NEEDS ASSESSMENT OF CHILDREN AND YOUNG PEOPLE IN TAMESIDE

2006-7
2006-07 TAMESIDE’S NEEDS ASSESSMENT

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SECTION 1 - INTRODUCTION

1.1 BACKGROUND

1.1.1 The needs assessment undertaken in 2005 by Tameside’s Children and Young People Strategic Partnership provided the basis on which eleven joint priorities for children and young people in Tameside were agreed, and from which our first Children and Young People Plan for 2006-07 was developed. This new needs assessment document updates the work that was carried out in 2005. The report is structured around the Every Child Matters Outcomes framework, and provides a source of updated information on current needs and outcomes for children and young people in the borough.

1.1.2 Needs assessment is a key underpinning process for the development of the Children and Young People Plan as the strategic and overarching plan for children and young people in Tameside. It provides a platform for planning the pattern of services required to improve outcomes for children and young people in the borough. The task of mapping needs for all children in Tameside onto the outcomes framework is complex and challenging, and this current document does not set out to provide a complete picture of children and young people’s needs in Tameside in 2007. We describe below how we envisage this process developing over time, based on the further development of our integrated structures and processes in the borough as part of children’s trust arrangements.

1.1.3 This current document does however maintain and develop an evidence based approach to reviewing and planning the provision of services, based on a clear understanding of what children and young people need to achieve well-being in all aspects of their lives. It develops our understanding of those areas where we are currently meeting children’s needs well and those where further action is required to improve outcomes or to fill gaps in what is currently provided.

1.2 THE LOCAL CONTEXT TO NEEDS ASSESSMENT

1.2.1 The outcome sub-groups of the Tameside Children and Young People Strategic Partnership, based on the 5 ECM national outcomes, are key to the ongoing evaluation of outcomes for children and young people. Using analysis of performance data, feedback from children, young people and their families, and from partner agencies across the voluntary and statutory sectors they will help to determine the extent to which our current service configuration is succeeding in meeting needs effectively. Their work will be based firmly within an outcome based accountabilities framework, ensuring that the analysis of needs and outcomes is the key driver for how integrated services are planned and commissioned. This, combined with the analysis of trend data over time, provides us with key evidence for our local planning and priority-setting – a process which must be outcomes led and needs driven.

1.2.2 The Area Co-ordination arrangements now in place across the four areas in Tameside provide an additional complementary element to ongoing needs assessment,
providing a geographical perspective on the needs of children, young people and their families in the context of their communities and neighbourhoods. The four area approach will enable us to build up informed area profiles, supported by local consultation and engagement with children, young people and parents, from which targeted area plans for service co-ordination and delivery can be developed. These will take account of both the borough-wide needs assessment and the local context within which people live and work.

1.2.3 Comprehensive needs assessment has to be a dynamic rather than a periodic process driven solely by planning considerations. At the same time the periodic refreshment of children and young people’s needs is a key part of the Children’s Services improvement cycle, linked to the Annual Performance Assessment, and the review of the Children and Young People Plan. It is through this process that the efficiency and impact of our current service delivery against needs can be assessed, and necessary improvements planned.

1.2.4 The views of children and young people, and of parents, families and the wider community, are fundamental to arriving at a fully rounded assessment of needs. Within Tameside, the children and young people Participation Network co-ordinates the processes through which the views of children and young people are gathered, and fed into our evaluation and planning processes. Strategies are in place, which set out how the views of children and parents will be sought and used, and how consultation arrangements will operate. The Area Co-ordination arrangements will support consultation at local levels around the needs of children and young people in communities, to ensure that local considerations are fully reflected in our service co-ordination and development. There are also consultation arrangements in other areas of work such as Neighbourhood Renewal, Childrens Centres, and parental demand for childcare survey, Youth Service and others.

1.2.5 Data on the performance of current services are currently drawn from a range of sources across partnership agencies. The APA process provides a key set of data on service provision, and is regularly updated and reported. The Partnership outcome sub-groups will provide the means for a more comprehensive analysis of data, and the collation of evidence about the impact of local services. This will enable judgements to be made about our local achievement, relative to benchmark data from local, regional and national sources. Trends in performance and outcomes can be analysed over time and future needs anticipated, including gaps in existing service provision. This will get behind the data to understand the story, and through this process, and looking at what works elsewhere, will generate the ideas for improved service interventions.

1.3 DEVELOPING NEEDS ASSESSMENT IN TAMESIDE

1.3.1 Work is ongoing in Tameside, as in many other areas, to fully integrate local systems for needs assessment, strategy development and planning across all agencies. The Public Health Department within the PCT has a statutory responsibility in relation to health needs assessment for children and young people, and their work contributed significantly to the joint Needs Assessment published in 2005. A comprehensive set of data around children’s health needs is being developed, and the establishment of our joint commissioning team reinforces the shared responsibility for needs assessment across all agencies. The ongoing joint work to monitor progress in implementing the
National Service Framework for Children and Young people and Maternity Services forms a crucial additional part of assessing needs locally.

1.3.2 Developing needs assessment in the borough as a dynamic and robust underpinning element of our joint planning framework will take time to fully develop. Different groups of vulnerable children will require differential approaches to building up effective pictures of their needs. Consequently, it may not be productive to attempt to complete an annual assessment of needs for all children mapped against the 5 Every Child Matters outcomes, as this is unlikely to form an effective basis for planning.

1.3.3 For certain groups of vulnerable children and young people, a more focused needs assessment approach will be necessary. For instance, a detailed needs assessment in relation to children and young people’s mental and emotional health needs was completed for Tameside and Glossop in 2006, led by the PCT Public Health Department. This provided a robust evidence base on which the plans for developing local CAMH services have been based. A similar exercise is currently planned in relation to the needs of children with disabilities in order to inform the development and planning of the integrated single service, which is part of our strategy for this vulnerable group of children. Priorities for more ‘in depth’ needs assessment can be agreed on a partnership basis, and in this way a comprehensive picture of needs and the extent to which needs are being met over time will steadily be assembled.

1.3.4 In line with the change for children agenda, the aim is to increasingly focus resources on children most at risk of poorer outcomes, while at the same time securing earlier intervention and improved access to preventative services. These themes will inform the Joint Commissioning Strategy in 2007, which will build on the information and analysis of need outlined here and the continuing evaluation of performance undertaken through the Partnership Outcome subgroups. Through building up outcome data over time, and drilling down into service delivery when required, we are better able to evaluate the impact of local service delivery, and identify service development opportunities to improve outcomes for children, young people and their families.

1.3.5 The needs assessment material contained in this current document focuses largely on our existing 2006/07 data and performance indicator information, with analysis and commentary where appropriate. In preparing this document it has not been possible to fully integrate analysis of trend data over time, or to extensively look at relevant comparators or benchmark data. These elements will increasingly be incorporated as we build the needs assessment profiles through the work of the Partnership sub-groups, and further embed the views of children, young people and families about how needs can best be met.

1.3.6 The following sections of the 2007 needs assessment provide an overview drawn from existing data sets, and mapped against the national outcomes framework.

- An Executive Summary
- Demographic Information
- Being Healthy
- Staying Safe
- Enjoying and Achieving
- Making a Positive Contribution
- Achieving Economic Wellbeing
- Report Card against the 11 priorities for 2006/07
SECTION 2 – EXECUTIVE SUMMARY

2.1 Background

2.1.1 This needs assessment for children and young people in Tameside for 2006/07 updates the needs assessment completed in 2005. It provides a context for reviewing and developing the strategic Children and Young People Plan for 2007/08 and for considering what joint service priorities are required in order to improve outcomes for children and young people.

2.1.2 The document provides a baseline for how well current service performance is meeting needs and securing good outcomes. As services develop in line with the Change for Children agenda, the aim is to increasingly focus efforts on children who are most at risk of negative outcomes, and to secure improved access and earlier intervention.

2.1.3 Local area coordination of service delivery through the 4 area model will add to our understanding of needs, and provide opportunities in service design and delivery to achieve creative solutions at a local level. Participation in these processes by neighbourhood and community groups and through local consultation with children, young people and their families, is a vital part of building up a more complete picture of need and will ensure that services can be developed which meet the needs and aspirations of local people.

2.1.4 The 2006/07 needs assessment is structured around the five ECM outcomes and the 25 aims contained within the DfES Outcomes Framework. This provides a consistent model for evaluating service performance and impact, and maintains a consistency of approach for all our partnership work around self-assessment, including the Annual Performance Assessment and the Joint Area Review.

2.1.5 Additional attention is given to those groups of children and young people who are more vulnerable to poor outcomes. Two such groups covered in more detail are children and young people looked after, and children and young people with learning difficulties and/or disabilities. An underpinning value base supporting all our work on needs analysis is that of inclusiveness, recognising that young people of different age, gender, religious, cultural and racial groups, or young people with special needs, might all have needs specific to them and to allow their specific characteristics to be valued.

2.2 Current Position

2.2.1 The Children and Young People Plan 2006/07 identified eleven priorities agreed through the Children and Young People Strategic Partnership. A number of these priority areas are also included in Tameside’s Local Area Agreement for 2007-2010. The eleven priorities were based on an overall assessment of needs and outcomes for children and young people in the borough, and drew substantially on information contained in the needs assessment conducted in 2004/05.

2.2.2 A Report Card outlining progress in relation to the eleven priorities completed in January 2007 is attached, as an appendix to this current needs assessment. This demonstrates that significant progress has been made in securing improved outcomes.
for some of our most vulnerable children and young people. In some areas however, progress has been less evident and a renewed focus will be required to secure the sort of improvements that are needed.

2.2. There have been fluctuations in local birthrate in the past 5-10 years, and ONS projections show a steady local birthrate for the coming 15 years. The impact of social-economic disadvantages on children’s health and well being remains a key issue and continues to correspond significantly with poorer outcomes. The development of our Local Area Co-ordination arrangements will enhance our understanding of the impact of deprivation at local levels, and will increasingly inform our planning and targeting of services to help reduce inequalities for children and young people across the borough.

2.2.4 The views of children and young people were sought in a series of consultation events in the summer of 2006, broadly looking at the eleven priorities contained within the Children Plan, and also addressing children’s views on play opportunities. These contributions are summarised in the Positive Contribution section of the report, and illustrate some of the current perceptions and insights of children and young people in the borough. Some broad themes emerged, in that children and young people remain concerned about feeling safe, and having places to go with their friends. They expressed concerns about bullying, racism, and getting picked on or beaten up. They also said they had worries about sitting tests and doing well at school, and about the effects of smoking on their families. Disabled children said there were too few places where they were able to play alongside their peers, and while they like going to parks, it was often difficult or impossible to use the equipment there.

2.2.5 The information and analysis of data from this current needs assessment document broadly confirms the overall pattern of needs identified in 2005, and the subsequent priority areas that were agreed. The ongoing analysis of performance information, coupled with discussions with partners locally, has helped to build a picture of relative strengths and areas for development across the five outcomes. In addition the APA priorities conversation with Ofsted and others has helped to clarify areas in which further work is needed to secure improved outcomes. An overview of the current position is summarised below.

2.3 Being Healthy

Significant progress has been made in developing our CAMH services, but impact on improved outcomes is less evident, and further work on this is required.

Teenage pregnancy rates remain a significant challenge locally and suggest the need to review the impact of current intervention strategies.

Some progress is evident in relation to smoking, drugs and alcohol, and the impact of local services, but the need for continuing focused effort remains clear.

There is a need to maintain a clear focus on promoting healthy lifestyles for children and families, and to halt the rise in obesity in children under 11.

Good progress has been made in relation to the health of looked after children, and ensuring health assessments are completed on time.

The range of strategies to improve the health of young people across all agencies and delivered through children’s centres, schools, and elsewhere, is making a good contribution to children’s health.
The reorganisation of services for children and young people with disabilities has the potential to deliver more focused outcomes to users and carers, and a more detailed needs assessment for this vulnerable group will assist strategic service development. There is a need for parenting support services to be better focused and co-ordinated in relation to the impact of such provision on children’s mental health and emotional well being, as well as their ability to achieve improved outcomes across all the outcome areas.

2.4 Staying Safe

Performance in this outcome area has improved over the last 12 months and is now seen as good overall. Child Protection performance is good and numbers on the child protection register have fallen. However, there is a need to ensure that monitoring arrangements for safeguarding vulnerable groups of children are robust. Numbers of children looked after have fallen and adoption levels and performance have improved. However, concerns remains about the long-term stability of placements for looked after children and young people.

Initial and core assessments for children in need have improved, but further improvements are needed to reach comparator authority performance. There have been some significant improvements in children killed or seriously injured in road traffic collisions, but numbers are low and can be subject to significant variation. Further reductions are needed to meet agreed targets for 07/08. Concerns about bullying have emerged as a consistent theme from consultations with children and young people.

There is a need for work on the impact of domestic violence on children and young people to be better co-ordinated and for therapeutic services to be improved and further developed.

2.5 Enjoying and Achieving

Early Years provision and associated training and support is seen as a key strength of local service provision, with foundation stage work rated as exemplary practice. School standards are satisfactory compared to national averages, with good improvement at Key Stages 2, 3 and 4. Key Stage 1 test results are seen as an area for improvement, along with the proportion of pupils achieving higher levels at Key Stage 2. There has been progress on the underachievement of Bangladeshi boys since 2005, and there is improved attendance and attainment for looked after children and care leavers.

Progress on improving attendance and managing behaviour has been good overall, with both primary and secondary levels in line with national averages. Pupil exclusions had improved, but concerns have emerged more recently that numbers of exclusions may be increasing.

Progress on out of school activities, including sport and recreation activity, remains strong overall, with increasing numbers of children involved in such activities, and increasing provision being made through the extended schools programme. There is an appropriate level of differentiated provision and support for pupils, with learning difficulties and/or disabilities, and the proportion of children and young people with statements of special educational needs that make adequate progress has increased.
2.6 Making a Positive Contribution

Performance overall in this area is seen as good, with children’s needs being effectively met. There is effective, frequent and responsive consultation with young people, including minority ethnic groups. However, more targeted participation aimed at minority ethnic groups is required.

There are high levels of participation by young people in planning and managing services and activities, and good performance in schools in relation to behaviour, personal development and well being, and spiritual, moral, social and cultural development.

Performance in enabling vulnerable groups to contribute positively has improved, including young carers, looked after children, and young people in the youth justice system.

There are indications that school exclusions may be increasing and further action may be required to limit the incidence of permanent exclusions.

2.7 Achieving Economic Wellbeing

There is constructive and effective multi-agency working on the 14-19 strategy and young people are helped well to prepare for their working life. There is a need to continue to improve progression rates both to post-16 courses as well as to higher education.

Overall education, employment and training rates are good, and the needs of vulnerable groups are being effectively identified and met within the strategy. Figures for the percentage of care leavers in EET are still below those of statistical neighbours and the national picture.

Young people’s housing needs are effectively responded to, but there is a need to improve the monitoring of the quality of young people’s housing.

Overall, nearly 89% of all Year 11 leavers were in some form of education, employment or training at the end of 2005, compared to 85% in 2004. 80% were involved in accredited learning, compared with 76% in 2004. However, the gains appear to be made predominantly by girls as opposed to boys.

There is a need for an appropriate range of post-16 learning and work opportunities that meet the needs of leavers and secure retention, so that qualifications are achieved. Improved tracking of young people’s applications to education, employment and training is required to ensure that these are made on time and that fallback options are agreed and actioned.

2.8 Priorities for Action

The analysis of overall need and performance in addressing needs has resulted in an amended set of priorities for action from 2007-08 onwards. These are as follows:

- To reduce the rates of teenage pregnancy
- Continue to strengthen support for children and young people’s mental and emotional wellbeing through a comprehensive CAMHS
- Continue to raise attainment in all Key Stages with a strong focus on under-attaining groups and schools
- Improve attendance and inclusion outcomes in targeted schools
• Increase the proportion of young people moving into education, training and employment
• Improve children and young people’s health outcomes, including a reduction in obesity and substance misuse, through the promotion of healthy lifestyles.

In addition to the above key priorities we will;
• Continue to work hard to reduce the impact of domestic abuse on children, improve the stability of placements for looked after children and ensure that safeguarding issues are kept high on the agenda.
• Develop integrated services for children with disabilities
• Develop a comprehensive and well publicised range of support for parents.

SECTION 3 - TAMESIDE’S POPULATION

3.1.1 Tameside’s overall population is growing according to the Office of National Statistics and it is predicted that Tameside’s population will continue to grow and that by 2028 it will have risen by 4.5%. There is a similar pattern to the rest of the country with a predicted growth in the proportion of older people in the overall population. The 20 to 29 year olds have the fewest number of people, suggesting an outward migration to university and work opportunities beyond Tameside. However, it is notable that the population for those aged between 30 and 60 is more stable with people choosing to stay or return to Tameside to settle.

3.1.2 However, in line with 2005 needs assessment, projections continue to show decreases in the younger aged population (based on birth rates projections). For example, those in the 10-14 age group are expected to decrease 14,500 in the year 2006, to 13,4000 by the year 2010, which verifies that different sections of the population are likely to experience different rates of growth. The age structure of the Pakistani and Bangladeshi population within Tameside is much younger than for other groups and the birthrate is higher than the Tameside average.

3.1.3 Currently it is estimated that 49% of Tameside’s population is male and 51% is female. Midyear population estimates from ONS 2004 for Tameside reveal that out of a total population of males; 1.3 % are aged under 1 year, 4.7% are aged under 1-4 years, 6.6% are aged under 5-9years, 7.4% are aged under 10-14 years, 7.3% are aged under 15-19years, with5.8% aged 20-24 years. This is much the same for females with 1.2 % are aged under 1 year, 4.5% are aged under 1-4 years, 6.3% are aged under 5-9years, 7.0% are aged under 10-14 years, 6.93% are aged under 15-19years with5.7% aged 20-24 years.

