



ROCHDALE
BOROUGH COUNCIL



Children and Young People's Partnership Plan 2021-23

rochdale.gov.uk/children

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1. Purpose

The purpose of the Children and Young People's plan is to:

- a) Ensure the Children and Young People's Partnership anticipates and responds to changes which impact on children and young people in the borough.
- b) Set out the priorities, key areas of work and success measures for the Children and Young People's Partnership in the year ahead.
- c) Deliver the core elements of the Children's Programme of the Locality Plan.
- d) Ensure that the services commissioned for children and young people are effective and deliver positive outcomes.

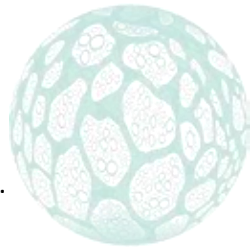
2. Vision and priorities

"All Rochdale children and young people, achieve their full potential".

There are 2 priorities to realise this vision:

Priority 1: Children and young people in our borough get the best start in life are happy healthy and safe.

Priority 2: Children and young people in our borough will aspire and achieve a better life through access to opportunities, learning and training.



3. Priorities

Priority 1 - Children and young people in our borough get the best start in life are happy healthy and safe
Areas of focus: Safeguarding
Why is this important?
We want all our children and young people to feel safe and be safe; this is essential for them to grow and develop well. To do this we must continuously learn from local audits and partnership practice reviews to ensure that children are protected and safe from harm.
Key priority
We will continue to ensure a formal connection with the RSCP to address those priority areas that strengthen our approaches to safeguarding children. We will strengthen our partnership approach to robustly address the areas that have been particularly difficult to achieve sufficient progress and consistency. In our view that is the issue of neglect.
What are we planning to do/ actions?
<ol style="list-style-type: none"> 1. Embed comprehensive and consistent multiagency understanding, assessments and plans to respond to children experiencing neglect as soon as possible, through refreshing and disseminating the Rochdale Borough Safeguarding Children Partnership Neglect Strategy and Tools. 2. Develop our adolescent offer to align and extend multiagency, relational practice approaches (such as ACT / No Wrong Door / Ealing model), underpinned by a consistent, age appropriate response to managing risk and uncertainty through safety planning arrangements. This will include implementing our contextual safeguarding approach to understanding and responding to young people's experiences of significant harm beyond their families. 3. Partnership wide approach to keeping baby safe messages including safe sleep and coping with infant crying. 4. Raise awareness and develop confidence in recognising and intervening effectively with children and young people experiencing intra familial child sexual abuse, learning from local practice reviews. 5. Implement the Rochdale Borough Council Domestic Abuse Strategy; as part of this implement a new practice model to respond to Domestic Abuse, provide robust, evidence based, effective perpetrator programmes, engage our schools consistently through Operation Encompass and evidence embedded learning from Domestic Homicide Reviews.
How will we know we have made a difference?
<ul style="list-style-type: none"> • Fewer children experience the impact of chronic neglect, as the signs of neglect are responded to at the earliest opportunity in local communities by implementation of the neglect Strategy and tools by all agencies. Children receive the right service, at the right time in the right way. • More adolescents live safely and well in family settings; each adolescent has someone who "is standing in their corner" and outcomes are improved through demonstrably embedding the five no wrong door provocations across all partner agencies. • No young person experiences a "cliff edge" on reaching eighteen years; seamless services support young people into adulthood. • More babies thrive in their parents care and consequently there is a reduction in the number of Rapid Reviews/ Child Safeguarding Practice Reviews/ Child Deaths resulting from babies being placed in unsafe sleep arrangements or suffering abusive head trauma. • More children are identified who are experiencing intra familial child sexual abuse, with more abusive parents being prosecuted and increased confidence in implementing trauma informed

approaches evidenced in the medium to longer term by improvements in children and young people's emotional wellbeing, self-worth and confidence.

- There is evidence of more children experiencing domestic abuse remaining with their non-abusive parent and an increase in successful intervention and / or prosecutions of abusive partners / parents so that children live in secure and safe environments where fear and unsafe unpredictability are not prevalent.

