluntary Domestic Abuse Perpetrator Programme which will work with male perpetrators and provide a safety service for any family members who are at risk of abuse, so that the differing needs and challenges of the whole family are addressed. Early interventions such as this can improve outcomes for children and reduce the likelihood of children becoming at risk.

The improved understanding of secure attachment, root causes, effectiveness of intervention and prevention models and other findings from the pilot work in Ardwick and the Child Poverty Family Intervention Project forms the basis of our shared partnership approach to improving outcomes for children, young people and forms our future strategic approach. Our focus will be to:

- Intervene early, breaking the cycle – we must improve our ability to identify children with high risk factors and low protective factors so that we can intervene early and reduce the need for specialist services;
- Empower families to take responsibility – we will work to promote the empowerment of families and reduce dependency on public services; and
- Integrate services around families – we have a commitment to integrate services such as health, adult services, education and

social care to deliver a more holistic impact on families and better value for money.

5.2 A Neighbourhood Focus

There is strong recognition that partnership working at the neighbourhood level is crucial to meet the needs of children and young people. Our neighbourhood focus will offer a means to integrate commissioning and delivery and maximise new sources of income. Over the last year we have been working closely with the Neighbourhood Directorate of the City Council to see how we can align our resource more effectively. This has had a particular focus on how we commission interventions with young people, and our plans for early years also places a strong emphasis on local solutions designed for local needs.

We will align our service delivery within the five *Strategic Regeneration Framework* (SRF) areas and will develop local commissioning arrangements identifying the needs, key partners and solutions to fit local circumstances. This will emphasise closer working with local communities and local organisations, and our current six-district model will be aligned to fit with the five SRF areas. Working with our health partners we are looking at how we can facilitate closer working between schools and GPs and we will work to ensure that partnership activity is consistent across the city, whilst delivering a local focus and response to needs, learning from each others good practice to deliver on our priorities

6. Priorities

As a partnership we are committed to working together to reduce dependency and levels of need in our communities and improve outcomes for children, young people and their families. We aim to instigate a system leadership approach that will contribute to system transformation across all areas of the partnership. This plan sits alongside current plans and strategies held by partners and these priorities set out what we can do *together* and *in addition* to those existing plans and strategies that will benefit children and young people.

Our Partnership Principles

Our priority actions will be underpinned by our guiding principles to:

People

Represent the voice of the child and young person and be their champion and advocate

Empower our young people, particularly those who are vulnerable, through consultation and engagement so that development and delivery of services