3.2 CHILDREN’S POPULATIONS BY AREA

3.2 Total

3.2.1 Ashton Hurst, Ashton Waterloo, Ashton St Michael, Ashton St Peter (11193):
Mossley, Stalybridge North & South, Dukinfield/Stalybridge Dukinfield (13473): Hyde
3.2.2 Within Tameside there are some differences in the population between areas. For example the ward with the highest proportion of children aged 15 and under is Stalybridge North (21.6%) while the ward with lowest proportion of children aged 15 and under is Mossley (17.3%). Denton West also has the lowest rate of people aged in their 20s (9%) and Ashton St Peters has the most (14.7%). With the exception of Denton South and Denton West, in all Tameside’s wards young people out populate older people by a sizeable margin.

3.3 BME children and young people population in Tameside

3.3.1 In 2003, the black or minority ethnic (BME) population in Tameside stood at 6.28%. This is a lower rate than for Greater Manchester overall, but greater than in Stockport, Wigan and Salford. The largest non-white ethnic group in Tameside is Asian (4.31%), predominantly people of Indian (1.45%) Pakistani (1.41%) and Bangladeshi heritage (1.27%).

3.3.2 There are no new figures to accurately estimate the change in the breakdown of ethnic populations at a ward or neighbourhood levels but the 2001 Census told us that in 12 of the 19 wards in Tameside less than 5% of the resident population categorised their ethnicity as nonwhite. The BME population within Tameside varies greatly geographically and in composition. In Ashton St. Peters the BME population accounts for 24% of the ward population, whereas in Longdendale this proportion is only 1.5%. The 2001 Census observed that Tameside’s Bangladeshi community is concentrated around the three Hyde wards where 74.6% of all Bangladeshis in Tameside live. As a proportion of the entire population of Hyde, however, the Bangladeshi population represents only 5.4%. Tameside's Indian and Pakistani communities live predominantly in the four wards of Ashton. Over three-quarters of Tameside’s Pakistani population live in Ashton but they comprise less than 5% of Ashton’s residents. A high proportion (72%) of the Indian population also live in the Ashton area, but again they only comprise around 5% of the population.

3.4 Tameside’s pattern of religion

The pattern of religion across Tameside’s wards follows the pattern of ethnicity. The greatest variation between wards within Tameside is in the location of those who identify themselves as Muslim or Hindu. Three-quarters of the Hindu population in Tameside live in the Ashton wards and make up 5% of the population in those wards. Ashton and Hyde wards are home to 85% of the Muslim population in Tameside, almost 6% of the total population in those wards. Three-quarters of the Tameside population identified themselves as Christian. This proportion is higher than in England and Wales as a whole but lower than the North West average. The proportion of Tameside residents who state that they do not have a religion or that they do not wish to disclose that religion is greater than the North West average.

3.5 Children who are ill or chronically sick or with disabilities

In terms of numbers of children who are ill or chronically sick or with disabilities, 430 are aged 0-4 years (3.4% of total population), 1,630 are aged 5-15 years (4.9% of total
population), 311 are aged 16-17 years (5.5% of total population); 271 are aged 18-19 years (5.6% of total population) with 807 aged 20-24 years (7.2% of total population).

### 3.6 DEPRIVATION IN TAMESIDE

3.6.1 Indices of Deprivation index rank small areas of deprivation nationally, producing a comparative measure across England for seven themed domains. A combination of these domain scores gives a single Index of Multiple Deprivation (IMD). The areas ranked are smaller than wards and are known as Super Output Areas (SOAs). There are 141 SOAs in Tameside and 11 of these are within the top 5% most deprived SOAs nationally (i.e. that is ranked higher than 1624 out of all 32482 SOAs in England).

Figure 13. Regeneration Areas and Deprivation in 2004

![Map showing regeneration areas and deprivation in Tameside in 2004](image)

for Average Score and Average Rank, 53rd for both Rank of Extent and Rank of Concentration. Tameside was 54th for Income Deprivation and 54th for Employment Deprivation.

3.6.3 The IMD suggests the most deprived areas of Tameside are within the central Ashton wards, the Haughton area of Denton and parts of Hyde and Hattersley within Hyde Godley and Longdendale wards, but there are also pockets of relative deprivation within all Tameside’s towns. This means that on the whole Tameside does not face widespread and acute deprivation across the entire area, but, as examination of Super Output Area rankings bears out, does contain a number of highly deprived neighbourhoods that face inequalities in opportunities and attainment.
3.6.4 Taken from the 2001 Census data, we know that 28.567 thousand (31.75%) of the population are households with dependent children. 10,586 thousand (11.76%) of the population are households with dependent children aged 0-4.

### 3.7 ADDRESSING DEPRIVATION

3.7.1 In order to combat deprivation and its effects, several of the most deprived areas in Tameside have been designated as regeneration areas. In these areas regeneration resources are targeted to address the combination of factors causing deprivation. Neighbourhood Renewal Fund and the Safer and Stronger Communities Fund are currently the main funding programmes for these areas.

3.7.2 The Tameside Neighbourhood Renewal Strategy’s largest two priority zones are the Ashton Regeneration Area and Hattersley. These are joined by a set of smaller neighbourhoods including Smallshaw and Denton South. Different approaches have been developed to address the deprivation in these areas. Neighbourhood Renewal Funding will be used to address regeneration in Ashton and Hattersley as well as the other priority neighbourhoods of Ridgehill, Newton and Droylsden East. Smallshaw and Denton South have SOAs within the 3% most deprived and have subsequently attracted Safer and Stronger Communities funding for both Neighbourhood and Cleaner, Safer Greener elements. Other relatively deprived areas of Tameside receive regeneration funding in other forms, such as Surestart or as part of New Charter Housing Association regeneration initiatives.

3.7.3 Young people have been a priority for neighbourhood renewal in Tameside and continue to be identified by local residents as a need. The Regeneration Partnerships commission work from a range of providers. The national floor targets include improving educational attainment; reducing teenage pregnancy; reducing child pedestrian casualties; and reducing worklessness.
4.1 CHILDREN AND YOUNG PEOPLE ARE PHYSICALLY HEALTHY

4.1.1 Infant mortality
The longer-term trend in infant mortality has continued to be downward. It fell considerably in 2004 from the previous year, and was once more below the averages for the North West and England and Wales. The rates are susceptible to some variation due to the relatively few number of incidences in Tameside. The rate was calculated from fewer than 20 observed events. The most recent data for 2005 is 3.80, which is not shown in the figure below. The average for Tameside’s statistical neighbours is 5.30

Figure 1. Infant Mortality in Tameside

Source: ONS Vital Statistics 2004

Infant mortality: is also being tackled by reducing smoking during pregnancy. In Tameside 25% (n712) of mothers who we know to be smokers at the time of delivery against the number of maternities

4.1.2 Palliative care
For some children with complex needs their medical condition means that they do not survive to adulthood, and require supportive and palliative care leading up to their death. The Association for Children with Life-threatening or Terminal Conditions and their Families (ACT) and The Royal College of Paediatrics an Child Health have prepared “A Guide to the Development of Children’s Palliative Care Services” which includes estimates of the number of children who need palliative care services. About half of all children who die from conditions other than cancer require palliative care, and most of those who die under the age of 1 year.
Deaths from non malignant conditions as a percentage of all deaths requiring palliative care: 2001-4; derived ONS Mortality Database figures

<table>
<thead>
<tr>
<th>Age group</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 year</td>
<td>92%</td>
</tr>
<tr>
<td>1 to 4 yrs</td>
<td>44%</td>
</tr>
<tr>
<td>5 to 9 yrs</td>
<td>43%</td>
</tr>
<tr>
<td>10 to 14 yrs</td>
<td>47%</td>
</tr>
<tr>
<td>15 to 19 yrs</td>
<td>54%</td>
</tr>
<tr>
<td>0 to 19 yrs</td>
<td>54%</td>
</tr>
</tbody>
</table>

The expected number of deaths per year is less than 10 in Tameside, and the number in need of palliative care about 40.

Estimate of the number of deaths in population the size of Tameside.

| All deaths | 8 |
| Cancer     | 3 |
| Heart disease | 2 |
| Other life-limiting conditions | 3 |

Estimate of the number of children with a life-threatening condition in population the size of Tameside.

| Children with a life-threatening condition | 68 to 85 |
| Children with a life-threatening condition and in need of active palliative care | 34 to 43 |

4.1.3 The proportion of 0.19 year-olds with infectious diseases

4.1.3.1 Under18 year-olds admitted to hospital with asthma

<table>
<thead>
<tr>
<th>YEAR</th>
<th>AGE GROUP</th>
<th>&lt;16</th>
<th>16-18</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/04 Total</td>
<td>193</td>
<td>14</td>
<td>207</td>
<td></td>
</tr>
<tr>
<td>04/05 Total</td>
<td>168</td>
<td>15</td>
<td>183</td>
<td></td>
</tr>
<tr>
<td>05/06 Total</td>
<td>127</td>
<td>7</td>
<td>134</td>
<td></td>
</tr>
<tr>
<td>Apr - Oct 06/07 Total</td>
<td>92</td>
<td>1</td>
<td>93</td>
<td></td>
</tr>
</tbody>
</table>

In total, 134 under 18 years were admitted to hospital with asthma in 2005/06 compared to 207 in 2003/04.
4.1.4 Emergency hospital admissions and immunisation rates

There has been a steady decrease in hospital admission for under 16 years old in the last few years. Last year there was almost a 50% reduction than in the previous year.

Immunisation rates have improved so that by their 2nd birthday 95% of children had received immunisation against diphtheria, whooping cough, tetanus, polio and meningitis. c. 89% had received immunisation against mumps, measles and rubella.

4.1.5 Oral health in children.

4.4.1 Poor dental health causes avoidable pain, sepsis and disfigurement. It can lead to a restricted diet and loss of social confidence. Social class has an impact on the level of decay experience. The ONS report on the health of children and young people (ONS 2004) shows that nationally 40% of children from manual background experience caries, but only 16% of children from non-manual backgrounds. The geographical distribution of tooth decay among five year olds in the population is similar to that of deaths from coronary heart disease and lung cancer.

4.1.6 Number of decayed/ missing/ filled teeth in children aged 5, 12 and 14 locally

Levels of tooth decay in Tameside and Glossop show a similar picture. The last census survey carried out in 1999 allowed comparison by area. However, differences in dental health are seen within these areas, where populations of children are defined by school localities. In Hyde for example, caries levels at one school were extremely low at 0.78 decayed missing and filled teeth (dmft); (prevalence 22%) whilst another school only a few hundred yards away, reached 4.64 dmft; (prevalence 45%). This again highlights the inequalities in dental health that exists between young children in Tameside & Glossop.

4.1.7 The most recent survey of the dental health of five year olds in Tameside and Glossop (2003-4 provisional results) found that more than half (52%) had suffered from tooth decay compared to 40% in the UK as a whole. On average 5 year olds in the PCT area have 2.5 teeth decayed missing or filled, compared to 1.4 nationally. There has been no change in the dental health of young children since the first survey in 1985. This mirrors the regional trend where decay levels still remain at 2.16 decayed, missing or filled teeth (dmft); prevalence 50%, whereas the national level has fallen slightly from 1.68 dmft; 43% prevalence in 1997 to 1.52 dmft; 40%
prevalence in 2001. These differences are insignificant however when compared with the improvement in dental health of teenagers.

4.1.8 The Bangladeshi children in the Greenfield area of Hyde have particularly poor dental health when compared with other children but there is an indication from these results of a trend towards improvement. An interim examination of pre-school children participating in a pilot scheme targeting oral health advice to mothers of young children would indicate that this improvement is continuing. St Peters, one of the 10% most deprived wards in the country also has significant Bangladeshi and Pakistani populations but comparative data is not available for these children’s dental health. However in 2001 80% of five year olds in Holy Trinity primary school and 73% in St Peter’s were affected by tooth decay compared to an average prevalence for Tameside and Glossop of 50%.

4.1.9 Since the first surveys were carried out in the early 80’s, the proportion of teenagers with dental decay has fallen from 83% to 50% in 12 year olds and 84% to 65% in 14 year olds. This is a marked improvement.

4.2 CHILDREN AND YOUNG PEOPLE ARE MENTALLY AND EMOTIONALLY HEALTHY

4.2.1 Locally, the mental well being of children and young people is one of eleven priorities that have been agreed by the Children and Young People’s Strategic Partnership and form the basis of the Children and Young Peoples Plan. The Children, Young People and Maternity Service National Service Framework 2004 (NSF) sets a challenging agenda to develop comprehensive CAMH services by December 2006.

4.2.2 In Tameside, we are on target for achieving a comprehensive CAMHS service as shown in the table below.

<table>
<thead>
<tr>
<th>Child and adolescent mental health services (CAMHS):</th>
<th>Achieving</th>
</tr>
</thead>
<tbody>
<tr>
<td>commissioning increased services</td>
<td></td>
</tr>
<tr>
<td>Data ratified</td>
<td></td>
</tr>
</tbody>
</table>

- Improve life outcomes of adults and children with mental health problems by ensuring that all patients who need them have access to (crisis services by 2005, and) a comprehensive child and adolescent mental health service by 2006:
  i) a needs assessment should exist for the PCT population, meeting the requirements set out in ’A Comprehensive CAMHS’;
  ii) the percentage increase in budgeted expenditure on CAMHS in 2005/2006 by the PCT against expenditure in 2004/2005.

Q1 Does the PCT have a CAMHS needs assessment? YES
Q2 Has this needs assessment been created or updated since April 1st 2004? YES
Q3 Does the assessment cover the full geographic area of the PCT? YES
Q4.1 Does the assessment include local epidemiological information on the prevalence of children’s mental health problems? YES

Q4.2 Does the assessment include assessment of the needs of particular groups of children or young people who are at risk or vulnerable or those who don’t ordinarily find it easy to access services, e.g. black and minority ethnic groups? YES

Q4.3 Does the assessment include an audit of services currently provided, both directly and indirectly? YES

Q4.4 Does the assessment include an analysis of current service usage? YES

Q5 Have the views of stakeholders been considered? YES

Q6 Is the needs assessment part of a multi-agency CAMHS strategy? YES

Investment 2005/2006: £1,070,929
Investment 2004/2005: £931,441
% Change in investment: 14.98%

How the Indicator will be measured

1) Existence of up to date needs assessment. Info collected via SHA, DoH will be issuing a questionnaire
2) Increase in investment in tier 2 - 4 CAMHS in 2005/2006 compared to 2004/2005. Total PCT budget for tier 2 - 4 CAMHS in each year is obtained by summing budgets for which the PCT is identified as a commissioner of all service providers in the 2005 CAMHS mapping exercise.

Source: Healthcare Commission Indicators 2005/06

4.2.3 Prevalence of 5-18 year olds experiencing mental health problems

Extrapolations from national data suggest that 1600 5-10 year olds and 1700 11-15 year olds in Tameside and Glossop could be expected to be suffering from a mental disorder.

The numbers 16-18 year olds suffering from mental health difficulty is estimated to be between 2700-4000 (20%), those suffering from mental health problems between 1350-2000 (10%) and those suffering from mental/psychiatric illness approximately 134 (2%)

4.2.4 BME Children and Young People

National data shows that young people from Asian backgrounds have a lower incidence of mental health problems than the population as a whole. However there may be particular issues for young people from these communities such as conflicts between family and cultural expectation and the influences of the Western society in which they are growing up. An audit of services showed that in Tameside take up of services by ethnic minority groups was 1.47% of the child population designated as “White”, 0.88% of those designated at “Mixed” and just 0.46% of those designated as “Asian”. The Action Plan for mental health services produced as part of the Ethnic Health Strategy proposes: ethnic monitoring, cultural competency audit, increasing the ethnic representation of the workforce and better availability of information.

4.2.5 Children In Need

About 250 Children in need in Tameside are aged 16-18 years old.
Main factor contributing to Referral of Child in Need in Tameside: 124 had factors of parental mental illness

4.2.6 Young Offenders

The mental health problems within families of offenders are often significant (in that very often the parents have mental health difficulties and the children are already showing signs of behaviour problems). The Indicator 1041YJ measures the referral of juveniles manifesting both acute and non-acute mental health difficulties to CAMHS.
4.2.7 DEATH RATES FROM SUICIDE AND UNDETERMINED INJURY.

Data is currently unavailable. However research suggests that these are very small numbers.

4.3 CHILDREN AND YOUNG PEOPLE ARE SEXUALLY HEALTHY

4.3.1 Teenage pregnancies within Tameside
The graph above shows our local knowledge of up to date data for teenage pregnancy. Although there shows some downward trend in March 2006 with the number of conceptions at 58, this must be noted with caution as previous years have similarly shown smaller numbers in the first quarter of the year.

Data described hereon in is that for the period 2001-2003 based on Tameside Wards. The Teenage Pregnancy Unit (TPU) has used the estimated ward populations from 2003 figures to calculate the rates per 1000 females aged 15 to 17 for the 2001 census ward boundaries.

4.3.2 The map at Figure 5 shows the areas of Tameside that face the most acute deprivation according to the 2004 Index of Multiple Deprivation. Overlying the geographical spread of deprivation is the latest teenage pregnancy rate for each ward. It would be expected that the highest rates would broadly coincide with the darker green areas, and indeed Ashton St Peters and Denton South are deprived wards with higher rates of teenage pregnancy. However Stalybridge North does not face such high deprivation scores, but is also a ward with a higher rate of teenage pregnancy.

4.3.3 It would be helpful to note that some characteristics of wards may have an affect on the conception rate in the area. For instance, Hyde Godley and Hyde Newton have considerable minority ethnic populations. In some ethnic minority communities, many women under the age of 18 are in a stable relationship or married where it is the norm for them to become pregnant and start a family. Or, the higher teenage pregnancy rate in some wards may reflect the differing cultural communities within them where, in some cases, it is more customary for women to marry and have children at an earlier age.
4.3.4 Tameside has in place a 10-year strategy to reduce teenage conceptions by 50% by 2010 and increase the number of teenage parents in training, education and employment by 60%.