Key performance indicators

- Number of CP plans under the category of neglect
- Number of repeat CP plans under category of neglect
- More adolescents receiving support from No Wrong Door lived in settled and family placements live in settled and secure family placements – their own / extended family or foster care
- Adolescents in the borough experience improved inclusion and school attendance, improved mental health with fewer hospital admissions and fewer arrests.
- Rochdale young people in transitional safeguarding data set evidences impact / improvement for Greater Manchester.
- Take up of safe sleep training – online/ launch event/ train the trainer
- Increase in children subject to a child protection plan due to intra familial child sexual abuse
- Prevent and Protect Domestic Abuse Strategy indicators evidence projected improvements



Priority 1 - Children and young people in our borough get the best start in life are happy healthy and safe

Areas of Focus: Early help

Why is this important?

It is crucial to intervene as early as possible in problems to prevent escalation, enabling the most effective start for families and children.

Research is consistent in underlining the negative impact on children of delaying intervention. The actions taken by professionals to meet the needs of children as early as possible can be critical to their future. We know that if we work together to identify the needs of children, young people and their families as soon as possible and take swift action to address these needs we can prevent problems developing, getting worse or becoming entrenched.

Key priority

We will continue to develop our early intervention and prevention model on the locality footprint to ensure that families receive the right help and support at the earliest point to prevent escalation

What are we planning to do/ actions?

1. Review and implement our Multi Agency Early Help strategy.
2. Review early help pathways from EHASH to ensure integrated whole family locality teams.
3. Work alongside adult services to further develop integrated support, prevention and intervention for vulnerable adults and families at a locality level
4. Continue to develop and embed evidence based interventions in response to local family need, at the right time.

How will we know we have made a difference?

- Families tell their story once
- Family plans are co-developed with the parents and their support network which they understand, own and lead on
- The child or young person's is heard and their voice acted on to improve their everyday lived experience
- Coherent and co-ordinated systems are in place which use the right language and support professionals to understand the risks when making decisions.
- We provide a partnership response that supports more effective early identification and intervention resulting in a reduction in the numbers of children and young people being referred to our front door in need of social care intervention

Key performance indicators

- The percentage of Early Help Assessments and Team Around the Family plans resulting in successful achievement of all outcomes (enabling families to remain at an early intervention or return to a universal level)
- The percentage of families who receive a planned stepped down from social care interventions to early help and remain at an early intervention or universal level
- The percentage of parents reporting improved confidence and skills following an evidenced based parenting and relational intervention.
- Increase the number of children with an EHCP who have had an early help assessment

Priority 1 - Children and young people in our borough get the best start in life are happy healthy and safe

Areas of Focus: Health

Why is this important?

Children's mental health

Children's and young people's mental health is a key ambition of the GM Health and Wellbeing Plan, The GM Children's Plan and the 2019 NHS Long Term Plan. More importantly, it is vital that children in Rochdale are able to access the right emotional and mental health support at the right time and in the right place. Ensuring that children and young people have early intervention and building resilience in children, families and professional's prevention means that a child's holistic outcomes are improved. This also means that children and young people are less likely to require specialist services, and that they can build resilience which will support them to build positive relationship, accesses education, employment across the life span.

Key priority

Recognising the impact of Covid-19 on an already high area of recognised need in the borough, we will work effectively in partnership to ensure that the wide range of needs of children and young people in Rochdale borough are effectively met.

What are we planning to do / actions?

1. Implementation of revised governance structure for Children's Mental Health
2. Implementation of system wide iThrive transformation and new Mental Health Education Support Teams.
3. Mobilisation of new Community Eating Disorder Service
4. Redesign of therapeutic pathways for cared for children
5. Implementation of Perinatal Mental Health Early Attachment Service
6. Expansion of digital pathways to support increased access of children and young people aged 0-25 from ethnic minority backgrounds.

How will we know we have made a difference?