<p>reflects the needs and views of children and young people</p> <p>Enable children, young people, families, residents to reach their full potential to access jobs and achieve economic wellbeing</p> <p>Pride Influence, support, challenge and commission external leaders of universal services to raise standards for all</p> <p>Build on existing and outstanding Children’s Trust partnership arrangements to develop new and combined models for investment, commissioning and delivery of services that ensure that outcomes for children and young people are protected and that the effects of cuts are mitigated so far as is possible</p> <p>Place Support the move towards a neighbourhood and locality based system of provision ensuring that there is demonstrable value to children and young people</p>
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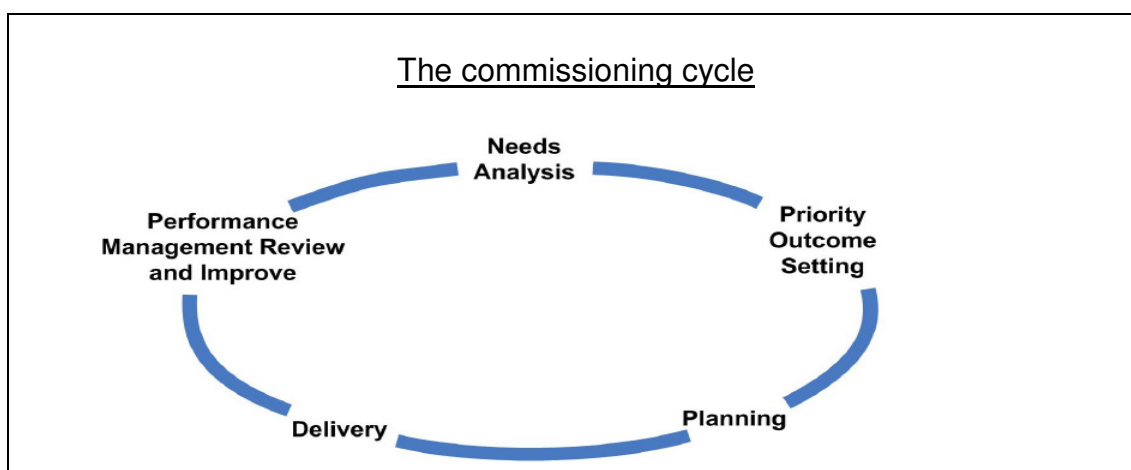
Our Partnership Priorities for 2011/12	
Universal	
P1	Support the shift from ‘public services and welfare’ to diverse investors, commissioners and providers in a place/neighbourhood
P2	Strengthen and extend collaborative working, maximising opportunities arising from the reform agenda of NHS and Schools, so that joint neighbourhood models of commissioning are established
P3	Minimise child poverty and tackle the root causes of dependency by creating the conditions for economic growth, creating jobs and connecting children, young people and families to these opportunities
P4	Contribute to the core universal offer for pre-birth to five years old and the drive to ensure that 5 year olds are ‘school ready’, including development of a robust locality/neighbourhood evidence base
P5	Support closer working with area based regeneration and neighbourhood services and influence, support, challenge and commission external leaders of universal services to raise standards for all
P6	Ensure that all families have access to the right health care at the right level of provision and at the right time
Targeted	
P7	Work in partnership with the private, voluntary and independent sector and education providers to develop a targeted early years offer and a 14-19/ youth offer to ensure a sufficiency of targeted early years and youth provision
P8	Pioneer the Manchester Community Budget to integrate and target evidence based interventions with complex families and offenders and to attract contributions from partners

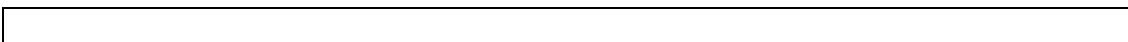
P9	Develop, with schools and health providers, a partnership-wide joint understanding of how we define the characteristics and scale of: (i) families at risk of becoming complex; (ii) families who have complex needs, And align partner strategies so we can make the most difference.
P10	Target the work to support pre-school and school age health outcomes for vulnerable groups, ensuring that health visitors and other key professionals are used to best advantage and that agencies are communicating together effectively
Specialist	
P11	Provide for effective safeguarding to protect the most vulnerable ensuring that all interventions are timely, consistent and reliable
P12	Work jointly to contribute to reducing young people entering the care system and where children are in care, ensure our collective and shared responsibility as corporate parent addresses disadvantage and enables them to reach their full potential
P13	Promote joint working and flexibility between health, schools, education and other partners to incorporate the changes in SEN and disability policy
P14	Ensure partnership contribution to work around crime & disorder including: the new Crime & Disorder Strategy and embedding work around youth offending and complex families within children's services.

7. Ready for commissioning together

Our definition of commissioning is that of the process, system and means of securing long-term, sustainable outcomes which meet the needs of our diverse customers and communities whilst providing excellent value for money. A comprehensive approach to integrated strategic commissioning is critical to meeting our objectives and priorities in a period of reduced resources and changing expectations on services.

The Children's Trust has been developing its approach to commissioning and agreed the following five stages in the commissioning cycle:





7.1 How we will commission

Working within the resources available, our aim is to:

- (a) explore new and innovative investment models, such as the Manchester Community Budget which is aimed at complex families and offenders;
- (b) see commissioning as less about new money coming into children's services across the partnership and more about how we influence and shape the total resources available in the system;
- (c) re-emphasise our relentless focus on improving outcomes and outcome based commissioning;
- (d) develop and work with a range of providers to produce social, economic and environmental outcomes for Manchester and for service users;
- (e) operate from a position of knowledge of our population and its needs and invest in the provision that meets those needs;
- (f) commission to ensure that safeguarding is a priority and that vulnerable children and young people are protected;
- (g) quality assure providers and assess effectiveness and impact on an ongoing basis;
- (h) where appropriate, explore opportunities for more integrated commissioning and delivery arrangements; and
- (i) focus on commissioning at a neighbourhood and locality level.