4.3.5 Teenage pregnancy is one of eleven priorities, which have been agreed by the Children and Young People’s Strategic Partnership and form the basis of the Children and Young Peoples Plan.

4.3.6 Teenage pregnancy figures are analysed for both under-16s and under-18s. Calculating the conception rate per 1000 young women aged 13-15 provides the rates for under-16s and for under-18s the rate is calculated per 1000 15-17 year olds.

4.3.7 Data for under-18 conceptions at Borough level are published approximately 14 months after the end of the period to which they relate. Official data relating to under-16 conceptions and ward data is only available 3 years in arrears.

4.3.8 Teenage pregnancy rates are based on low numbers of conceptions and so it is appropriate to note the confidence interval when considering the Tameside figures.

4.3.9 Conceptions to girls under 16

The latest figures available for conceptions for girls aged under 16 are from 2003. In 2003 there was just one additional conception when compared to 2002. This accounted for the slight rise in the rate for under-16s from 8.1 to 8.3 conceptions per 1000 young women.

4.3.10 As the graph at Figure 2 shows, the rate for Tameside remained slightly above the rate for England. The relatively low number of conceptions (38 in 2003) means there is a wide confidence intervals in means that the Tameside figures are subject to wide confidence intervals, and the difference from the national figures is not significant.
4.3.11 Conceptions to girls under 18

The most recent figures available for conceptions for teenagers aged under 18 are from 2004. The 2004 figures show the most significant decrease in the rate since 1998. The rate per 1000 females aged 15 to 17 fell from 56.9 in 2003 to 53.9 in 2004. Although we can expect to observe some variation in the figures due to the relatively small numbers involved (254 pregnancies in 2003 and 246 pregnancies in 2004) it is encouraging to see the rate fell in 2004 after several years of increase. This decrease was against the wider trend for Greater Manchester and the North West where rates rose slightly in 2004.
4.3.12 The figures for Tameside have returned to a level approximate to the 1998 baseline. There has been only 0.6% increase in the rate since 1998, although the margin for error means that the percentage change could be as low as -15.8%.

Figure 5. Percentage change in rate of under-18 conceptions 1998 - 2004

Source: Teenage Pregnancy Unit

4.3.13 Sex and Relationships

Relatively high rates of teenage conception and sexually transmitted infection among young people in Britain have focused attention on early sexual behaviour and its determinants.

4.3.14 Locally, Year 10 pupils were surveyed to ascertain the influence alcohol has on their sexual activity to provide a local picture of sexual activity amongst pupils. Approximately one third (32%) of pupils reported that they had had sexual intercourse. This can be compared to a survey carried out among Year 10 pupils in Rochdale (neighbouring borough) in which 32% of respondents had also had sexual intercourse.

4.3.15 National data from 2001 (20) showed that 26% of women and 30% of men reported having sex before they were 16. The results suggest that sexual activity amongst Year 10 pupils in Tameside is slightly higher than the national average, but comparable with neighbouring boroughs.

Source: Teenage Pregnancy Unit
43.16 Approximately a quarter (23%) of pupils that have had sexual intercourse did not use protection / contraception. Research has shown that young people under the age of 16 are the age group least likely to use contraception.

4.3.17 A large proportion of pupils that have had sex have done so under the influence of alcohol (62%). There is evidence that young people combine alcohol and sex, especially prior to their first sexual experience (13). In one survey of 14-20 year olds, alcohol is identified as the main reason for their first sexual experience for 20% of young men and 13% of young women (13). It is clear that a large number of pupils (40%) do not use protection when having sexual intercourse under the influence of alcohol. This can be compared to the result of 11.3, which showed that 23% of pupils that have had sex did not use contraception, and shows that the use of contraception is less likely if pupils drink alcohol.

4.3.18 Alcohol Concern have suggested that young people combine alcohol and sex and that a link exists between sexual activity and unsafe sex, which has implications for both teenage unwanted pregnancies and sexually transmitted infections including HIV.

40% of pupils that have had sex under the influence of alcohol were too drunk to use contraception, showing that alcohol affects pupil’s decision-making skills. With 34% of pupils saying that they had no protection / contraception available there is clearly the need to increase awareness of the availability of free contraception to young people.

A large number of pupils that have had sex under the influence of alcohol regret it (38%). This raises concern about alcohol reducing pupil’s capability to say no. Pupils clearly need to understand the problems associated with drinking alcohol and the impact it can have.

4.3.19 With 32% of Year 10 pupils sexually active and 23% of those pupils stating that they did not use contraception there is a need for further education about the dangers of unprotected sex. Pupils who drink alcohol are seen to be more sexually active than pupils who don’t and those who have sex are less likely to use contraception.

4.4 CHILDREN AND YOUNG PEOPLE HAVE HEALTHY LIFESTYLES

4.4.1 Breast-feeding rates

Infant mortality is being tackled locally by increasing breastfeeding initiation rates. This is part of the strategy to reduce health inequalities by 10% by 2010 (from a 1997/1999 baseline) as measured by infant mortality and life expectancy at birth. Tameside and Glossop PCT had agreed to stretch targets of 48.1%. In Tameside, the % of mothers who we know to have initiated breastfeeding against the number of maternities is 48.2% (n1376), therefore the target is achieved. However, a high percentage of mothers with breastfeeding status not known, 6.1%, may impact upon performance against this indicator.

4.4.2 Participation of 5.16 year-olds in physical education (PE) and school sport
4.4.3 0-5 year olds
Over the last three years 4,500 people have taken part in local physical activity sessions for 0-4 year-olds and their families delivered by Hyde SureStart and Sports Development. The pilot promotes bonding, attachment and improved health and fitness, and dovetails with the KS1 Coaching in Schools scheme.

4.4.4 5-16 year old
The PESSCL survey provided a figure of 75% of all young people (June 06). This survey is repeated annually which shows how many times per week does this age group do a 30-minute session of activity that’s hard enough to make them out of breath.

In 2006, base: All respondents (1730) reported the just under 3 in 4 (73%) take part in physical activity at least 3 times a week.

Source: Youth Survey

Just under 3 in 4 (73%) take part in physical activity at least 3 times a week

Boys (76%), Girls (73%)
HHL (70%), DDA (73%)
Ashton (69%), DSM (77%)
White (74%), BME (58%)
4.4.4 Nutrition

In terms of nutrition, the year 10 survey asks how many portions of fruit or vegetables do they eat in a day. Base: All respondents (1730) In 2006, just 18% eat the recommended 5 portions of fruit or vegetables a day. (Source: Youth Survey)

4.5 CHILDREN AND YOUNG PEOPLE - SMOKING, DRUGS AND ALCOHOL

4.5.1 SMOKING

Each year in the UK, smoking is responsible for more deaths than any illegal drug. Care needs to be taken to educate pupils about the different health risks associated with smoking. Respiratory diseases are well documented but it is not always common knowledge that men who smoke increase the risk of impotence. Women who smoke during pregnancy can increase the risk of a miscarriage and smoking can also lower the birth weight of their child.

4.5.2 A national target to reduce smoking among children was set in ‘Smoking Kills’, A White Paper on Tobacco (1), and is measured against a 1996 baseline for 11-15 year olds. The target is:

‘To reduce smoking among children from a baseline of 13% in 1996 to 9% or less by the year 2010’

To provide a picture of smoking habits in Tameside and see how they compare with previous data and national trends, Year 10 pupils were asked eleven questions on their smoking habits.
4.5.3 40% of the Year 10 pupils sampled have never smoked: 21% have tried smoking once or twice: 15% of smokers would like to give up: 11% of the sample used to smoke but do not now, 27% of the sample currently smoke, and 72% are non-smokers.

4.5.4 A significant increase in the numbers of non-smokers in recent years can be seen and could be linked to increased awareness among pupils of the dangers of smoking.

4.5.6 A survey of children as they move from primary to secondary school found that they are more likely to start smoking around this time. During this period they are most vulnerable to family, peer and social influences. 5% of pupils that smoke had their first cigarette between the ages of 5 and 8 years. The majority (83%) had their first cigarette between of 9 and 13. 13% first smoked between the ages of 14 and 15.

4.5.7 Addiction, enjoyment and choice of friendship groups appear to be the main reason that pupils smoke.

4.5.8 The most popular form of support for pupils who want to stop is one to one support. Over a quarter of pupils (27%) would choose someone in school for support to help them stop smoking. This highlights the importance of education and support in schools. Specialist smoking cessation workers were also a popular choice (26%) of support, of the pupils that smoke, 32% claim that their parents smoke themselves.

4.5.9 DRUG

Nationally, The UK 10 year strategy for tackling drug misuse “Tackling Drugs to build a Better Britain” was published in April 1998. One of the key objectives of the strategy was: “To help young people resist drug misuse in order to achieve their full potential in society”

4.5.10 Locally, Year 10 pupils were asked to answer fourteen questions about drugs to provide a clear picture of the current trends in Tameside. The list of drugs included a mythical drug called ‘Penodil’ which served as a measure of students’ honesty.

4.5.11 The graph and table below compare the percentage of pupils that class specific drugs as dangerous in 1997, 1999, 2001 and 2006. The data shows that Ecstasy is now perceived as being less dangerous than it was in 1997 and 1999 but slightly more dangerous than in 2001. With the exception of Methadone and Penodil (the dummy drug) all drugs are perceived as more dangerous in 2006 than they were in 2001. Cannabis is rated as the least dangerous drug.
4.5.12 The number of pupils that have been offered at least one drug altered from 57% in 1997 to 54% in 1999 to 63% in 2001 and then reduced to 53% in 2006. In the National survey among young people in England in 2004 (9), 61% of pupils were found to have been offered drugs by the age of fifteen, placing Tameside below the national average.

4.5.13 The most common drug offered to pupils was found to be Cannabis. This conforms to previous surveys in Tameside and the national survey 2004, where Cannabis was also found to be the most commonly offered drug.

4.5.14 The number of pupils claiming they have been offered Penodil was 3% in 1997, 4% in 1999, 14% in 2001 and 1% in this study. This gives an indication of pupil’s honesty in completing the survey.

4.5.15 The prevalence and use of drugs in school was found to be the lowest ever recorded by the survey. This would suggest that drug education has been proactive and vigilant in maintaining and further discouraging drug use since the last survey. Drug policies should provide the framework for education programmes and give clear guidelines for responding to incidents involving drug use.

4.5.16 Tameside Local Authority needs to continue to coordinate a unified response to help schools make appropriate responses to incidents involving drug use. Pupils clearly feel that receiving drug information at an earlier age would help influence...
their decision whether to use drugs. The use of drugs is clearly linked to peer
influence and friendship groups.

4.5.17 Conclusions from the findings suggest that Cannabis is regarded as safe to
take by 29% of pupils and is clearly the most available drug to Year 10 pupils in
Tameside. The most dangerous drugs are perceived to be Heroin, Cocaine and
Ecstasy. The use / possession of drugs in school is clearly decreasing in Tameside
suggesting that drug polices are having an impact.

4.5.18 Drug related mental health and behaviour problems

4.5.19 Joint work carried out with school drug Advisers, Branching Out and BEST
to provide education, support and advice around drugs and alcohol misuse showed
to date 315 young people have accessed Tier 2 support, and 157 have accessed
Tier 3. PRU pupils have access to a dedicated CAMHS worker

4.5.20 Youth Offending related mental health and behaviour problems

4.5.21 15 young people assessed by YOT as manifesting acute mental health
difficulties in 2004, 6 in 2005 and 7 in 2006. Those manifesting acute mental health
difficulties in 2004 were 23 young people, 13 in 2005 and 12 in 2006.

4.5.22 Substance Misuse:
The proportion of young offenders receiving substance misuse assessments and
interventions

<table>
<thead>
<tr>
<th></th>
<th>Tameside</th>
<th>Statistical Neighbour</th>
<th>National</th>
<th>Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Over time (a)</td>
</tr>
<tr>
<td>1042YJ - The proportion of young people with identified substance misuse needs who receive specialist assessment within 5 working days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul-Sep 2004</td>
<td>100.0%</td>
<td>84.0%</td>
<td>75.0%</td>
<td>-</td>
</tr>
<tr>
<td>Oct-Dec 2004</td>
<td>100.0%</td>
<td>79.4%</td>
<td>74.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Jan-Mar 2005</td>
<td>100.0%</td>
<td>89.8%</td>
<td>76.2%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Apr-Jun 2005</td>
<td>96.7%</td>
<td>92.0%</td>
<td>75.9%</td>
<td>-3.3%</td>
</tr>
<tr>
<td>Jul-Sep 2005</td>
<td>100.0%</td>
<td>92.2%</td>
<td>76.8%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Oct-Dec 2005</td>
<td>90.3%</td>
<td>91.9%</td>
<td>77.8%</td>
<td>-9.7%</td>
</tr>
<tr>
<td>Jan-Mar 2006</td>
<td>100.0%</td>
<td>91.8%</td>
<td>82.3%</td>
<td>10.7%</td>
</tr>
</tbody>
</table>

| 1042YJ - The proportion of young people accessing early intervention and treatment services they require within 10 working days |
| Jul-Sep 2004     | 95.2%    | 97.0%                 | 91.1%    | -         | -1.9%    | 4.3% |
### 4.5.23 Proportion of those in substance misuse treatment who are aged less than 18

The table below shows both the number of people aged less than 18 who have received drug treatment during the year, and number of people of all ages who have received drug treatment during the year.

<table>
<thead>
<tr>
<th></th>
<th>Numerator</th>
<th>Denominator</th>
<th>Percentage in Treatment</th>
<th>Region average</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of those in treatment who are aged less than 18</td>
<td>82.0</td>
<td>968.0</td>
<td>8.5</td>
<td>11.0</td>
<td>-2.5</td>
</tr>
<tr>
<td>Proportion of under 18s in treatment with young people’s services</td>
<td>81.0</td>
<td>82.0</td>
<td>98.8</td>
<td>79.0</td>
<td>19.8</td>
</tr>
</tbody>
</table>

### Commentaries

**Source: Unknown**

4.5.25 ALCOHOL

Nationally, the Governments Alcohol Harm Reduction Strategy 2004 states that alcohol education/awareness in schools and the general community can change attitudes and behaviour and raise awareness at an early age of the consequences of alcohol misuse. The Department of Education expects all schools to reflect this within their drug education programmes. Alcohol education is a statutory requirement of the National Curriculum and schools are expected to also use PSHE.
4.5.26 A Survey of attitudes and behaviour of year 10 students in fifteen Tameside secondary schools in relation to alcohol and tobacco was carried out in 2001. The survey results show that alcohol consumption is prevalent among year 10 pupils in Tameside. It was found that 12% of those sampled drink once or twice a week; 8% drink two or three times a week, 7% drink nearly every day, 57% only drink at the weekends. Only 16% of young people included in the survey had never tried alcohol.

4.5.27 Alcohol has been a focus in PSHE Drug education in both primary and secondary schools in Tameside since 2002. It is important however, to recognise that alcohol education, awareness raising and interventions are also carried out in youth service programmes, youth offending team and treatment services.

4.5.28 Findings from Trading Standards (June 2005) on local alcohol consumption showed the following:

- 86% of 14-16 year olds in Tameside are drinking alcohol. This figure is generally in line with the regional result (88%) and the result for the Greater Manchester Police area (87%).
- A significantly higher proportion of teenagers from School B claim to drink (98% vs. 86% overall in Tameside).
- It would appear that within Tameside, females are more likely to drink than males (90% females vs. 82% males).
- Of those teenagers who drink over a half (54%) claim to drink at least once a week.
- If teenagers do not buy alcohol themselves the majority get it from their parents (51%) or friends over 18 (44%).
- Over 40% of teenagers who drink on the streets or parks in Tameside get friends (both over and under 18) or adults outside shops to buy them alcohol.

4.6 HEALTH OF LOOKED AFTER CHILDREN

4.6.1 The regularity with which looked after children receive health and dental checks is shown by the PAF indicator CF/C19 that is recorded for the total number of children looked after at 30 September, who had been looked after continuously for at least 12 months. This indicator is the average of two indicators, which are calculated separately: number of the children in the denominator who had their teeth checked by a dentist during the year, and number of the children who had had an annual health assessment during the year.

4.6.2 The figure below shows that Tameside’s latest performance shows that this is improving with the outturn for 2005/06 at 92%. In the previous year 04/05 this was 74%, which was below the national average of 79%.
4.6.3 The take-up by age of Child Adolescent Mental Health Services (CAMHS) by looked after children.

4.6.4 Many children entering care have had damaging experiences, and are separated from their families due to family upheavals. In adoption and fostering unusually complex and intense feelings are involved. Research shows high levels of psychiatric prevalence compared to other groups.

4.6.5 Many of the approximately less than 300 looked after children in Tameside, have a number of risk factors for mental health problems. A need is identified for early mental health assessment and intervention, and clear information sharing protocols between services. As placement stability is crucial, the Children’s NSF recommends fast track access to parenting support services for foster carers and residential workers. In Tameside placement stability is good but we wish to improve it further and have plans to do so.

4.6.6 Nationally, young people leaving care have a higher incidence of mental illnesses or disorders including depression, eating disorders and phobias as well as a high level of self-harm. Research\(^1\) also shows that looked-after children generally have greater mental health needs than other young people, including a significant proportion that have more than one condition and/or a serious psychiatric disorder.

4.6.7 In terms of risk factors for mental health, locally, 6.2% (22 children) of those were identified as children whose main need for services arises due to a parental disability, illness, mental illness, or addiction. 72% (252 children) were identified as children in need as a result of (or at risk of) abuse or neglect\(^2\).

4.6.8 Despite the clear indications of the mental health needs of this group, their mental health problems are frequently unnoticed. To help address this issue there are LAC Mental Health Workers in post. However there remains a need for a system of early mental health assessment and intervention for looked-after children and young people, including those who go on to be adopted.