- Increased access to mental health service's
- Increased timeliness of access
- Improved outcomes for cared 4 children
- Children and families will experience improved journey through services
- Young people will experience smooth, supported journeys into adult services where required
- Increased access by children and young people from ethnic minority heritage
- Reduction in tier 4 admission
- Young people have a documented transition plan in place before their 15th birthday
- An identified key individual/lead professional has been identified for supporting transition

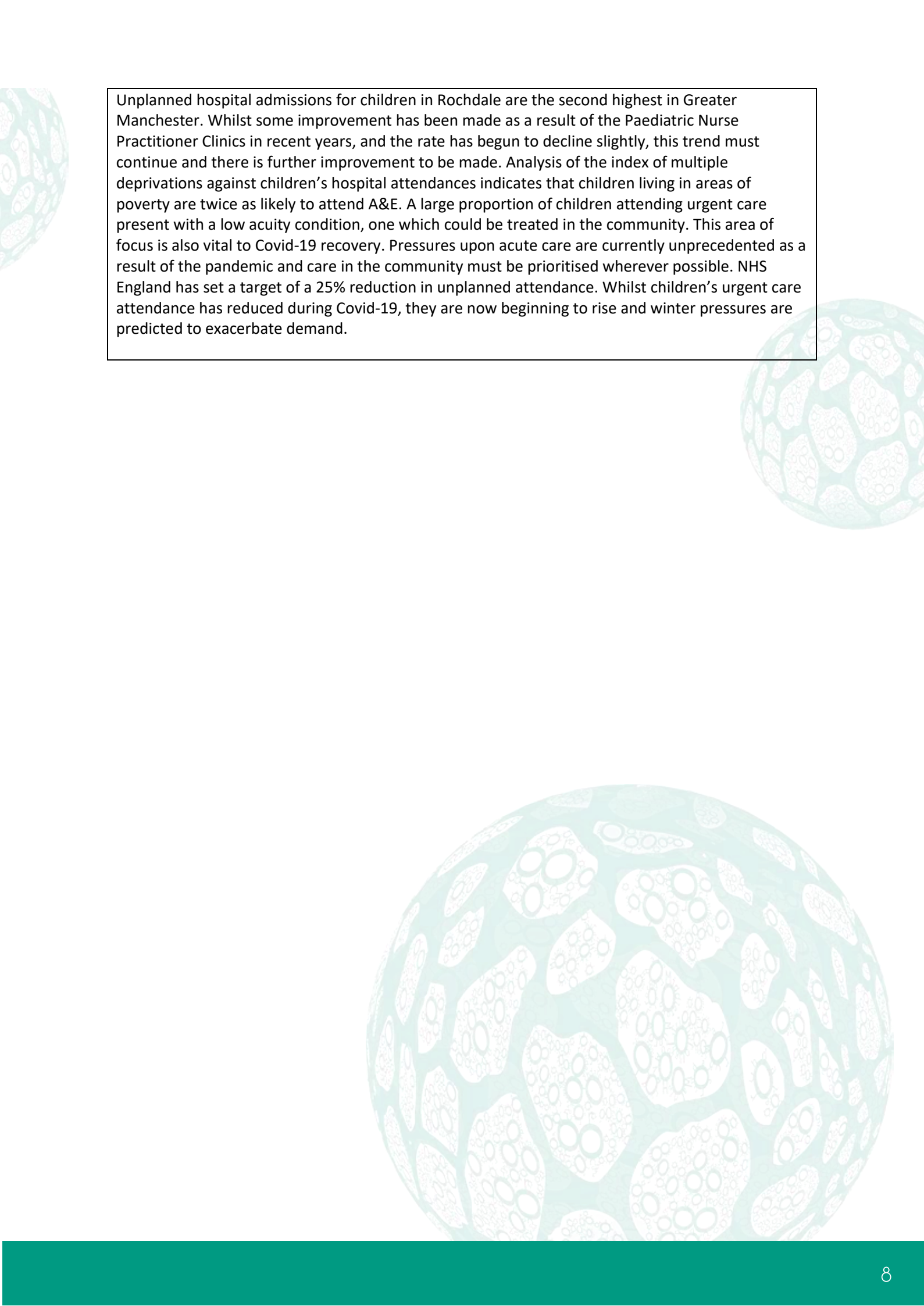
Key performance indicators

- Children and young people % of contacts within 12 weeks
- Children and young people % of treatment within 18 weeks

Children's physical health

Why is this important?