As the partnership for children and young people in the city, we also need to engage young people in an ongoing dialogue to gather their views so that these too inform the commissioning process.

7.2 Our values and standards

We want to ensure that all commissioning activity upholds the following values and is underpinned by the following standards:

<u>Our Underpinning Commissioning Values</u>	All commissioning activity is centred on the needs of the child and family and improving their outcomes
	We all see families as fundamental partners in visioning, and commissioning the design and delivery of services and in evaluating all service and partnership activity
	We develop a sense of place as central to commissioning, supporting economic regeneration and building social responsibility and capital in neighbourhoods
	Our commissioning activity is community enhancing
	Our commissioning activity is outcome focused and value for money, delivering efficiencies

	Our commissioning activity is equitable and non discriminatory
	Our commissioning activity creates a climate of high challenge and support, developing a high performance culture
	Our commissioning activity supports different stakeholders' and partners perspectives, valuing their expertise and developing their commitment to delivery
	Promotes high performing, high challenge, emotionally intelligent and mature Children's Trust arrangements in Manchester

<u>Our Underpinning Commissioning Standards</u>	Safeguard and promote the welfare of children, young people and adult family members
	Ensure we deliver equality, diversity and inclusion
	Enable our workforce to deliver on business goals with support from learning and development programmes and leadership

7.3 Benefits

We recognise that children and young people need a range of services to enable them to meet their full potential, develop resilience and grow into healthy productive adults. Strong and responsible parenting is crucial to this and in Manchester we want to support families to enable children on their journey to successful adulthood. We will do this by commissioning the right services to make these journeys seamless and personalised. Our commissioning framework will realise benefits and contribute to:

<u>Benefits we want to achieve</u>	Children, young people and families in Manchester achieving similar or better outcomes to peers across the country
	Easily understandable and identifiable connectivity between universal, targeted and specialist provision making services easily accessible
	Evidence based interventions and services that we know work; cost effective interventions and services that deliver good impact and outcomes
	Interventions and services that enhance and provide for a better customer journey
	Intervention and services that support improvements in outcomes that narrow the gap between our most vulnerable residents and others
	An empowered accountable multi-agency workforce

8. Risk Assessment

The table below outlines a high level summary risk assessment for the implementation of Children and Young People’s Plan by the Children’s Trust Partnership. The risks outlined are in addition to the risk assessments held by individual partner agencies on their own plans and strategies.

Risk	Control	Likelihood	Impact	Risk Assessment
Non prioritisation of the CYPP by partner agencies of the Children’s Trust	<ul style="list-style-type: none"> ▪ Partnership to continually review shared and agreed joint vision; ▪ Partners must identify collaborative advantages of working together and processes needed to ensure a successful partnership 	2	4	8
Impact of implementing the spending cuts prevent planned activities being carried out	<ul style="list-style-type: none"> ▪ Adopt well-constructed processes to define business case and thorough financial planning and evaluation; ▪ Ensure any commissioning contracts covers this eventuality and provisions are made to deal with it if it arises 	3	4	12
Planned activities do not achieve desired outcomes or fail to deliver value for money	<ul style="list-style-type: none"> ▪ Develop an agreed performance management framework to regularly review progress against outcomes and value for money and be prepared to intervene early if appropriate; ▪ Ensure that appropriate benchmarking and market testing processes are in place and used regularly; ▪ Encourage joint ownership of problems and solutions, building trust and cooperation 	2	4	8
Lack of buy-in and ownership of the holistic family support approach	<ul style="list-style-type: none"> ▪ Ensure members buy in at all stages of the partnership; ▪ Identify key stakeholders and ensure robust communication strategy is in place; ▪ Keep staff informed and engaged with plans for development 	2	4	8
Future policy changes within government and/or partner agencies	<ul style="list-style-type: none"> ▪ A partnership can only succeed if it can respond to change; therefore, flexibility is an essential element of the partnership arrangements 	1	4	4