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\(^1\) Children’s NSF – Mental Health & Psychological Well-being of Children and Young People (pp.9) – DoH

\(^2\) Looked After Children statistics (via Hyde Social Services).
4.7 HEALTH OF CHILDREN AND YOUNG PEOPLE WITH LEARNING DIFFICULTIES AND/OR DISABILITIES

Tameside Children with Disabilities Register

315 children were registered with Tameside Children with Disabilities Register in 2004.

<table>
<thead>
<tr>
<th>Tameside Children with Disabilities Register 2004</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviour (moderate)</td>
<td>209</td>
<td>66%</td>
</tr>
<tr>
<td>Behaviour (severe)</td>
<td>99</td>
<td>31%</td>
</tr>
<tr>
<td>Learning disability (moderate)</td>
<td>219</td>
<td>70%</td>
</tr>
<tr>
<td>Learning disability (severe)</td>
<td>163</td>
<td>52%</td>
</tr>
<tr>
<td>Total</td>
<td>315</td>
<td>100%</td>
</tr>
</tbody>
</table>

Trends

Improvements in antenatal care have been associated with a fall in babies born with congenital anomalies from 197 to 91 per 10,000 births between 1986 and 1998.

The total number of children with disabilities has remained broadly constant in recent years, but improvements in prevention and survival have resulted in an increase in the proportion of children with severe and multiple disabilities. Although there has been an increase in the number babies with cerebral palsy associated with an increase in the number of very low birth weight babies, since these make up such a small proportion of the total number of babies born with cerebral palsy there has been no overall increase in babies born with the condition.

The estimated number of severely disabled children aged 0-16 in the UK fell between 1995 and 2000 by 6% from 10399 to 9768. The rate in 2000 was 8 per 10,000 population, which equates to approximately 470 children and young people aged 0-17 in Tameside & Glossop. There were some significant changes in the proportions of children with particular conditions over the five years. Of the most frequent conditions, mental handicap, asthma and cerebral palsy decreased, whilst autism & behavioural disorders more than doubled.(1)

Changes in distribution of most common severely disabling conditions for 0-16 year olds in the UK, 1995-2000

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5 DfES: “Together from the start – Practical guidance for professionals working with disabled children (birth to third birthday) and their families”; LEA/0067/2003; May 2003
7 Nessa N: “The health of children and young people”; Chapter 10 “Disability”. ONS, March 2004
8 Nessa N: “The health of children and young people”; Chapter 10 “Disability”. ONS, March 2004
### 4.7.1 Mental health needs of children and young people with learning disabilities

Children and adolescents with learning disability are more vulnerable to the full range of mental health disorders, and on average, have a greater prevalence of mental health problems than non-disabled peers. They also face inequity and inequality in quality and access to NHS services.

#### 4.7.2 Children with learning disabilities

It is difficult to identify exactly how many children with learning disabilities are in Tameside and Glossop, as various ways of estimating the number exist. A review of Initial Assessments by the Children with Disabilities Team (2003), suggested that over half of the children presenting (n=57) had needs arising from either learning (42%) or behavioural (14%) difficulties. Those with learning disabilities on the register are, Learning disability (moderate) 219, Learning disability (severe) 163. In total, twenty-nine of the children on the Children with Disabilities register were receiving Child and Family Psychiatric services and 43 psychology services but this presents no indication of the numbers receiving Tier One services.

#### 4.7.3 Children and adolescents with learning disabilities need access to all tiers of CAMHS

There is a need for multi-agency audit, planning and commissioning of services to support families, identify and alleviate mental health difficulties, and minimise exclusion.

#### 4.7.4 Mental health needs of children and young people with autistic spectrum disorder (ASD)

There are many difficulties in diagnosis of children with these disorders and there are inconsistencies in use of diagnostic terms. It is estimated that about 350 0-19 year olds may be suffering from ASD in Tameside and Glossop.

#### 4.7.5 The National Autism Plan outlines a need for a clear assessment procedure

including a general developmental assessment in relation to parental concern, and a multi-agency assessment for those children in whom ASD is suspected. Each area should have an agreed written pathway for children with suspected ASD, and a key worker for each family with a child with diagnosed ASD, a care plan and a co-ordinated programme of early intervention.

#### 4.7.6 Trends and issues for development

All forecasting on the basis of past trends is prone to error in the light of unforeseen changes, but is essential for planning.
National Trends

- Fall in number of children with severe disabilities from 1995 to 2000
- Falling birth rate
- Falling rates of congenital anomalies
- Number of all children with disabilities constant in recent years
- Increase in children with severe and multiple disabilities
- Increase in very low birth weight babies

The apparent contradiction between a “Fall in number of children with severe disabilities from 1995 to 2000” and an “Increase in children with severe and multiple disabilities” is almost certainly due to looking at different time periods. The number of children with severe disabilities increased between 1990 and 2000, but peaked in 1995, so the long-term trend is of an increase, but the shorter-term trend is of a decrease. More recent data would be helpful, but is not collected routinely.

The local Education Service census information confirms that the national trend of an increase in ASD applies in Tameside. The national trend of a falling birth rate does not currently apply in Tameside, which has seen small increase in recent years.

Locally, we know that there is a higher proportion of children with Autistic Spectrum Disorder in Oakdale compared to Cromwell school. This is considered to be due to changes in assessment and diagnostic practice as well as greater parental and professional awareness, so that a greater proportion of children with severe learning difficulties in the Oakdale age group have a diagnosis of ASD than at Cromwell, but the overall proportion of children with severe learning difficulties in the two schools is not significantly different. This means that Cromwell will need to cater for more children with a diagnosis of ASD in the next few years, but not more children with severe learning disabilities overall.

The introduction of antenatal screening has decreased the proportion of children born with Down Syndrome, and changes to this screening programme are likely to continue this trend.

4.7.7 Issues for service development

- Increase in proportion of children with ASD expected to move to Cromwell in the coming 5 years
- Overall number of children with severe disabilities likely to be stable for coming 5 years
• The development of multi-agency Children in Need planning allows for the identification of a ‘team around the child’ (TAC) within which a lead professional can be identified as the key worker. Members of specialist teams would be members of individual teams around individual children.

• Promote inclusion and facilitate transport

• Development of annual census of children with complex needs and disabilities

4.78 What Children and Young People Have Said About Being Healthy

Some consistent messages have emerged from a range of interactions with children and young people about how they perceive their Health Needs. These relate largely to:

- Wanting a wider variety of sports activity, with better access
- Better and more education on alcohol and drugs
- More information on sex, contraception and pregnancy with opportunities for increased peer support and education
- Increased provision of advice and information for parents
- More practical help and more young people involved in providing it.

These views are helping to shape the way we are developing services in Tameside to promote young people’s health. We have set out above several examples of how we have engaged young people themselves in supporting other young people in achieving more positive health outcomes, for instance in our work to develop and train pupils as Sport Team Leaders and Junior Play Leaders in schools.

There are numerous examples from young people of their positive experience of receiving counselling support from a variety of providers, “My sessions are great. It is a real opportunity to talk things through and get another opinion on my problems”. “My Counsellor helped me get things off my chest and I felt a lot better after talking to someone”. “It was really good and helped me get through the hard bits of my life”. (Off The Record). “I never imagined such a place where there would be so much understanding, care, kindness, comfort and also a laugh”. “I have found someone who really tries hard for me, reaches out to me and understands” (Pulse).
SECTION 5 - STAYING SAFE

5.1 CHILDREN AND YOUNG PEOPLE ARE SAFE FROM MALTREATMENT, NEGLECT, VIOLENCE AND SEXUAL EXPLOITATION

5.1.1 Child Protection

The numbers of Section 47 enquiries completed each month has shown a gradual decrease over the past 9 months, which corresponds to the 1st 3 quarters of the year 2006-2007. The system of recording enquiries is being reviewed to ensure that all section 47 enquiries are being appropriately recorded. Comparative data indicates that in Tameside, for 2005-2006, 13.7% of referrals became S47 Enquiries compared with a NW median figure of 12.7%. There were also 59 S47 enquiries per 10k population in Tameside, compared with a NW median of 54.

The numbers of children subject to Initial Child Protection Conferences has been subject to variation over the past twelve months 06/07, within normal limits. There have been regular peaks and troughs and both upward and downward trends. Some analysis has revealed that awareness of, and use of, the Children’s Needs Framework and greater use of Child and Family meetings have impacted on the numbers of conferences convened. This reflects the numbers of children whose names are placed on the Child Protection Register at an Initial CP Conference. The majority of children who are subject to an Initial CP Conference are being placed on the CP Register. Numbers of children registered have steadily increased over the past quarter. The figure at the end of the 3rd Qtr 06/07 is 126 which (28.5 per 10k pop) compared to the comparator group figure of 30 per 10k pop.

5.1.2 However, Tameside is above the national average, which is 25.3

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<thead>
<tr>
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<td>12.7</td>
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<td>24.6</td>
<td>25.9</td>
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<td>25.1</td>
<td>25.3</td>
</tr>
<tr>
<td>Source: APA</td>
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</tr>
</tbody>
</table>

5.1.3 The majority of children on the CPR are White British, with a small number of mixed heritage and Asian origin. The proportion of BME children on the child protection register has reduced to 0.39 against an intended plan of 1 and this area will continue to receive close monitoring to ensure that any action needed is taken, and that decision-making is appropriate. It is important to note that the cohort is so small that any minor changes give rise to significant variations in recorded values.
5.1.4 A detailed profile of the CPR is reported on a quarterly basis to the Local Safeguarding Children Board (LSCB) for evaluation and scrutiny. Work is ongoing to develop a system to review the progress of children subject to child in need plans, rather than formal child protection plans, to ensure that their needs are being met. It is vital that all children and young people that the service is engaged with have a specific outcome based plan, which is regularly reviewed.

5.1.4 In relation to children’s safeguarding the latest data showing factors contributing to registration are outlined below:

<table>
<thead>
<tr>
<th>At 31/03/2004</th>
<th>% of children on the CPR who are also looked after</th>
<th>% of children on the CPR with disabilities</th>
<th>% of children on the CPR through factors of drug misuse</th>
<th>% of children on the CPR through factors of parental alcohol misuse</th>
<th>% of children on the CPR through factors of parental mental health</th>
<th>% of children on the CPR through factors of domestic violence</th>
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</thead>
<tbody>
<tr>
<td>11.4</td>
<td>2.3</td>
<td>13</td>
<td>18.9</td>
<td>21.1</td>
<td>34.7</td>
<td></td>
</tr>
<tr>
<td>At 30/06/2004</td>
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<td>15</td>
<td>20.9</td>
<td>20</td>
<td>37.6</td>
</tr>
<tr>
<td>At 30/09/2004</td>
<td>13.6</td>
<td>2.1</td>
<td>13.1</td>
<td>22.9</td>
<td>17.4</td>
<td>43.1</td>
</tr>
<tr>
<td>At 31/12/2004</td>
<td>9.9</td>
<td>1.9</td>
<td>12.5</td>
<td>21.7</td>
<td>15.1</td>
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</tr>
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<td>At 31/03/2005</td>
<td>9.7</td>
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<td>8.1</td>
<td>20.3</td>
<td>11.3</td>
<td>40.6</td>
</tr>
<tr>
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<td>3.2</td>
<td>9.5</td>
<td>22.1</td>
<td>13.7</td>
<td>48.4</td>
</tr>
<tr>
<td>At 30/09/2005</td>
<td>5.9</td>
<td>5.9</td>
<td>10.8</td>
<td>17.1</td>
<td>13.9</td>
<td>52.5</td>
</tr>
<tr>
<td>At 31/12/2005</td>
<td>1.6</td>
<td>4.1</td>
<td>19.0</td>
<td>30.6</td>
<td>19.8</td>
<td>57</td>
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<td>13.0</td>
<td>30.0</td>
<td>21.0</td>
<td>51.6</td>
</tr>
<tr>
<td>At 30/06/2006</td>
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<td>3.9</td>
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<td>36.8</td>
<td>26.3</td>
<td>50.0</td>
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<td>2.4</td>
<td>15.0</td>
<td>22.8</td>
<td>20.5</td>
<td>57.9</td>
</tr>
</tbody>
</table>

- Domestic Violence remains a significant contributor to child protection registration contributing to more than half of all CP registrations.
- The percentage of children who are registered because of parental drug, alcohol or mental health issues has been subject to some variation.
- Children with Disabilities placed on the CPR remain relatively low in accordance with regional and national trends.
- The percentage of children on the CPR who are also Looked After has fallen significantly.

### PROFILE OF CHILD PROTECTION REGISTER

#### CHILD PROTECTION REGISTER BY AGE

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>Under 1</th>
<th>1 year - 4 years</th>
<th>5 years - 9 years</th>
<th>10 years - 15 years</th>
<th>Age 16+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul 05</td>
<td>10</td>
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</table>
### GENDER OF CHILDREN ON CPR FOR PERIOD 01/07/2004 – 31/12/06

<table>
<thead>
<tr>
<th>Month</th>
<th>Male</th>
<th>Female</th>
<th>Number of Children on CPR</th>
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</thead>
<tbody>
<tr>
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<td>101</td>
<td>114</td>
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<tr>
<td>Aug-04</td>
<td>108</td>
<td>100</td>
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<td>Sep-04</td>
<td>97</td>
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<td>Oct-04</td>
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</tr>
<tr>
<td>Nov-04</td>
<td>91</td>
<td>76</td>
<td>167</td>
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<tr>
<td>Dec-04</td>
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<td>Sept 06</td>
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<tr>
<td>Dec 06</td>
<td>68</td>
<td>58</td>
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</tbody>
</table>
5.3 GENDER OF CHILDREN ON THE CHILD PROTECTION REGISTER FROM 01/04/06 - 31/12/06.

GENDER OF CHILDREN ON THE CHILD PROTECTION REGISTER

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of Children</th>
</tr>
</thead>
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<tr>
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<td>58</td>
</tr>
<tr>
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<tr>
<td>May</td>
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<tr>
<td>June</td>
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<td>Oct</td>
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<td>Nov</td>
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<td></td>
</tr>
<tr>
<td>Mar</td>
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</tr>
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### Ethnicity of Children on the Child Protection Register

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<th>Any other white background</th>
<th>White/Black Caribbean</th>
<th>White/Black African</th>
<th>White/Asian Any other mixed background</th>
<th>Indian</th>
<th>Pakistani</th>
<th>Bangladeshi</th>
<th>Any other Asian background</th>
<th>Caribbean</th>
<th>African</th>
<th>Any other black background</th>
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<th>Any other ethnic group</th>
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## 5.5 Abuse Category of Children on the Child Protection Register

(Reporting Period 01/10/2004 – 31/12/2006)

<table>
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<tr>
<th></th>
<th>Neglect</th>
<th>Sexual</th>
<th>Emotional</th>
<th>Physical</th>
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<td>41</td>
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<td>24</td>
<td>11</td>
<td>31</td>
<td>13</td>
<td>79</td>
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<td>10</td>
<td>43</td>
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<tr>
<td>DEC 06</td>
<td>48</td>
<td>11</td>
<td>57</td>
<td>10</td>
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</table>
5.6 PROFILE OF CHILDREN ON THE CHILD PROTECTION REGISTER at 31/12/06
BY AREA

<table>
<thead>
<tr>
<th>Children on the CPR by Registration Category</th>
<th>Ashton</th>
<th>Denton/Droylsden/Audenshaw</th>
<th>Dukinfield/Stalybridge/Mossley</th>
<th>Hyde</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>19</td>
<td>6</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td>Physical</td>
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<tr>
<td>Emotional</td>
<td>14</td>
<td>19</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>36</td>
<td>33</td>
<td>39</td>
<td>18</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Children on the CPR by Age Band</th>
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<th>Denton/Droylsden/Audenshaw</th>
<th>Dukinfield/Stalybridge/Mossley</th>
<th>Hyde</th>
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<tbody>
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<td>5 - 9 years</td>
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<td>15</td>
<td>9</td>
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<td>10 - 15 years</td>
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<td>36</td>
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</table>

<table>
<thead>
<tr>
<th>Children on the CPR by Gender</th>
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<th>Denton/Droylsden/Audenshaw</th>
<th>Dukinfield/Stalybridge/Mossley</th>
<th>Hyde</th>
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<tbody>
<tr>
<td>Female</td>
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<td>33</td>
<td>39</td>
<td>18</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Children on the CPR Ethnic Origin</th>
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<th>Denton/Droylsden/Audenshaw</th>
<th>Dukinfield/Stalybridge/Mossley</th>
<th>Hyde</th>
</tr>
</thead>
<tbody>
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<td>TOTAL</td>
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<td>39</td>
<td>18</td>
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</tbody>
</table>

5.1.5 The volume of core assessments completed per 10k population has increased from 45.6 per 10k pop at outturn 05/06 to 55.7 per 10k pop, surpassing the plan of 50.

5.1.6 Numbers of referrals at the end of the 3rd Qtr are 417 per 10k pop compared to an intended plan of 500 per 10k pop.

5.1.7 The % of re-referrals has decreased very slightly from year-end at 26.9% to 26.8 at 3rd qtr end and work is ongoing to examine the quality and robustness of plans and decision making via audit. Numbers of referrals, which become initial assessments, has increased positively from 35.9% to 36.7% at 3rd Qtr end. This is
against a plan of 40% for 06/07. In this respect audit plans will include an examination of thresholds and systems to ensure that referrals are appropriately progressed through various stages.

Source: APA

5.1.8 Rates of de-registrations have slowed and are 21.4 per 10k pop compared with a plan of 32. There were 178 re-registrations during the year ending 31 March 2005 giving a ratio of 8.1

(Source: APA)
5.1.9 There were 185 children de-registered during the year ending 31 March 2005 who had been on the register continuously for two years or more, given a ratio of 7.7. Overall there were 299 de registrations of those on the CPR for 3 years or more.

Latest figures show a ratio of 8.0% for 06/07.