Children's Unplanned Care (Urgent and Emergency)

The page features a decorative background with three large, light green spheres. Each sphere is covered in a complex, white, cellular or molecular-like pattern. One sphere is partially visible in the top left corner, another is in the top right corner, and a third, larger one is centered at the bottom of the page.

Unplanned hospital admissions for children in Rochdale are the second highest in Greater Manchester. Whilst some improvement has been made as a result of the Paediatric Nurse Practitioner Clinics in recent years, and the rate has begun to decline slightly, this trend must continue and there is further improvement to be made. Analysis of the index of multiple deprivations against children's hospital attendances indicates that children living in areas of poverty are twice as likely to attend A&E. A large proportion of children attending urgent care present with a low acuity condition, one which could be treated in the community. This area of focus is also vital to Covid-19 recovery. Pressures upon acute care are currently unprecedented as a result of the pandemic and care in the community must be prioritised wherever possible. NHS England has set a target of a 25% reduction in unplanned attendance. Whilst children's urgent care attendance has reduced during Covid-19, they are now beginning to rise and winter pressures are predicted to exacerbate demand.

Key priority

Health inequalities are a significant issue in the borough as are behaviours that lead to children's needs being left unmet or addressed through inappropriate sources. We will work in partnership to address these, in a context in which additional needs have arisen as a result of Covid-19 that we need to meet effectively and successfully.

What are we planning to do / actions?

1. To deliver paediatric urgent and acute care at the right time, in the right place. Rochdale has a robust children's community nursing offer. This was supported by the paediatric nurse practitioner transformation project. We are planning to further improve this offer by:
2. Redesigning paediatric nurse practitioner pathways in line with 111/CAS and bookable appointments as direct deflection from urgent care
3. Design and implementation of new paediatric advice and guidance and rapid access clinics including review of respiratory and gastro pathways,
4. Implementation and evaluation of **MDT** model to address frequent flyers to paediatric urgent care
5. Design and implementation of new pathways and processes
6. Development of communication, information and education messages to support professionals and parental decision making

How will we know we have made a difference?

- Less children and young people will present at urgent care
- More GP's will utilise digital advice and guidance resulting in less referrals to secondary care
- Referrals to **CCNT** from primary care will increase so that children can be cared for in the home rather than hospital
- More children will receive support for respiratory and gastro conditions in the community
- Parental anxiety will reduce as a result of access to improved knowledge, education and single points of access.

Key performance indicators

- Reduction in urgent care presentations (annual reporting as seasonal trend from 2019/20)
- Reduction in non-elective admissions (hospital admission from 2019/20 baseline)

Priority 2 - Children and young people in our borough will aspire and achieve a better life through access to opportunities, learning and training

Areas of Focus: School readiness

Good Level of Development

Why is this important?

Giving every child the best start in life is crucial to closing the gap in health, education and social inequalities. Children's life chances are most heavily predicated on their development in the first five years of life. The foundations for virtually every aspect of development; physical, intellectual and emotional, are laid in early childhood. From birth to age 18 months, connections in the brain are created at a rate of one million per second. The argument for intervening early and maximising the impact of change in the first 1,001 days of a baby's life is a compelling one in light of the significant impact mental health needs have on parents, their children and the wider health and care economy.

Improving school readiness and achieving a Good Level of Development (GLD) at the end of early years foundation stage (EYFS), is likely to improve educational, personal and social outcomes for individuals and has economic benefits to society. The latest research identifies that gaps apparent in EYFS are likely to worsen as the child gets older with evidence indicating that supporting communication and language skills in children is likely to improve educational outcomes and wellbeing. Later interventions, although important, are considerably less effective when good early foundations are deficient.