Annex 1 – Drivers of Outcomes

Phase	Drivers of Outcomes	Minimum Outputs
<i>(Identified in Frank Field: The Foundation Years Review)</i>		
Pregnancy	<ul style="list-style-type: none"> • Secure attachment • Mother’s physical and mental health • Parents’ education • Mother’s age 	<ul style="list-style-type: none"> ▪ Confirmation of pregnancy within 3 months ▪ Community midwifery ante-natal checks throughout ▪ Scan by 13 weeks ▪ Community midwifery and 20 week hospital booking-in and scan ▪ Ante-natal classes
Birth	<ul style="list-style-type: none"> • Secure attachment • Healthy birth weight • Breastfeeding • Parental mental health 	<ul style="list-style-type: none"> ▪ Delivery of full-term baby ▪ Hospital discharge at 3 days ▪ Live birth data hand-over ▪ Neonatal check and Vitamin K (1st week) ▪ Immunisation BCG* or Hep B* 1st dose (1st week) ▪ Blood spot test for hypothyroidism & phenylketonuria (1st week) ▪ Screening for sickle cell & cystic fibrosis* ▪ Post-natal check (12 days) <p>* <i>given to babies at risk</i></p>
0 - 5 Years	<ul style="list-style-type: none"> • Parenting and home learning environment • Parents’ education • High quality childcare 	<ul style="list-style-type: none"> • Hearing screening (1st month) • Immunisation Hep B* 2nd dose (1st month) • Physical examination review (6-8 weeks) • Establish and maintain good oral health routine and 1st visit to dentist before 2 years old • Immunisation diphtheria, tetanus, whooping cough, polio, Hib, pneumococcal + Hep B* 3rd dose (8 weeks) • Immunisation diphtheria, tetanus, whooping cough, polio, Hib, pneumococcal (12 weeks) • Immunisation diphtheria, tetanus, whooping cough, polio, Hib, pneumococcal (16 weeks) • Immunisation Hib, meningococcal C (12 months) • Health review (12 months) • Immunisation MMR 1st dose + Hep B* Booster (13 months) • Health review (2-3 years) • Immunisation diphtheria, tetanus acellular pertussis, polio pre-school buster, MMR 2nd dose • School entry review (4-5 years) <p>* <i>given to babies at risk</i></p>
Achievement of Early Years Foundation		

		<p>Stage goals*:</p> <ul style="list-style-type: none"> • Personal, social and emotional development; • Communication, language and literacy • Problem solving, reasoning and numeracy • Knowledge and understanding of the world • Physical development • Creative development <p>* <i>Early Years Foundation Stage profile goals liable to change as a result of the Dame Tickell Review of Early Years due out Spring 2011</i></p>
Primary Years	<ul style="list-style-type: none"> • Child's previous attainment • Parents aspirations and engagement • Teachers 	<p>Achievement of KS1 Level 2 or above in reading, writing, maths and science (age 7)</p> <p>Achievement of KS2 Level 4 or above (age 11)</p>
Secondary Years	<ul style="list-style-type: none"> • Child's previous attainment • Child's and parents' aspirations • Teachers • Risky behaviours 	<p>Achievement of KS4 5+ A* - C grades including English and Maths</p> <p>Vaccination programme up to date:</p> <p>Age 12-13 years:</p> <ul style="list-style-type: none"> • HPV vaccinated x 3 over 6 months <p>Age 13-18 years:</p> <p>Td/IPV</p>
Ready for work	<ul style="list-style-type: none"> • Educational achievement • Qualifications • Social and emotional skills • Employment 	<p>Advice and guidance on FE/HE, apprenticeship or employment options</p>
Cross-cutting all phases	<ul style="list-style-type: none"> • Being Safe • Access to enjoyable and positive activities • A healthy lifestyle • Good relationships with peers, siblings, etc • Safe and adequate housing conditions • Environment 	
Desired outcomes at family formation	<ul style="list-style-type: none"> • In work • Decent home • Living wage • Good health • Good wellbeing 	