5.1.10 Results from the CIN census carried out in 2005 showed 74. % of cases following the Initial Assessments identified abuse or neglect in the primary needs category. The other primary categories related to issues arising from disability in (11%), parental illness of disability (3%), families being in acute stress (3%), and family dysfunction (3%).

Of the children supported in families or living independently:

- 56% were for abuse/neglect compared to 44% in the previous census year (2003)
- 14% were for disability compared to 8% in 2003
- 3% were for parental illness or disability compared to 8% 2003
- 8% were for family in acute distress compared to 14% 2003
- 7% were for family dysfunction compared to 11% in 2003
- 4% were for socially unacceptable behaviour compared to 3% in the previous census year (2003)
- 1% was for low income compared to 0% in the previous census year (2003)
- 1% was for absent parenting which was the same in 2003
- 3% were for cases other than CIN compared to 6% in 2003
- 5% were for reasons unstated compared to 3% in 2003

5.1.11 Looked after children

Numbers of LAC per 10k pop have increased from 63.8 at outturn 05/06 to 67.2. This is against a plan for 06/07 of 60 per 10k pop. Bringing numbers of Looked After Children into better balance is major priority for Children’s Social Care. Action needs to focus on the numbers of children on care orders placed at home with parents, and reviewing the appropriateness of all legal orders. Action needs to also focus on robust planning and intervention, particularly in the early stages of care planning.

5.2 Children and young people have security, stability and are cared for

5.2.1 Performance on adoption remains strong with 100% of adoptive placements being made within the prescribed timescales. This figure has remained consistent throughout year-end, 1st and 2nd Qtr figures. The proportion of looked after children adopted or made subject to a Special Guardianship Order (PAF C23) has decreased from 9.2% at outturn to 5.5% at 3rd Qtr end.
5.2.2 Children LAC with 3 or more placements during the year

The stability of children’s placements remains a major priority for the service. The proportion of children with 3 or more placement moves (PAF A1) has improved from 14% at outturn 05/06 to 12.7% at the end of the 3rd Qtr. Work has been ongoing to analyse available data and identify what the key issues are for the service. This is being fed into “Impact Days” for key managers where the issue of placement stability is being examined closely. This work has already identified that there are specific issues for specific groups of children at distinct age/developmental stages. There have also been issues in respect of a small number of foster carers, which has resulted in children and young people having to be moved. There is also been a continued focus on the recruitment and retention of foster carers to improve placement choice. Long-term stability of all children’s placements (PAF D78) has remained fairly constant, changing very slightly from 66.9% at outturn 05/06 to 66.3% at 3rd Qtr end.

5.2.3 The percentage of LAC placed in residential accommodation has also remained fairly constant, changing slightly from 11.5% at outturn 05/06, to 11.8% at 3rd Qtr end. This is against a plan of 11%. A key principle of effective care is that children and young people are best placed and served, within a family, rather than an institutional setting. The proportion of looked after children and young people placed more than 20 miles away from home (PAF C69) has also increased from 5% at outturn 05/06 to 6% at the end of the 3rd Qtr. Again a key principle for the service is that children and young people are best served in their home areas and that this is related to more positive outcomes for them in a variety of ways.

5.2.4 Number of children looked after in foster placements or placed for adoption.

In 2006, the percentage of Looked After children aged between 10 and 15 in either foster or adoptive care (PAF B79) has improved from 67.9% at the end of 1st Qtr to 79.8%. However, whilst this is preferable to young people being placed in residential settings, this needs to be understood alongside a general rise in the LAC population.

5.2.5 Stability of placements for under 16’s

- 68% of those aged under 16 who are in care, have been looked after for 2.5 years or more, or living in the same place for at least 2 years or placed for adoption.
- At September 2006 the mid year figures showed 76.5% of 10-15 year olds LAC were in foster placements or placed for adoption.
- At September 2006 the mid year figures showed 13.7% of LAC with three or more placements in the year.
- CF/C69 is a new indicator which measures the % of children newly looked after are placed at a distance from home. The outturn figures for 05/06 were 5.0% and the same was for 06/07 (5.0%). This compares to other metropolitan districts with a % of 5.4.

5.2.6 Children and young people with learning difficulties and/or disabilities
We work hard to enable disabled children and their families to maintain family life and keep disabled children within their local communities. Staff meet regularly with parents, carers and education professionals to ensure consistency in care across settings. Extensive training is available for staff within the Residential Short Breaks (RSB) service to maintain quality of care, as demonstrated by inspection reports.

5.2.7 Written policy and guidance on safeguarding is accessible to all staff. Staff working with children with disabilities and transitions workers ensures a smooth transition for children to adult services and work with parents through the Children with Disabilities Forum. 5.6.2 Work on transition starts at 16 and in some instances staff have continued to give advice to adult provision after 18. Young people move into Adult Services with a Transitions pack, including details of achievements and care. During 2004/05 and 2005-06 Up to 75% of children with disabilities aged 14+ had a transition plan to support their move from Children’s Services to Adult Services, measured by the indicator 5026SC

5.2.8 Domestic violence

Tameside has a local multi-agency domestic violence forum that continues to meet at least 4 times a year and has produced a Domestic Violence strategy. (LSCB) multi-agency guidance Tameside’s Area Child Protection Committee has drawn up a protocol for multi-agency working for Domestic Violence. This was launched alongside the guidelines for schools at a Domestic Violence conference in November 2005. Domestic violence was a workshop theme at the LSCB launch, and clear procedures exist. Children’s workers at the women’s refuge help to reduce the impact of violence on children, continuing support after children move on. Pilot PSHE activity to raise the profile of domestic violence in schools is being planned.

5.2.9 Police Statistics show that during the period 1st October 2005 – 2nd January 2006, the Police recorded a total of 1,416 incidents. Of these, 440 show a crime associated.

- 20% had alcohol present.
- 31% had a juvenile present. (New codes introduced in April 2005 can now identify incidents of Domestic Violence when a juvenile is present).
- 304 of the crimes were classified as “Less Serious Wounding” and of these, 56% were Actual Bodily Crime.

5.2.10 Greater Manchester Police analysed Domestic Violence in Tameside for the period 1st January 2002 to 31st August 2005. The report revealed there are on average 450 incidents (or reports) of Domestic Violence each month. Only a small proportion of incidents become crimes –around 50 to 80 per month. The Police analysis found victims aged between 16 – 25 years are showing a higher proportionate victimisation than for other age groups. Some victims are under the age of 16 years. When age bands were analysed for the Offenders, as was found for victims, the young are disproportionately involved in violence. In quarter 3, 7 offenders (4.49% of cases) were aged 10 – 15 years. In just under 15% of cases during quarter 3, ‘Son’ was the relationship of the offender to the victim. (These could be adult sons).

5.2.11 Domestic violence “Hot Spots” and the 16 – 25 years Age Group

5.2.12 The Police have shown that the 16 – 25 year age group are disproportionately victimised in two hotspots of Tameside. These are areas with a higher level of
deprivation than the rest of the borough. Crimes committed against young people are shown to be happening at the weekends and during the early hours. This could be linked to alcohol consumption but has yet to be proven. Most offences are occurring within the home.

5.2.13 The Domestic Violence Forum hopes to research into young people and Domestic Violence. This is to understand better the statistics coming from the Police and other agencies showing a worrying number of young people as both victims and perpetrators of Domestic Violence. New obligations on child protection agencies was brought in at the end of January 2005 through changes in the Adoption and Children Act 2002 which amend the Children Act 1989. It extends the definition of harm to include: “Impairment suffered from seeing or hearing the ill treatment of another”.

5.2.14 ‘A Vision for Services for Children and Young People affected by Domestic Violence’ was published in 2005 by the LGA, ADSS, Women’s Aid and CAFCASS. It provides commissioning guidance for Children’s Services to identify the needs of children affected by Domestic Violence, assess gaps in provision and incorporate them into service planning and priority setting. “The aim is that children affected by Domestic Violence have their voices heard too”.

5.2.15 Forced Marriage is seen firmly in the context of the Domestic Violence agenda by central government. A clear distinction is made between forced and arranged marriages. Central government is consulting on whether it should become a crime in its own right.

5.2.16 Central government wants to reduce homelessness in relation to domestic abuse. In Tameside during Quarter 3, there were 15 cases of homelessness accepted due to factors relating to domestic violence (partner or family member). The overall number of cases accepted was 34. Domestic Violence is therefore responsible for 44% of homelessness cases - by far the largest category (as is usual).

5.2.17 In Tameside, Sanctuary Housing enables victims to choose to remain at home by making their homes safe, all “victims” accepted so far have had children.

5.3 CHILDREN AND YOUNG PEOPLE ARE SAFE FROM ACCIDENTAL INJURY AND DEATH

5.3.1 Road safety

National targets are to reduce the number of people killed or seriously injured in road traffic accidents by 40%, and those under 16 years by 50%. These are measured against a baseline average for 1994-98. on the indicator BV99b(i) Number of children (aged under 16 years) killed or seriously injured (KSI) in road traffic collisions.

5.3.2 Tameside has a local target to reduce the number of children killed or seriously injured (KSI) to 15 by 2007/08. The figure for 2005 was 17, down from 27 in 2004. In 2006 it showed a slight increase going up to 20.

5.4 CHILDREN AND YOUNG PEOPLE ARE SAFE FROM BULLYING AND DISCRIMINATION
5.4.1 Bullying and discrimination

Tameside’s policy on bullying is currently the subject of a Scrutiny Review. Our pilot audit of practice in schools to monitor bullying will be rolled out across the borough in the summer. A number of teams support schools to address bullying, contributing to our latest school inspection score of 89.2% for Pupils’ freedom from bullying, racism and other harassment (statistical neighbours: 80.0% and national average 83.7%). 82% of schools participating in our Bullying conference in November 2005 found the conference helpful or very helpful.

5.4.2 Extract from Youth Online Survey 2005/06

Respondents (n=1730) were asked if they had been bullied at any time in the last year, whether it was at school or not?

Over half (52%) of all respondents (1730) think that bullying causes a problem for young people. 31% stated they have been bullied in the last year whether it was at school or not, with levels highest amongst BME students (44%) and those with a disability (45%). 69% said that they have not been bullied.

The highest incidents of bullying are found in the following groups: BME (44%) compared to white (30%) With disability (45%) compared to without disability (28%)

Source: Youth Survey

5.4.3 Racism and bullying

There were 165 racist incidents reported formally to the LEA during the 2005/06 academic year. This compares with previous years as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000 – 2001</td>
<td>141</td>
</tr>
<tr>
<td>2001 – 2002</td>
<td>136</td>
</tr>
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<td>2002 – 2003</td>
<td>139</td>
</tr>
<tr>
<td>2003 – 2004</td>
<td>136</td>
</tr>
<tr>
<td>2004 – 2005</td>
<td>138</td>
</tr>
</tbody>
</table>

5.4.4 These increases in reports are from both primary and secondary schools. Ashton saw the largest increase in reports and Droylsden saw the greatest decrease in reports.

5.4.5 As in previous years the vast majority of perpetrators come from the White British ethnic group. Most of the victims are Pakistani and Bangladeshi. The demographic profile of Tameside would account for this. However, there are victims in almost every ethnic group whereas this is not the same for the perpetrators.
There are no perpetrators of Black or Black British ethnicity in the 05/06 academic year or in the previous year. As in previous years the majority of perpetrators are male.

5.4.6 There are incidents occurring in each year group. Racist incidents peak in year 6 and then fall dramatically in year 7. Year 3 saw a very large difference in the number of incidents last year and the number experienced this year.

5.4.7 The Secondary schools saw teachers as victims in 5 incidents.

### Nature of Incidents Reported Primary and Secondary

<table>
<thead>
<tr>
<th></th>
<th>Primary</th>
<th>Secondary</th>
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</thead>
<tbody>
<tr>
<td>Verbal Abuse</td>
<td>96</td>
<td>50</td>
</tr>
<tr>
<td>Verbal Abuse and Physical Assault</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Racist Literature / Material</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Assault</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments in Class</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Racist Graffiti</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Verbal Abuse and Racist Graffiti</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>102</strong></td>
<td><strong>59</strong></td>
</tr>
</tbody>
</table>

5.5 CHILDREN AND YOUNG PEOPLE ARE SAFE FROM CRIME AND ANTI SOCIAL BEHAVIOUR

66% of Year 10s surveyed in 2006 (n1730) like living in their neighbourhood, which shows an improvement on the last time that this was surveyed (59% in 2003/04).

5.5.1 Priorities for improvement, as identified by young people themselves, focus on anti-social behaviour:
- People being beaten up
- Other young people causing trouble
- Vandalism

5.5.2 76% have heard/read stories about young people causing trouble, but 65% think the image is unfair 80% gather with friends in public places, they recognise this might make others feel anxious and some say it wouldn’t happen if there was somewhere for them to go.

5.5.3 23% think their area has improved in the last two years (20% in 2003), because it’s cleaner/tidier, or has more new houses. 35% think it’s got worse (no change from 2003). This is because of gangs/young people hanging round/drinking on streets/more crime/drugs and drug dealing. 41% in Ashton think it’s got worse, 41% of disabled pupils think their neighbourhood has got worse. The biggest’ problems in their neighbourhood as identified by young people included vandalism.
5.5.4 44% say their neighbourhood is a place where people from different backgrounds get on well, whilst 24% disagree. School is still the place where mixing is most likely to occur (69%) and 15% felt this is online.

5.5.5 8 in 10 (80%) feel safe when out in their neighbourhood during the day. This is compared to 9% of young people with a disability or special need feel very unsafe during the day. Less than half of all respondents (46%) feel safe when out in their neighbourhood after dark, compared to 80% during the day. Boys (49%), Girls (41%) Ashton (34%). An area breakdown reveals those in Hyde, Hattersley and Longdendale (58%), Dukinfield, Stalybridge and Mottram (42%) and Denton, Droylsden and Ashton (46%).

5.5.6 13% feel unsafe at night. These included those with a disability (18%) and those without disability (12%). An area breakdown reveals Ashton (23%) HHL (5%), DSM (12%), DDA (14%)

5.5.7 What Children and Young People Have Said About Staying Safe

Our Youth Outline Survey 2005/06 found that

- 66% of pupils, say they like where they live, compared with 59% in 2003/04.

Young people’s top priorities for improvement were:-

- Reducing vandalism
- Other people causing trouble
- Stopping people being beaten up

- 80% of young people feel safe when out in their neighbourhood during the day, although this drops to 46% after dark.

- Bullying is seen as a real problem with 52% of young people saying it is a problem or a very big problem.

In consultations and feedback, children and young people have said:-

- “I worry about getting beaten up if I am out by myself”
- “There are bad people that hang around smoking and taking drugs”
- “Cars drive too fast around here so that you can’t play in the streets as it’s dangerous”

Our Youth Online Survey, published in 2006, indicated that 31% of Year 10 pupils felt they had been bullied in the previous year, and most pupils felt bullying causes a problem for young people. These findings were echoed in the summer consultations conducted with young people, which identified their concerns about being bullied outside of school as well as in school and have informed our work in a number of areas.

These views of children and young people have all helped to inform how we implement our intervention strategies for road traffic safety, anti-bullying initiatives, and our work on community safety and anti-social behaviour, and these feedback processes will continue to inform our work in 2007/08.
6.1 CHILDREN AND YOUNG PEOPLE ARE READY FOR SCHOOL.

One way of narrowing the gap between children from disadvantaged backgrounds and their peers is to measure the level of development reached at the end of the foundation stage, including narrowing the gap in the 20% most disadvantaged areas. (Dfes/DWP) (Definitions: - poorest children meaning - those living in disadvantaged areas; access meaning - the catchment area of the Children’s Centre)

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>1000</td>
</tr>
<tr>
<td>2001</td>
<td>2000</td>
</tr>
<tr>
<td>2002</td>
<td>3000</td>
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<tr>
<td>2003</td>
<td>4000</td>
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<tr>
<td>2004</td>
<td>5000</td>
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<tr>
<td>2005</td>
<td>6000</td>
</tr>
<tr>
<td>2006</td>
<td>7000</td>
</tr>
</tbody>
</table>

6.1.1 The graph to 2004 plots the arrival in Tameside of Surestart and Early Excellence Centre funded programmes. This has occurred, effectively, on a yearly basis. These programmes are based in Hattersley, Ashton (Hurst/Smallshaw), Hyde, St Peter’s and Droylsden West (at Greenside school). This covered 29% of the borough’s 0-5 year olds.

6.1.2 The graph from 2004 plots the arrival of the Phase 1 Children’s Centres. Centre buildings are still under construction, but staff are appointed and service delivery has begun. These centres are based in Waterloo, Ridge Hill, Haughton Green, and Dukinfield. Completion of all building programmes in this phase is expected to be complete by Spring 2007. These developments have occurred in the areas of disadvantaged ranked within the worst 20% in the country. This covered 54% of the borough’s 0-5 year olds.

6.1.3 In relevant cases, productive partnership arrangements have been forged with regeneration programmes operating in the same disadvantaged areas. Statistical comparisons with neighbours are not available and will not be useful as the funding regimes and target for the number of centres to be created in a given area do vary significantly.

6.1.4 A phase 2 children centres development programme, also externally funded, is underway. There are 6 Phase 2 areas: Central Dukinfield area; Hollingworth; Audenshaw/South Droylsden/Fairfield Rd area; Denton/Linden Rd area; Mossley area; Buckton Vale, Copley, Brushes, Wildbank, Carrbrook, Millbrook areas.

6.1.5 These developments have also occurred within areas of disadvantage ranked within the worst 30% - though in practice are still focussed for the most part on the worst 20%. This will cover 87% of the borough’s 0-5 year olds.
6.1.6 It is expected that there will be a phase 3 programme (2008-2010) though no details are available on this programme or the funding arrangements. However, the only areas not covered by a Children’s Centres will be Denton West and South Hyde/Werneth area. Phase 3 will therefore enable all of the borough’s children to access a Children’s Centres service. This will then cover 100% of the borough’s 0-5 year olds.