Key priority

Our priority is to ensure that every child is supported to be ready for school with a GLD that meets national averages

What are we planning to do/actions?

1. Improve the completion and sharing of outcomes from assessments and interventions through digitisation. Implementing the GM Early Years app in partnership with parents for the ages and stages questionnaires (ASQ) and Well Comm assessments.
2. Continue to develop essential parent website as a source of consistent evidenced based information for parents, embedding the videos and content as part of a sustainable follow up from interventions with families.
3. Improve data analysis to review the effectiveness of interventions and involvement in the development of a school readiness outcomes framework that reflects the wide range of impacts on school readiness.
4. Review our 1,001 day pathway to ensure this is consistent with the latest research, evidence and is reflective of GM ante-natal pathway developments.
5. Continue to develop communication and language pathways through the implementation of parent child interaction communication group's quality assured by speech and language therapists.
6. Review our school readiness strategy and embed it within a whole family locality approach.
7. Continue to extend and embed the reception communication and language project through training and development, support and challenge to improve the good level of development. We need to ensure prioritisation of targeted groups within this programme and closely monitor the impact on improved quality of teaching and learning and outcomes for children.
8. Tracking of children from nurseries and private day care where they receive SEND support to ensure that school are able to plan and support their transition into school
9. Embedding the preparation for adulthood agenda across Rochdale so that form 14 school, service and families are planning for and supporting post 18.

How will we know we have made a difference?

- Parents will feel engaged and understand the role they play in their child's readiness for school
- Children's needs will be identified early with the right intervention provided by the right practitioner at the right time
- There will be an increase in children reaching age related expectations in assessments across the eight assessment stages of the early years delivery model to the end of the foundation stage
- Interventions will evidence through quality assurance that they deliver improved outcomes for children and families
- Communication and language skills will increase for children in the early years

- The percentage of children reaching age related expectations in ASQ assessments at 2 years
- Increased percentage of children achieving a good level of development at the end of the EYFS (to the position pre-Covid and subsequently close the gap to GM, North West and national averages)
- The percentage eligible take up of 2, 3 and 4 year old entitlement
- The percentage of group early years and childcare settings good or above.



Priority 2 - Children and young people in our borough will aspire and achieve a better life through access to opportunities, learning and training

Areas of focus: SEND

Why is this important?

Every child in Rochdale included in children with send should be supported to reach their full potential and acknowledge we have a number of areas for improvement. That stems across health and social care boundaries.

Key priority

We will continue to build on the success of the partnership in improving our approach over the last 2-3 years, by integrating our approach to meeting needs of children and families in the borough.

What are we planning to do/actions?

1. Agree joint SEND outcomes framework.
2. Undertake a SEND JSNA
3. Review 5 year SEND strategy
4. Implement a SEND integrated action plan
5. Integrate SEND services in order to improve experience and efficiency.
6. Develop and implement SEND alliance model.
7. Development and implementation of the joint social emotional communication pathway
8. Development around a new transforming care programme
9. Embedding the dynamic risk register across services and affective use of care, education and treatment review (CETR) process

How will we know we have made a difference?

- Children, young people and their families will receive the right support at the right time in the right place.
- Children will reach a good level of development at all stages
- Education and health care plans (EHCPs) will be of a high quality.
- Parents and carers will be involved at every stage of strategic planning
- Families will be resilient, well supported with coordinated care, navigated by a named professional.
- Less children with SEND will be excluded from school.
- Professionals will wrap around a family and work together in responding to the needs of the child and family in a personal centred, relational way.
- Improved experience of children, young people and families
- Young people have a documented transition plan in place before their 15th birthday

Key performance indicators

- Timeliness of assessment for EHCP (council and health)
- Timeliness of social communication and autism assessment
- Timeliness of assessment for therapeutic interventions (occupational health, speech and language therapy, physio, mental health)
- SEND exclusion data
- Educational achievement / outcome data

Transforming care for children and young people with complex autism and learning difficulties

Why is this important?

Too many children and young people with complex autism and learning difficulties are admitted to inpatient mental health wards because families are unable to cope and professionals are unable to respond effectively to complex behaviours or mental health needs. This often results in children being placed in hospital or residential care, often away from home and/or in high cost placements that are unable to improve the required outcomes. This also means that young people continue to require intensive care in to adulthood. The NHS long term plan has made a commitment to investment in this area of work. Rochdale will over the next 5 years roll out a programme of work called 'Transforming Care'.

Key priority

We will adopt a range of approaches to successfully meet the needs of children with autism and their families in partnership with families.

What are we planning to do/actions?

- We will develop a clear Transforming Care model
- We will implement an integrated programme of work which will ensure that children with complex autism and/or learning difficulties are supported in the community wherever possible.
- We will identify children at risk or family breakdown and ensure that a robust challenge process is in place to ensure that every alternative is considered to inpatient care.
- We will implement a range of projects including Ealing Model, keyworker function, PACT and Riding the Rapids (family and behaviour support), have a robust care education and treatment review (CETR) process and wrap around locality and prevention models to ensure swift, early, preventative approaches to responding to crisis.

How will we know we have made a difference?

- Children, young people and their families will receive the right support at the right time in the right place when a child's behaviours or a child or family's needs begin to escalate.
- Families will be resilient, well supported with coordinated care, navigated by a named professional.
- Less children and young people will require Tier 4 mental health provision or residential placements.
- Ensuring discharge from tier 4 is timely
- Professionals will wrap around a family and work together in responding to the needs of the child and family in a personal centred, relational way.
- Improved experience of children, young people and families
- Reduction of families seeking child, young persons to be accommodated Section 20 through affective community based support

Key performance indicators

- Reduction in tier 4 admissions for complex learning difficulties / autism
- Reduction in number of children placed in long term external residential placements
- Increase in number of children identified via dynamic support database

Priority 2 - Children and young people in our borough will aspire and achieve a better life through access to opportunities, learning and training

Areas of Focus: Achievement

We want all children and young people in the borough to achieve their full potential, enabled through the provision of and participation in excellent educational provision and wider opportunities for growth and development. Excellence in provision will ensure that children and young people are school ready, secondary ready and life ready. We want to nurture and enable children and young people to desire to learn, develop skills and participate in education, employment, and training on a continuum of learning and development.

Why is this important?

Educational achievement and participation in learning is strongly linked to positive outcomes. Children and young people who achieve through high quality educational provision and opportunities for learning and development in addition to effective support for their personal development and emotional well-being, are more likely to be employed and move independently into adulthood. Weak educational performance is a root cause of poverty which contributes to further problems such as inequality, poor health, and engagement in criminal activity.

Children and young people need to develop life and career management skills and strategies to take forward into adulthood. The landscape of having a portfolio career means it is likely that children and young people will have multiple jobs and several careers paths. They will need to learn how to manage that portfolio and have the resilience to navigate that landscape. Supporting children and young people at key transition point is important to their future success and to mitigate risk factors.

We know that there is there is now a new context caused by the effects of Covid-19 on the school population, how schools are managed and the impact on employment opportunities. There is national concern that the most vulnerable children and young people in our schools are at greater risk and that the gap between themselves and their peers has grown. We are not sure of the impact across our school system and as a low performing system this makes children and young people in the borough particularly vulnerable with potential significant impact on social mobility.

Key priority

We need to fully understand the impact of Covid-19 on educational performance, the quality of the school provision, and access and participation to good opportunities for further learning and development. To understand this, we need to consult partners, providers and children, young people and their families as well as reviewing outcome data. We need to use this intelligence/information to inform a strategy to 'build back better,' informed by our learning of positive and negative impact of Covid-19 on the holistic development of children and young people.

We will develop with the schools' system and partners through an education and skills board a school improvement recovery strategy. This strategy will be aligned with the GM education recovery strategy. We will identify system leaders in schools and education providers to influence peer to peer support and development against the key themes of;

1. Presence
2. Participation
3. Progress
4. Transition

What are we planning to do/actions?