6.2 CHILDREN AND YOUNG PEOPLE ATTEND AND ENJOY SCHOOL

6.2.1 School attendance
Tameside school attendance is in line with the National trend for 2005/6. There has been a National dip in attendance. We have an overall dip but an improvement in Secondary attendance.

6.2.2 Nationally there has been a rise in overall absence of 0.24%. In Tameside there has been a rise in absence of 0.12%.

6.2.3 The unauthorised absence rate in Tameside Primary schools has been consistently below the national rate, the only exception being in 2003 when the rates were equal. The Tameside Primary School unauthorised absence in 2005 was 0.3%. Over the 6 year period to 2004 the Secondary school unauthorised absence rate in Tameside decreased by 0.8 percentage points. This could not be sustained to 2005 and there was a slight increase to 0.9%.

6.2.4 The National picture for all schools in England shows a reduction in absence of 2.2% from 2003 to 2006.

6.2.5 Tameside’s figures show a reduction of 3.76% from 2003 to 2006. Therefore we are achieving more than the National average.

6.2.6 National overall unauthorised absence for 2005/6 is 0.81%. Tameside overall unauthorised absence for 2005/6 is 0.70%, which is a rise of 0.12% from 0.58% in 2004/5.

<table>
<thead>
<tr>
<th></th>
<th>2004/5</th>
<th>2005/6</th>
<th>National 05/06 (excludes special schools)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary absence</td>
<td>5.38 / 94.62</td>
<td>5.67 / 94.33</td>
<td>5.76 / 94.24</td>
</tr>
<tr>
<td>Primary authorised</td>
<td>5.11</td>
<td>5.35</td>
<td>5.30</td>
</tr>
<tr>
<td>Primary unauthorised</td>
<td>0.27</td>
<td>0.33</td>
<td>0.46</td>
</tr>
<tr>
<td>Secondary absence</td>
<td>7.73 / 92.27</td>
<td>7.64 / 92.36</td>
<td>7.92 / 92.08</td>
</tr>
<tr>
<td>Secondary authorised</td>
<td>6.84</td>
<td>6.56</td>
<td>6.70</td>
</tr>
<tr>
<td>Secondary unauthorised</td>
<td>0.89</td>
<td>1.08</td>
<td>1.22</td>
</tr>
<tr>
<td>Overall absence</td>
<td>6.53 / 93.47</td>
<td>6.65 / 93.35</td>
<td>6.76 / 93.24</td>
</tr>
<tr>
<td>Overall authorised</td>
<td>5.97</td>
<td>6.02</td>
<td>5.95</td>
</tr>
<tr>
<td>Overall unauthorised</td>
<td>0.58</td>
<td>0.70</td>
<td>0.81</td>
</tr>
</tbody>
</table>

Target for 05 / 06 was Primary 5.42 / 94.58
Secondary 7.15 / 92.85
Overall 6.26 / 93.74
6.2.7 Inclusion of LAC and children with SEN

6.2.8 Tameside’s ‘entitlement curriculum’ providing full and equal access to the entire curriculum, regardless of difference, provides the framework prevention of exclusion through commitment to inclusion. Secondary special schools are co-located with mainstream schools to enable all young people to mix with their peers.

6.2.9 All schools place vulnerable children at the top of admissions criteria. The Hard to Place Protocol operates across all high schools and the Pupil Placement Panel monitors progress. 53 pupils were placed through the Protocol to the end of March 06. Nine pupils have transferred under our Managed Moves Protocol.

6.2.10 Permanent exclusions have reduced by 20% to date (from 50 in September 2005 to 40 in March 2006). Fixed-term exclusions were at 1,147 in March 2006 compared with 2,065 in total for 2004/05.

6.2.11 Inclusion consultants provide support to schools, and are piloting Inclusion Standards. Staffs in Tameside’s special schools are responsible for promoting inclusion within their own and mainstream schools. A variety of networks meet to promote inclusive practice. The School Access Initiative has enabled around 55 children to attend mainstream school rather than a special school.

6.2.12 The proportion of all school-aged looked after children who missed more than 25 days schooling over the preceding 12 months (PAF C24) whilst having improved at outturn 05/06 to 9.8%, has shown some decline and was 11.1% at end of Sept 06. This is against a comparator group figure of 13. There needs to be consistent and coordinated multi-agency action to prevent any trend in respect of increased absence levels.

6.2.13 The School attendance and engagement of LAC, LLD and CWD

School attendance has improved from 12.7% with 25+ days of absence to 9.8% in 2005, and still falling.

6.2.14 BV161 covers EET for care Leavers which is the % of those LAC on 1st April in their 17th year (aged16) who were engaged in EET at the age of 19 to the % of young people in the population who were EET at 19 years. Increased numbers of care leavers now enter EET. The Teenagers to Work programme provides work experience for LAC, who are supported by a Connexions Personal Adviser during the placement. Personal and welfare support is available to LAC aged 16-19 via a multi-agency approach from Connexions, Leaving Care and ERT. Regular CAMHS consultation and planning for specialist input is delivered to the Leaving Care team staff and young people when support is agreed.

6.2.15 At March 2006 78% of young people with learning difficulties and disabilities were in education, employment or training. Progress is closely monitored by Connexions, who contact all pupils to notify them of their Personal Adviser and of the support available to them in relation to transition. In 2004/05, all statutory Section 140 reviews were completed with those whose parents wanted them.

6.2.16 The proportion of Special Education Needs pupils making adequate progress

6.2.17 Pupils with statemented Special Educational Needs (SEN) have their progress monitored toward SMART (Specific, Measurable, Achievable, Relevant and Time-bound) targets. These targets are derived from individual action plans developed
with the pupils themselves. In Tameside there is a new system called PIVATS that has been developed to monitor progress, the system has now been rolled out to all schools and systems training has been completed.

6.2.18 The proportion of SEN pupils in Tameside that were judged to have made adequate progress was 57% in 2005. Adequate progress is judged by teachers and verified by an independent adjudicator who samples 20% of action plans. In 2004 the baseline was set at 50% of pupils making adequate progress. The forecast increase in achievement (not including the more demanding LPSA2 target) was 20%, or 10 percentage points, by 2007. The forecast increases to 80% when the LPSA2 target is included. The LPSA2 forecast is based upon an increase of 30 percentage points in the proportion of pupils making adequate progress over three years from the 2004 baseline.

6.2.19 There exists multi-agency support for the assessment of children’s special educational needs. Parents contributed to assessments in 60% of cases and Educational Psychology represented parents’ views in all cases. All statements of SEN were reviewed as stipulated by the SEN Code of Practice last year. No appeals were heard. All statements issued with exceptions, and 94% of statements issued without exceptions, were issued within the Code of Practice timescale (compared with 88% and 78% in the previous year).

### School pupils with statements of SEN (all special and mainstream schools)

<table>
<thead>
<tr>
<th>Total Pupils</th>
<th>Pupils with statements</th>
<th>%</th>
<th>Total Pupils</th>
<th>Pupils with statements</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>England 8,274,470</td>
<td>242,580</td>
<td>2.9</td>
<td>8,215,690</td>
<td>236,750</td>
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<tr>
<td>North west 1,153,650</td>
<td>36,820</td>
<td>3.2</td>
<td>1,138,530</td>
<td>36,060</td>
<td>3.2</td>
</tr>
<tr>
<td>Tameside 37,073</td>
<td>1,007</td>
<td>2.7</td>
<td>36,488</td>
<td>932</td>
<td>2.6</td>
</tr>
</tbody>
</table>

Tameside had 932 pupils with statements of SEN in 2006 compared to 1,007 in the previous year. This was from a total school population of around 37,000

6.2.20 **Traveller, refugee and Asylum seekers**

6.2.21 The Traveller pupils, supported by TRASST, (Traveller, Refugee, Asylum Seeker Support Team) are traditionally from families who are either: - Showman (travelling fairs), Irish housed (constantly returning to Ireland) and Waysiders (Travellers passing through the Borough who stop for short periods). At any one time TRASST is supporting approximately 45 pupils in schools and about 65 Wayside pupils annually.

6.2.22 The following attainment data provided indicates that some Traveller pupils are unavailable for SATs exams and GCSE’s as they are travelling in the summer when these tests are applied because this is when their parents can obtain traditional work. This applies to all groups but is particularly relevant to wayside groups passing through the borough that may never actually attend a school. This is due to the speed of evictions from unofficial sites
KS1

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>No of Pupils</td>
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KS2

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KS3

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KS4

<table>
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<tr>
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<th>2003</th>
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<tr>
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<td>1</td>
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<tr>
<td>5 A*-C</td>
<td>0</td>
<td>0</td>
<td>(4A*-C)</td>
</tr>
<tr>
<td>1 A*-C</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: Unknown

6.2.23 The cohort is small from year to year but individualised programmes of support are developed for each pupil. The data shows that the young people do achieve and there is a good rate of attainment due to the intensive support provided.

6.3 CHILDREN AND YOUNG PEOPLE ACHIEVE STRETCHING NATIONAL EDUCATIONAL STANDARDS AT PRIMARY SCHOOL

6.3.1 Foundation stage

The Quality Team has brought together staff supporting all Tameside early years education and childcare providers within the School Improvement Service. The Foundation Stage Regional Adviser as an example of best practice has cited our approach, and we are involved in several pilots to inform the Early Years Foundation Stage.

6.3.2 The Tameside Record of Achievement is used in assessments by 90% of all settings. The Quality Team moderates assessments annually and support is provided where required.

6.3.4 educational performance of 7 year olds

6.3.5 7 year olds achieving L2+ at KS1(Dfes)

Table 6: Percentage of pupils achieving Level 3 or above in 2006 (provisional) Key Stage 1 by Local Authority and Government Office Region.
6.4 CHILDREN AND YOUNG PEOPLE ACHIEVE STRETCHING NATIONAL EDUCATIONAL STANDARDS AT SECONDARY SCHOOL

<table>
<thead>
<tr>
<th>Reading</th>
<th>Writing</th>
<th>Mathematics</th>
<th>Science</th>
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</thead>
<tbody>
<tr>
<td><strong>Boys</strong></td>
<td><strong>Girls</strong></td>
<td><strong>All</strong></td>
<td><strong>Boys</strong></td>
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<tr>
<td>Bolton</td>
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<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Dudley</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>North Tyneside</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Oldham</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Rotherham</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Stockton-on-Tees</td>
<td>2</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Stoke-on-Trent</td>
<td>1</td>
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<td>1</td>
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<tr>
<td>Sunderland</td>
<td>1</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Tameside</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Walsall</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Wigan</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>ENGLAND (LA maintained only)</strong></td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

2006, Tameside Pupils eligible for Key Stage 2 assessment

With SEN

<table>
<thead>
<tr>
<th>School mobility indicator</th>
<th>Total</th>
<th>Supported at School Action Plus</th>
<th>Supported at School Action</th>
<th>LA</th>
<th>England</th>
<th>Average point score</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA Average</td>
<td>9.2%</td>
<td>11.9%</td>
<td>80% 29%</td>
<td>77% 33%</td>
<td>88% 47%</td>
<td>27.9</td>
</tr>
<tr>
<td>England Average</td>
<td>9.9%</td>
<td>13.3%</td>
<td>79% 32%</td>
<td>76% 33%</td>
<td>87% 46%</td>
<td>27.8</td>
</tr>
</tbody>
</table>

Average point score (APS) provides a fuller picture of the KS2 achievements of pupils of all abilities. It allows for easier discrimination between schools with similar
percentages, showing those schools whose pupils mostly fall below Level 4, or those who exceed that level.

6.4.1 Key Stage 2 targets

6.4.2 There are a number of national and local targets for the performance of 11 year-olds. The Department for Education and Skills (DfES) has set the national targets. Tameside Council have also agreed a set of second round Local Public Service Agreement (LPSA2) targets based upon educational achievement by the pupils of Tameside’s schools.

6.4.3 Nationally the government targets are often referred to as KS2 Floor Targets, these targets are the minimum attainment levels that should be reached. The purpose of these Floor Targets is to raise the achievement of all, reducing the gap between the performance of disadvantaged groups or areas and the rest of the country.

The standard of numeracy and literacy that is expected of 11 year-olds is judged to be Level 4 at Key Stage 2. The government targets are based upon 11 year-olds achieving this level. The two targets are:

- By 2006, 85 per cent will separately reach level 4 or above in the English and Mathematics tests, with this level of performance sustained to 2008;
- By 2008, the proportion of schools in which fewer than 65 per cent of 11 year-olds achieve level 4 or above in each of English and Mathematics is reduced by 40 per cent.

6.4.4 Local Key Stage 2 Targets

An LPSA2 target has been set for attainment at Key Stage 2:

To increase the percentage of pupils achieving Level 4 or better in the Key Stage 2 ICT assessments in Summer 2006 and 2007. The target is based upon increasing performance from 83% in 2003 to 93% in 2007.

6.4.5 The latest results are for the academic year 2004-2005. The proportion of pupils in Tameside that have achieved Level 4 and above is greater than the proportion nationally. Over the last 10 years the Tameside Key Stage 2 Level 4 and above attainment rate has increased by 13.7% more than the national rate in English and 16.8% more than the national rate in Maths. In this penultimate year before the Floor Target deadline, Tameside is therefore closer to achievement of the Floor Targets for both literacy and numeracy than the country is as a whole.

11 year-olds with good literacy skills

6.4.6 In 2005 the proportion of 11 year-olds who achieved Level 4 and above in English was 81% in Tameside at Key Stage 2, which was two percentage points higher than the national average of 79%. This 2005 Tameside rate was four percentage points more than in the previous year. In 2006, the movement was still above the national average at 80%.The 2004 to 2005 increase in achievement across Tameside has meant performance now exceeds the national rate for the first time.

6.4.7 Over the last 10 years there has been a trend of increasing achievement of Level 4 and above both in Tameside and nationally. In Tameside there has been an increase of 54% in Level 4 attainment, nationally this increase was only 40.3%.
Key Stage 2 English at Level 4 or Above

Breakdown of attainment at Key Stage 2 English (L4) by the Regeneration areas is shown in the graph below:

6.4.8 In 2005 only 8.1% of schools in Tameside failed to achieve the second Floor Target (65% or more of pupils to achieve Key Stage 2 Level 4 or above) in English. This is an improvement from the previous year when 14.7% of schools failed to achieve that rate. The 2003 figure was higher still at 18.7%. Therefore the proportion of schools that have 65% of pupils achieving Level 4 in English has reduced by 56.7% over the last two years. In 2006 there was a rise in the number of pupils gaining KS2 L5 and above to 29%.
11 year-olds with good numeracy skills

6.4.9 The increase in Level 4 achievement for Key Stage 2 Maths has followed the same upward trend as the English results. The proportion of pupils who achieved Level 4 in 2005 and 2006 is 77%. The increase from 2004 to 2005 was 6.2% and the rate is now two percentage points higher than the national rate. This is the second time that performance in Tameside has been greater than the national rate, the first time being in 2002. In 2006 there was a significant rise in the number of pupils gaining KS2 L5 and above in Maths to 33%.

Key Stage 2 Maths at Level 4 or Above

![Graph showing the percentage of pupils achieving Level 4 in Tameside and England from 1997 to 2006.](image)

Source: DfES

Breakdown of attainment at Key Stage 2 Maths (L4) by the Regeneration areas is shown in the graph below:

![Bar chart showing the percentage of pupils achieving Level 4 in different areas from 2003 to 2006.](image)

6.4.10 The proportion of schools where less than 65% of pupils achieve Level 4 in Key Stage 2 Maths has decreased this year to only 17.6%. This is an improvement
from the 2004 figure of 26.7% of schools in Tameside. Over this last year the proportion has fallen by 34.1%, demonstrating good progress toward the second 2008 DfES target.

11 year-olds with good ICT skills

6.4.11 There is no data available for the LPSA2 measure relating to ICT this year. The baseline Level 4 rate of 83% is based on 2003 assessments and is indicative only, due to the introduction of new measurement systems in schools. The new online system replaces a paper-based system and is now operational in all schools in Tameside. The first results from the new system are due in summer 2006, which will provide better national comparability and accuracy than the previous assessment method.

Key Stage 2 ICT at Level 4 or Above

![Graph showing Key Stage 2 ICT at Level 4 or Above]

Source: DfES

6.4.12 The forecast increase in the proportion of pupils who achieve Level 4 passes is 8.4% or 7 percentage points from the 2003 baseline to 2007. The more demanding LPSA2 target increases the forecast by a further three percentage points to a target of 91% in 2006. The 3% increase on the original forecast is expected to be sustained to 2007, when the increase in performance including the LPSA2 target is forecast to be 93%.

6.5 INEQUALITIES BETWEEN SCHOOLS

6.5.1 The performance gap between the weighted average performance of the four Tameside schools with the highest proportion of pupils achieving Level 4 and above and the four Tameside schools with the lowest proportion has narrowed in English and Maths. The weighted average performance is used in calculations to take into account the number of pupils at each school. For both English and Maths not only has the rate of the worst performing schools risen but the rate of the top performing schools has risen also.

6.5.2 The weighted average of the best performing schools’ pass rates in English was 98.2% in 2005 and for the worst performing schools it was 57.4%. The performance gap was 40.8%, a reduction of 3.1 percentage points from the previous year.

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6.5.3 In Maths the weighted average rate of the best performing schools was 98.9%, compared with 47.0% for the worst performing. The performance gap for achievement in Maths was 52%, an improvement of 1.7 percentage points on the previous year.

The graph below shows the difference in attainment for different ethnic groups, those of Bangladeshi and Pakistani origin. The Pakistani pupils are clearly narrowing the gap with attainment at KS2 English with 74% compared to the Tameside average of 80%. Bangladeshi pupils are 61%.

A similar pattern emerges for Key Stage 2 Maths.

6.6 EDUCATIONAL PERFORMANCE OF 14 YEAR-OLDS

National Key Stage 3 Targets

6.6.1 There are two national Floor Targets for Key Stage 3 performance. The targets are based upon what is judged to be the expected levels of literacy, numeracy and science knowledge for 14 year-olds. The standard expected is between Level 5 and 6, and so DfES practice is to base achievement of targets on assessment passes at Level 5 or above.

The government targets for Key Stage 3 are:
85 per cent will separately achieve level 5 or above in the English test, Mathematics test and ICT teacher assessment, and 80 per cent in the Science test, nationally by 2007, with this level of performance sustained until 2008; in all schools, at least 50 per cent of pupils achieve level 5 or above in each of English, Mathematics and Science by 2008.

6.6.2 There has been an overall trend of rising attainment levels in Key Stage 3 for English and Maths since the introduction of the tests in 2000. Maths results have improved year on year, while English results have recovered this year from the small reduction in 2004. Science results have been more variable but performance has improved over the 6-year period since the introduction of the tests. In 2005 ICT performance in Tameside was better than the national average for the third year.

14 year-olds with good literacy skills

6.6.3 The 2005 and 2006 Key Stage 3 results in Tameside were better than ever, as 72% of pupils achieved level 5 in the tests. In 2004 the slight decline in performance proved to be against the trend as the increase to 2005 was the largest yet at 7 percentage points. Since the introduction of these tests, the proportion of pupils who have achieved Level 5 or above has increased by 10 percentage points both in Tameside and nationally. There were only two schools in Tameside where less than 50% of 14 year-olds achieved Level 5 and above.

Key Stage 3 English at Level 5 and above

Source: DfES

Breakdown of attainment at Key Stage 3 English at Level 5 and above by the Regeneration areas is shown in the graph below:
Breakdown of attainment at Key Stage 3 Maths at Level 5 and above by the Regeneration areas is shown in the graph below:
6.6.4 The proportion of pupils who have achieved Level 5 and above in Key Stage 3 Maths has increased steadily over the last six years to a rate of 75% in 2006. The gap in performance between Tameside and the national rate has been constant (at 2%) over the last three years, although both Tameside and national rates have risen in this time. In 2005, in Tameside there was only one school where less than 50% of pupils attained Key Stage 3 Maths Level 5 and above.

### 14 year-olds with good Science skills

6.6.5 There is an overall upward trend in Science results both in Tameside and nationally. The slightly lower results in 2004 were due to a change in the nature of the exam, but the 2005 results reverted to the previous high of 65% and in 2006 to 69%. The 2004 to 2005 increase in the proportion of pupils who achieved Level 5 was four percentage points both locally in Tameside and nationally. However, since 2000 Tameside’s results have improved by more than the national results and therefore we have closed the performance gap by two percentage points. As with the Maths results, there was only one school in Tameside in which less than 50% of pupils achieved Level 5 and above in 2005.
Breakdown of attainment at Key Stage 3 Science at Level 5 and above by the Regeneration areas is shown in the graph below:

14 year-olds with good ICT skills

6.6.6 Over the last four years Tameside results have been consistently better than the national results in ICT. Both in Tameside and nationally the proportion of pupils who achieve Level 5 and above has been stable at around 70% and 67% respectively. In 2006 it was 74%

6.6.7 There are three national Floor Targets for GCSE performance. Tameside has also agreed three local LPSA2 targets for attainment at this level.

National GCSE attainment targets

6.6.8 The government has set three targets for ‘good’ performance in GCSEs. The targets are based on achievement of 5 or more A*-C graded GCSEs. These grades are the usual level that is required for progression to further academic studies. 60 per cent of 16 year olds to achieve the equivalent of 5 GCSEs at grades A*-C by 2008 (PSA Target).

Increase by 2 per cent per year between 2002 and 2006 the percentage of 16 year old pupils achieving 5 or more GCSE or equivalents at grades A*-C (SR2002 PSA target).

In all maintained mainstream schools, at least 25 per cent of pupils will achieve 5 or more A*-C GCSEs or equivalent by 2006, rising to 30 per cent by 2008 (PSA target). Source: DfES

Local GCSE attainment targets

6.6.9 Tameside’s local targets were agreed between the Council and Government Office North West in the second round Local Public Service Agreements (LPSA2). These targets are:

Improving GCSE attainment in lowest performing schools – average % of pupils achieving at least 5+ A*-C GCSE/GNVQs or equivalent at identified schools.

Improving GCSE attainment amongst boys – average GCSE/GNVQs Average Point Score (APS) (capped best 8) attained by boys at selected schools.

Improving the proportion of statemented Special Educational Needs children in mainstream schools that make ‘adequate progress’.

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There has consistently been a greater proportion of Tameside pupils who achieve 5 or more GCSEs at grade A*-G than nationally. Although the 5 A*-C pass rate in Tameside is lower than the national rate the performance gap has narrowed by 40.7%. There has been a strong trend of improving high grade results in Tameside. The slightly lower rate in 2004 was against this trend, however the 2004 to 2005 improvement was the largest to date.

5 or more GCSEs at grades A*-C

![Graph showing percentage of pupils achieving 5 or more passes from 1996 to 2006.]

5.4.4 In 2006 38% of pupils achieved 5 or more GCSEs at A*-C, including Maths and English.

Breakdown of attainment of pupils who achieved 5 or more GCSEs at A*-C the Regeneration areas is shown in the graph below:

![Bar graph showing percentage of pupils achieving 5 or more passes from 2003 to 2006.]

5.4.5 The 2004 to 2005 increase in the proportion of pupils who attained 5 or more GCSEs at grades A*-C was unprecedented in Tameside. In 2005 for the first time the percentage of pupils who achieved 5 or more A*-C grades broke the 50% barrier.

5.4.6 The 7-percentage point rise from 2004 to 2005 increased the achievement rate to 51.7%. The performance gap between Tameside and the national attainment...
rate is now smaller than ever at 5.4 percentage points. In 2006 there was a small fall in performance to 49%.

6.6.13 Over the last eight years Tameside has consistently had a greater proportion of 5 or more A*-G GCSE passes than the national rate. The A*-G pass rate has been steady at approximately 90% in Tameside since 1998. In 2006 it was 87%.

6.6.14 Inequalities in attainment of 5 or more A*-C grades by Gender
6.6.15 To Improve Key Stage 4 Education Performance For C&YP, Particularly Boys remains a priority for Tameside. The progress measure is to Increase % of pupils achieving 5 or more A*-C GCSE’s (Target 57.0%)

6.6.16 The results for both boys and girls are better then ever this year. The performance gap between boys and girls is slightly larger than it has been in recent years. In Tameside there was an increase of 7 percentage points in the proportion of boys achieving 5 or more A*-C GCSE grades, whereas the increase for girls in the Borough was 9.7 percentage points. The performance gap widened by 2.7 percentage points due to the faster rate of improvement amongst girls compared with boys.

Source: DfES

6.6.17 Average Points Score (APS) of boys at Identified Schools
At GCSE the trend at both a national and a local level is for girls to outperform boys. To help boost the performance of boys in Tameside there is an LPSA2 target based on the Average Points Score (APS) of boys in schools where the gender performance gap is largest. Achievement of the target is also based on a reassurance measure of the performance of girls in those schools. The APS is calculated from GCSE and GCSE equivalent grades. Higher grades are awarded more points, therefore a higher APS signals better performance. The APS in this measure is capped to include 8 GCSEs or the equivalent to restrict the number, so that lower grades are not compensated for by the volume of exams taken.

6.6.18 In Tameside the APS of boys at the identified schools increased by 17.9 points from 2004 to 2005. Nevertheless, the APS was a little lower than forecast, at 228.7. The increase is 6.3 points less than the forecast and 25.5 less than the more demanding LPSA2 forecast. This is, however, the first year of a target based on the three-year average and so the target may still be achieved by improved performance over the next two years. The measures put in place to help boost performance are still relatively new.
6.6.19 It is important to note that there are only approximately 400 boys in the cohort. The improvement made in 2005 was consolidated in 2006 with our second best result.

6.6.20 Inequalities in attainment of 5 or more A*-C grades by ethnic group
6.6.21 The variations from year to year in the proportion of Pakistani pupils’ and Bangladeshi pupils’ attainment of 5 or more GCSEs are much greater than in the overall attainment due to the small number of pupils in the cohort. In the 2005 academic year there were 57 pupils of Pakistani heritage and 55 pupils of Bangladeshi heritage.

6.6.22 For the last six years Bangladeshi pupils have outperformed Tameside pupils overall. In 2005 the attainment of 5 or more A*-C graded GCSEs by Bangladeshi pupils increased by 18.3 percentage points to the all-time high of 67.3%. The results for pupils of Pakistani heritage have been less variable over time and have increased by over 100% from only 26% of pupils achieving 5 or more A*-C grades in 1999 to 52.6% in 2005.

Inequalities by Ethnicity at 5 or more A*-C GCSEs
6.6.23 EDUCATION PERFORMANCE OF 14 YEAR-OLDS

National Key Stage 3 Targets
6.6.24 There are two national Floor Targets for Key Stage 3 performance. The targets are based upon what is judged to be the expected levels of literacy, numeracy and science knowledge for 14 year-olds. The standard expected is between Level 5 and 6, and so DfES practice is to base achievement of targets on assessment passes at Level 5 or above.

The government targets for Key Stage 3 are:
- 85 per cent will separately achieve level 5 or above in the English test, Mathematics test and ICT teacher assessment, and 80 per cent in the Science test, nationally by 2007, with this level of performance sustained until 2008;
- In all schools, at least 50 per cent of pupils achieve level 5 or above in each of English, Mathematics and Science by 2008.

6.6.25 In Tameside, there has been an overall trend of rising attainment levels in Key Stage 3 for English and Maths since the introduction of the tests in 2000. Maths results have improved year on year, while English results have recovered this year from the small reduction in 2004. Science results have been more variable but performance has improved over the 6-year period since the introduction of the tests. In 2005 ICT performance in Tameside was better than the national average for the third year.

14 year-olds with good literacy skills
6.6.26 The 2005 Key Stage 3 results in Tameside were better than ever, as 72% of pupils achieved level 5 in the tests. In 2004 the slight decline in performance proved to be against the trend as the increase to 2005 was the largest yet at 7 percentage points. Since the introduction of these tests, the proportion of pupils who have achieved Level 5 or above has increased by 10 percentage points both in Tameside and nationally. There were only two schools in Tameside where less than 50% of 14 year-olds achieved Level 5 and above.
Key Stage 3 English at Level 5 and above

<table>
<thead>
<tr>
<th>Year</th>
<th>Tameside</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>62.0%</td>
<td>64.0%</td>
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<tr>
<td>2001</td>
<td>61.0%</td>
<td>65.0%</td>
</tr>
<tr>
<td>2002</td>
<td>65.0%</td>
<td>67.0%</td>
</tr>
<tr>
<td>2003</td>
<td>71.0%</td>
<td>68.0%</td>
</tr>
<tr>
<td>2004</td>
<td>65.0%</td>
<td>71.0%</td>
</tr>
<tr>
<td>2005</td>
<td>72.0%</td>
<td>74.0%</td>
</tr>
</tbody>
</table>

Source: DfES

14 year-olds with good numeracy skills

6.6.27 The proportion of pupils who have achieved Level 5 and above in Key Stage 3 Maths has increased steadily over the last six years to a rate of 72% in 2005. The gap in performance between Tameside and the national rate has been constant (at 2%) over the last three years, although both Tameside and national rates have risen in this time. In Tameside there was only one school where less than 50% of pupils attained Key Stage 3 Maths Level 5 and above.

Key Stage 3 Maths at Level 5 and above

<table>
<thead>
<tr>
<th>Year</th>
<th>Tameside</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>58.0%</td>
<td>65.0%</td>
</tr>
<tr>
<td>2001</td>
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<td>66.0%</td>
</tr>
<tr>
<td>2002</td>
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<tr>
<td>2003</td>
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<td>70.0%</td>
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<tr>
<td>2004</td>
<td>71.0%</td>
<td>73.0%</td>
</tr>
<tr>
<td>2005</td>
<td>72.0%</td>
<td>74.0%</td>
</tr>
</tbody>
</table>

Source: DfES

14 year-olds with good Science skills

6.6.28 There is an overall upward trend in Science results both in Tameside and nationally. The slightly lower results in 2004 were due to a change in the nature of the exam, but the 2005 results reverted to the previous high of 65%. The 2004 to 2005 increase in the proportion of pupils who achieved Level 5 was four percentage points both locally in Tameside and nationally. However, since 2000 Tameside’s results have improved by more than the national results and therefore we have closed the performance gap by two percentage points. As with the Maths results, there was only one school in Tameside in which less than 50% of pupils achieved Level 5 and above.
Key Stage 3 Science at Level 5 and above

<table>
<thead>
<tr>
<th>Year</th>
<th>Tameside</th>
<th>England</th>
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</thead>
<tbody>
<tr>
<td>2000</td>
<td>52.0%</td>
<td>59.0%</td>
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<tr>
<td>2001</td>
<td>61.0%</td>
<td>66.0%</td>
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<tr>
<td>2002</td>
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<td>67.0%</td>
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<td>2003</td>
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<td>2004</td>
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</tr>
<tr>
<td>2005</td>
<td>65.0%</td>
<td>70.0%</td>
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</tbody>
</table>

Source: DfES

14 year-olds with good ICT skills
6.6.28 Over the last three years Tameside results have been consistently better than the national results in ICT. Both in Tameside and nationally the proportion of pupils who achieve Level 5 and above has been stable at around 70% and 67% respectively.

Key Stage 3 ICT at Level 5 and above

<table>
<thead>
<tr>
<th>Year</th>
<th>Tameside</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>70.0%</td>
<td>67.0%</td>
</tr>
<tr>
<td>2004</td>
<td>71.0%</td>
<td>67.0%</td>
</tr>
<tr>
<td>2005</td>
<td>70.4%</td>
<td>67.0%</td>
</tr>
</tbody>
</table>

Source: DfES

6.6.29 The educational achievement of CLA and those with a learning disability
6.6.30 The educational attainment of looked after children remains a key priority for the service. The links between good educational outcomes and more positive life chances for young people cannot be overestimated.

6.6.31 The figures below show the results for LAC pupils in year 6 (Key Stage 2) In 2005/06 in all three subjects, English, Maths and Science, Tameside is slightly above the national average for the whole year group. However for LAC, Tameside falls below the national average in each of the subjects.

- English L4+ 57% (8 pupils) (LA average 79.5%) (National average 79%)
- Maths L4+ 28.5% (3 pupils) (LA average 77.3%)(national average 76%)
- Science L4+ 57% (9 pupils) (LA average 88.2%)(national average 87%)
GCSE performance of Looked After Children

6.6.32 The performance of Looked After Children is monitored to ensure equality of opportunity. Prior to 2004 attainment of at least one GCSE was measured, but since 2004 measurement has been based upon the attainment of 5 or more GCSEs. There are only a small number of Looked After Children in the cohort so performance varies more than for the Borough as a whole. Looked After Children who live outside the Borough, but for whom Tameside are responsible, are also included in the figures.

The percentage of Looked After Young people sitting at least 1 GCSE has increased from 66.7% at Sept 05 to 73.1% at Sept 06. The % of Care Leavers with 1+ GCSE A*-G has also increased slightly from 57% at outturn 05/06 to 60% at 3rd Qtr end. This is against a plan of 60% and a comparator group figure of 53%. This indicator relates to young people who left care over the previous 12 months having achieved at least 1 GCSE A*-G (PAF A2). The measure of care leavers attaining at least 5+ GCSEs at grade A*-C has however, shown some decline, reducing from 8.7% at outturn to 5% at 3rd Qtr end. However, it is important to note that the small numbers of young people in the cohort for this measure does give rise to significant variations in recorded values.

6.6.33 97.6% of Personal Education Plans (PEPs) were completed on time for LAC in 2005. ERT workers monitor the PEP and progress of LAC. Foster carers and staff receive training in PEP planning. The quality of provision is demonstrated as follows: The educational attainment of LAC has improved this year. All schools have a designated teacher for LAC, supported by the ERT.

This chart below represents the data for the last 5 years for LAC in year 11 sitting/achieving GCSE grades.

<table>
<thead>
<tr>
<th>Year</th>
<th>No. in group</th>
<th>No. who sat at least 1 GCSE</th>
<th>Tameside Av</th>
<th>5 or more A*-C</th>
<th>Tameside Av</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001/2</td>
<td>25</td>
<td>8</td>
<td>32%</td>
<td>95.3%</td>
<td>4%</td>
</tr>
<tr>
<td>2002/3</td>
<td>20</td>
<td>9</td>
<td>45%</td>
<td>95.8%</td>
<td>5%</td>
</tr>
<tr>
<td>2003/4</td>
<td>20</td>
<td>13</td>
<td>65%</td>
<td>95.1%</td>
<td>10%</td>
</tr>
<tr>
<td>2004/5</td>
<td>21</td>
<td>13</td>
<td>62%</td>
<td>90.5%</td>
<td>19%</td>
</tr>
<tr>
<td>2005/6</td>
<td>26</td>
<td>19</td>
<td>73%</td>
<td>95.8% (no National data available)</td>
<td>32%</td>
</tr>
</tbody>
</table>

6.6.34 CF/A2 Educational qualifications of CLA (version 2 of 2; collected from 2003-04 to 2005-06) above, gives us the percentage average against the Northwest and England averages.
3.3 CHILDREN AND YOUNG PEOPLE ACHIEVE PERSONAL AND SOCIAL DEVELOPMENT AND ENJOY RECREATION

6.7.1 Personal and social development and recreation.

The PESSCL survey provided a figure of 75% of all young people (June 06). The active people survey shows 17.2% (Dec 06) of Tameside adults take up physical activity in the form of a sport related activity on average at least 3 x 30 minutes per week.

6.7.2 Out of school activities

6.7.3 Nine in ten Tameside primary schools provide out-of-school activities on site. 4,817 children and young people attended 315 Sports Development clubs in Tameside from all cultures, backgrounds and genders in 2004/05. Sports activities for 7-13 year-olds take place during school holidays across the borough. Last year approximately 1,100 primary school children took part in countryside activity workshops; we are top quartile for visits to museums by school groups.