1. We will continue to extend and embed the Rochdale communication and language project through training and development, support and challenge through the EYFS and key stages 1 and 2. This will be complimented through the development and implementation of a primary and key stage 3 reading strategy, as reading is the cornerstone for curriculum access
2. We will work with the system to implement evidenced based interventions for English and mathematics to accelerate pupil progress at all key stages
3. We will work with the secondary system to ensure that all secondary schools have an effective curriculum within key stage 3 and improve the weak areas of the English baccalaureate to ensure students are better placed for key stage 4.
4. We will implement the recommendations of the inclusion review in order to reduce exclusions.
5. We will continue to support and challenge schools, education and training providers to improve the percentages of young people who are in employment, education and training focussing determinedly to improve outcomes for vulnerable young people.

How will we know we have made a difference?

Positive impact against key performance indicators will evidence improvement. This will be triangulated with;

- What children and young people tell us through consultation
- Targeted quality assurance
- Inspection outcomes

Key performance indicators

- To recover outcomes at a good level of development at the end of the EYFS to the position pre-Covid and subsequently close the gap to GM, North West and national averages.
- To recover outcomes to the percentage of pupils meeting the expected standard in reading, writing and in mathematics at the end of key stage 1 pre covid and subsequently close the gap to GM, North West and national averages.
- To recover outcomes to the percentage of pupils meeting the expected standard in reading, writing and in mathematics at the end of key stage 2 and subsequently close the gap to GM, North West and national averages.
- Diminish the difference in the attainment 8 score for Rochdale's pupils to all pupils nationally.
- Diminish the difference in the progress 8 score for Rochdale's pupils to all pupils nationally.
- Diminish the difference in the attainment and progress for Rochdale's disadvantaged children and young people to national averages at each key stage.
- Diminish the difference in the attainment and progress for Rochdale's cared for children and young people to national averages at each key stage.
- Recover not in education, employment or training (NEET) rates to pre- COVID levels and look at monthly and annual comparisons.
- Increase the % of young people who are in education, employment or training at aged 19.

For more information please contact:

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Children's Services

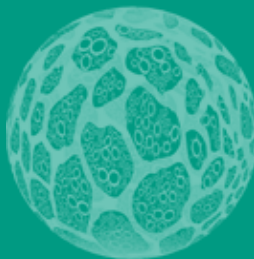
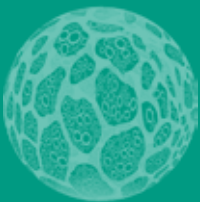
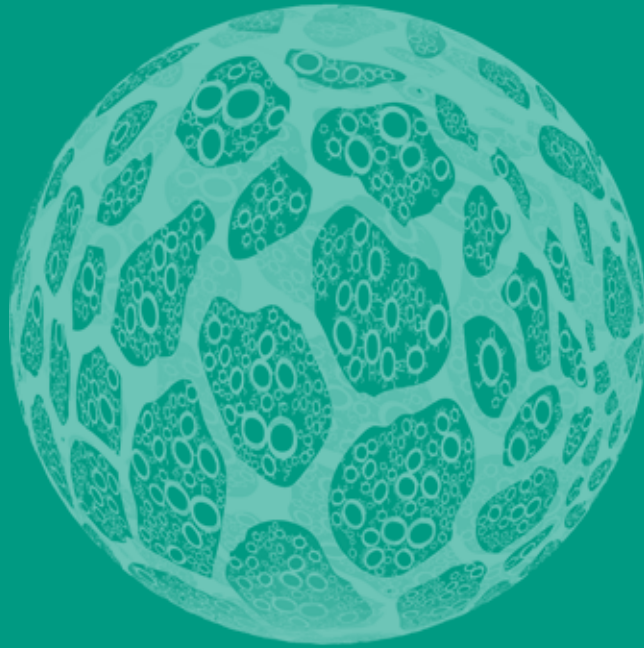
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