6.7.4 ‘Positive Intervention Through Sport’ schemes helped to improve the personal skills of young people referred by the YOT.

6.7.5 A Play Strategy for Tameside is in development, and a Big Lottery Fund bid is planned to include staffed activities and smaller projects (e.g. hopscotch grids). The Extended Schools Co-ordinator will work with partners to develop a variety of local provision. The Youth Service is working with the voluntary youth sector to identify and fill any gaps in provision.

6.7.6 LAC an C+YP with a learning disability who participate in cultural and leisure activities.

6.7.7 LAC can access funding to participate in key activities. Swimming vouchers and book vouchers are regularly provided to carers and young people as prizes. All young people leaving care are provided with the contact details for a Connexions Personal Adviser, who may act as their advocate at transitions meetings if required.

6.7.8 What Have Children and Young People have said about Enjoying and Achieving

Feedback from children in Year 7 indicated that many of their fears about secondary school transition were rooted in myths spread by older siblings and friends. In
response to this, children from vulnerable groups were identified from 4 primary schools and each visited 2 high schools in groups. They then prepared accounts of their findings for their peers and parents. These children are reported to be more confident in school and some are showing enhanced academic performance in Year 6.

Year 6 pupils completed a 'Passport to High School', which explored their thoughts and feelings. This information was passed to the high school. During their first term, there was a follow-on workshop that gave the opportunity to reflect on their transition experience and identify support networks.

Close links and a Network have been established for named staff in school with responsibility for Young Carers. A conference took place and a consultation day with young carers school staff and different agencies. 44 Young Carers took part and said that schools setting up lunchtime clubs for young carers had been very helpful to them because they’d met other young people in the same position as themselves.

Children and Young People were consulted about after school activities and they said that school attendance would be better if there were opportunities for good after school activities on site.

During 2005-06 over 120 hard to reach young people have attended alternative curriculum programmes run by Sports Development. All said that they had experienced improvements in self-esteem and 15% achieved an accredited award. This figure has increased to 50% for courses run from September 06. Over 90% have positively re-engaged with school life as a result of this positive intervention scheme.

In April 07 a questionnaire was sent to Looked After Children and their Foster Carers asking them if the educational provision provided for them meets most of their needs. The outcome of the questionnaires will help identify additional support and training required and will be included in future planning for the LAC support team.

25% of 5-18 year old Looked after Children regularly contribute to and enter competitions in the LAC newsletter. Each contribution is acknowledged into a certificate of achievement and publication of their artwork, competition entry, story, etc. They report that they enjoy this involvement and get a sense of achievement from it.

SECTION 7 - MAKING A POSITIVE CONTRIBUTION

7.1.1 Tameside Council has Beacon Status for Getting Closer to Communities. Many developments have clearly been based on what children and young people want such as Children’s Centre and extended schools consultations, and with specific groups such as teenage mums, young carers and children with disabilities.

7.1.2 Tameside’s Children and Young People’s Participation Network is made up of a number of organisations working with children and young people on matters of consultation and participation. These include representation from the Health Trusts, Housing, Connexions, Children’s Rights Service, SureStart, Police, Voluntary sector and TMBC services. The Network aims to influence policy development through feeding the views of children and young people into the Children and Young People’s Strategic Partnership (CYPSP).

7.2 CHILDREN AND YOUNG PEOPLE ENGAGE IN DECISION-MAKING AND SUPPORT THE COMMUNITY AND ENVIRONMENT.
7.2.1 All secondary schools (19 in total) and more than three-quarters of primary schools (82 in total) have representative bodies, enabling children and young people to stand for election and contribute to decision-making. Secondary school Citizenship programmes enable young people to take part in community action projects. All high schools elect two pupils as representatives to their local District Assembly.

7.2.2 Children & young people involved in voluntary & community activities

A Year 10 survey bi annually tracks the proportion of Year 10 pupils sampled who undertake voluntary and community activity in their spare time. The measure is the proportion of all respondents completing the survey who answered ‘yes’ to a question on whether they undertook any voluntary or community activity in their spare time.

There was a baseline of 27% in 2005/06. Projected targets are 28% 2007/08, 30% 2008/09 and 32% 2009/10.

7.2.3 Children & young people contribute to key decisions affecting their lives.

- 565 children and young people with statements of SEN contributed to their 2005 annual review.
- 54% of Year 10 pupils (including those at PRUs or special schools) in the 2005/06 participated in the Youth Online Survey told us their perceptions of their neighbourhood, the council and their school, and priorities for improvement.
- 80 young people participated in a Youth Service consultation on the Youth Green Paper, which led to the creation of an action plan endorsed by the CYPSP.
- Over 1,500 children and young people participated in consultation over the Extended Schools programme through a variety of exercises to suit different learning styles.
- Young Carers through consultation raised issues about how they felt in school leading to adoption of a model policy for Young Carers in schools.
- 75% of Tameside schools were consulted on issues relating to Eco-Schools, providing opportunities for children and young people to influence the improvement of school grounds and playgrounds, to promote co-operative behaviour.
- Children and young people with disabilities and their parents or carers were consulted on the Making it Better agenda.
- Young people aged 16+ are involved in the ‘Step into Sport’ volunteering programme and in Coach Education courses to increase sports coaching and leadership in local communities.
- Pupils from the Pupil Referral Units participate in a wide range of environmental projects, raising money for charity and contributing to community activities.
- Young people who have experienced homelessness participated in peer mentoring in schools on the subject of on homelessness, and (with Cardboard Citizens) created which was performed across the borough.
- A Young Parents Group participated in peer mentoring on teenage pregnancy delivered in schools, as well as the Scrutiny Review of SRE.
• Young carers have participated in joint activities with the Youth Service to enable them to reach their potential.

• There are numerous examples of involvement of children and young people in the recruitment (Youth Service, YOT and Children’s Fund staff, and as representatives on of the Connexions Partnership).

• During April 2005-March 2006 a total of 490 young people took part in PAYP, for 95% of whom at least one positive outcome was recorded.

• Young disabled people are able to take part in youth Achievement Awards via the Youth Service and specialist disability youth groups.

• Children’s Fund conducted research with over 40 teenage mothers.

7.2.4 Involving children and young people in decision making, planning and delivery of services.

A year 10 survey is carried out in bi-annually by the LA in Tameside. In 2005, out of a total of 1730 respondents roughly evenly split between boys and girls (18 % disabled and 10% BME) were given a number of enquiries were made as to services and best ways to access these.

7.2.5 What help or advice do young people think should be provided for them in Tameside?

Base: All respondents - prompted (1730)
Advice and help with drugs and alcohol 66%
Advice on finding somewhere to live 63%
The chance to meet people from different Backgrounds 62%
Advice on keeping healthy 61%
Help to learn new skills 59%
Help to get a good education 57%
Advice and help to cope with pregnancy 57%
Careers advice 56%
Information about sports and leisure facilities 55%
Advice on safe sex / sexual health 54%
Places where young people can meet their friends 48%
Counselling 47%
Places where young people can do activities 46%
Help to get a job 45%
Help to deal with crime 42%
Help to deal with bullying 40%
Help to deal with racism 38%
Advice on handling money and paying bills 36%
Other 7%
None 3%

7.2.6 Consulting BME children and young people on redesign and service improvements for services for children and young people.
7.2.7 In 2005, CYPSP conducted a survey amongst three groups of children and young people: aged 5 to 13; aged 13-19; children and young people from BME communities. 13-19 years sample N= 159:

7.2.8 20% would access advice about healthy living through schools. 27.50% would access safe sex or sexual health advice through schools, 17.50% through health centres, and over 22% preferred on line. 22.5% would access counselling services through schools and a further 12.5% preferred local centres, 10% through a health centre. 50% % would access Careers advice through schools, 13.16% wanted written information and a further 15.70% services on line. 60.53 % would access Connexions through schools, 13.16 preferred written information and a further 15.79% wanted access on line. 56.41% would access help to learn new skills at school and a further 12.82% preferred at a local centre, whilst 15.38% preferred on line.
7.2.10 Results from BME children aged five to thirteen

**PLACE**

- **money advice**
  - school: 15%
  - telephone: 8%
  - internet: 5%
  - town centre: 5%
  - at a place close to home: 67%

- **health care and advice**
  - internet: 28%
  - at a place close to home: 17%
  - town centre: 5%
  - school: 24%
  - telephone: 26%

- **Learn about other cultures**
  - internet: 32%
  - telephone: 15%
  - town centre: 4%
  - school: 43%

- **Extra help with learning**
  - internet: 13%
  - telephone: 0%
  - school: 68%
  - town centre: 0%

**TIME**

- **money advice**
  - available all the time: 16%
  - morning: 35%
  - weekend: 29%
  - evening: 2%
  - after school: 7%

- **health care and advice**
  - available all the time: 29%
  - morning: 23%
  - weekend: 6%
  - evening: 15%
  - after school: 10%

- **Learn about other cultures**
  - available all the time: 14%
  - morning: 16%
  - weekend: 12%
  - evening: 11%
  - after school: 33%

- **Extra help with learning**
  - available all the time: 13%
  - morning: 7%
  - weekend: 5%
  - evening: 22%
  - after school: 35%

Source: BME Survey
### 7.4 CHILDREN AND YOUNG PEOPLE DEVELOP POSITIVE RELATIONSHIPS AND CHOOSE NOT TO BULLY AND DISCRIMINATE

7.4.1 The following table describes the types and range of training currently undertaken in Tameside’s schools:

<table>
<thead>
<tr>
<th>TRAINING</th>
<th>DELIVERED BY</th>
<th>BENEFICIARIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Education Teenage mums</td>
<td>Brook &amp; Connexions</td>
<td>Delivered to other young people in schools</td>
</tr>
<tr>
<td>Peer Education Alcohol and Sex Yr 9/10</td>
<td>Healthy Schools team (Shelagh Walton, Gwynneth Johnson)</td>
<td>Younger year groups and feeder primary schools</td>
</tr>
<tr>
<td>Peer Counselling</td>
<td>Off the Record</td>
<td>Children offer counselling to other children in school</td>
</tr>
<tr>
<td>Peer Supporters Primary and Secondary</td>
<td>Gwynneth Johnson – Advisory Teacher for SRE (Healthy Schools Team)</td>
<td>To offer peer support for other young people in school</td>
</tr>
<tr>
<td>Peer Support Peer Mediation Social Mediation</td>
<td>Education Psychology Service</td>
<td>As above</td>
</tr>
<tr>
<td>Peer mentoring</td>
<td>Tameside Education Business Partnership</td>
<td>Littlemoss High Vertical form groups, peer mentoring delivered in forms</td>
</tr>
<tr>
<td>Peer Support The Tree Model</td>
<td>Sue Tabner</td>
<td>Primary School</td>
</tr>
<tr>
<td>Peer Support</td>
<td>BEST Team and EP Service</td>
<td>Primary and High Schools</td>
</tr>
<tr>
<td>Prefect Training</td>
<td>Tameside Education Business Partnership</td>
<td>Prefects tasks depend upon individual schools</td>
</tr>
<tr>
<td>Recruitment and selection training</td>
<td>Mainly delivered in house by individual schools, different levels of involvement, from showing people round the school to active involvement in the interview process</td>
<td>Young people involved in selection of staff</td>
</tr>
<tr>
<td>Junior Sports Leadership Award (JSLA)</td>
<td>School Sports Coordinator &amp;/or Head of PE Children’s Fund Sports Development</td>
<td>Primary schools</td>
</tr>
<tr>
<td>Business training to set up and run a small business</td>
<td>Young Enterprise Manchester Metropolitan University</td>
<td>High Schools</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>LEAP – an organization delivering courses to young people and adults Exploring a national accreditation of peer mediation</td>
<td>Delivered in schools and communities <a href="http://www.leaplinx.com">www.leaplinx.com</a></td>
</tr>
<tr>
<td>Eco Council</td>
<td>Schools Eco Coordinator</td>
<td>Primary schools</td>
</tr>
<tr>
<td>Peer evaluation Training</td>
<td>Children’s Fund Participation Project</td>
<td>Six BLF extended schools</td>
</tr>
</tbody>
</table>

86


<table>
<thead>
<tr>
<th>Playground Pals (peer support)</th>
<th>Children’s Fund</th>
<th>Primary schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Muir Outdoor Leaders and Environment awards</td>
<td>Groundwork</td>
<td>High schools</td>
</tr>
<tr>
<td>Personal development and work preparation courses</td>
<td>Groundwork</td>
<td>High Schools</td>
</tr>
<tr>
<td>Sports development volunteering service train young people to become sports leaders</td>
<td>Sports Development</td>
<td>High Schools</td>
</tr>
</tbody>
</table>

7.4.2 Play

7.4.1 In 2006, a total nearly three hundred children, young people and parents were consulted on the strategy for play in Tameside, the plan for children and young people’s services for the year, and the strategy that will inform how we involve children and young people in decision making, planning and delivery of services.

7.4.2 A number of parents were also consulted about play and opportunities for play; including the experiences of parents of children with disabilities through the OKE group.

7.4.3 For most children and young people play means having a good time, being with their friends and being able to do what you want to do. All the children and young people involved said that they wanted to feel safe and secure in the areas they play. Younger children would prefer parks and activity areas to have some form of supervision; reasons they gave for not going to parks included feeling intimidated by older groups of young people, broken or vandalised equipment and fear of bullying from other children.

7.4.4 Older young people would prefer places where they could hang out with their mates without being moved on, teen shelters, skate parks and cycle tracks were all mentioned; although they wanted to be left alone most of the time, they understood the need to have some kind of drop in supervision.

7.4.5 Many of the children and young people want to be able to play outdoors more; given the choice they would rather be outside than in, particularly if there was somewhere interesting to go. They would like a choice of some organised activity and some time for free play. When questioned they said they would go to a play bus if it visited their area but felt there should be different sessions for different age groups.

7.4.6 Priorities for children and young people as defined by them

- Stopping bullying
- Stop people being racist
- There should be more places that we can go to hang out and not get moved on
- Give young people a better image, not always negative things
- There should be transport to get to places so your parents don’t have to take you all the time
- Local facilities

7.4.7 Additional Information from disabled children and their parents

7.4.8 Children and young people want the same access to outdoor play that other children have; they like playing the same games, want to be able to go to parks, swimming baths and leisure activities with their peers. They are often stopped from
7.4.9 Their parents felt that there needed to be more one to one support for children with disabilities. There is very little for disabled children to do in the holidays except for OKE. There needs to be more trained staff in centres that can work with children with disabilities and awareness raised of the needs of children with ADHD and autism.

7.5 CHILDREN AND YOUNG PEOPLE ENGAGE IN LAW-ABIDING AND POSITIVE BEHAVIOUR IN AND OUT OF SCHOOL.

7.5.1 The Youth Justice Board has a corporate target to protect victims and communities by reducing re-offending by young offenders by 5% by March 2006 compared with the 2000 baseline. The KPI's: Achieve a reduction in re-offending rates by 5% in 2006/07, when compared with 2002/03, with respect to each of the following four populations: Pre-court, First tier penalties, Community penalties, Custodial penalties

<table>
<thead>
<tr>
<th></th>
<th>2002 outturn</th>
<th>2003 outturn</th>
<th>2004 outturn</th>
<th>2005/06 outturn</th>
<th>2006/07 outturn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-court</td>
<td>19/49 = 38.7%</td>
<td>39/125 = 31%</td>
<td>22/71 = 30%</td>
<td>29/80 = 36.5%</td>
<td>25/90 = 27.7%</td>
</tr>
<tr>
<td>First Tier penalties</td>
<td>19/34 = 55.8%</td>
<td>18/35 = 51.4%</td>
<td>39/63 = 61.9%</td>
<td>25/49 = 51%</td>
<td>40/78 = 51%</td>
</tr>
<tr>
<td>Community penalties</td>
<td>24/42 = 57.1%</td>
<td>38/56 = 67.8%</td>
<td>17/27 = 62.9%</td>
<td>23/28 = 82%</td>
<td>28/42 = 66.6%</td>
</tr>
<tr>
<td>Custody</td>
<td>No cases in cohort</td>
<td>6/13 = 46%</td>
<td>8/8 = 100%</td>
<td>7/8 = 87.5%</td>
<td>4/4 = 100%</td>
</tr>
</tbody>
</table>

KPI: 05/06 actual (Oct – Dec cohort) and % against target*

<table>
<thead>
<tr>
<th></th>
<th>84/165</th>
</tr>
</thead>
<tbody>
<tr>
<td>KPI: 06/07 target</td>
<td>80/165</td>
</tr>
<tr>
<td></td>
<td>5% reduction</td>
</tr>
</tbody>
</table>

7.5.2 Locally there has been a 29% increase in offences brought to justice which impacts on the re-offending rates shown.

7.5.3 When converting recidivism into a percentage achievement from Apr – Dec 2005, Tameside shows a 23% success rate compared to a national success of 36%, a North West rate of 37% and a family group success rate of 38%. We are currently doing some comparative work with other boroughs to investigate this further. Also, in examining the trends of re-offending within the sub groups of the cohort, there is no consistency between the groups between the 2002 and 2005/06 outturns. The pre-court group is by far the largest in terms of recidivism.

7.5.4 Tameside figures for all crimes (not just youth offending) show significant decreases in key crimes i.e. burglary, vehicle taking, robbery and wounding.
However, significant volume crime show actual as well as percentage increases e.g. theft from vehicle, criminal damage.

7.5.5 The YOT PI (LPI19) measures the number of young offenders resident in Tameside with a substantive outcome: In 2005/06 there were 719 compared to the previous year 04/05 which showed 752. This marks a steady rise as 03.04 there were 5096 and 512 in 02/03

7.5.6 Looked after children's offending behaviour

PAF C81 which compares looked after children’s offending behaviour to that of the general child population; data is unavailable for 05/06, but quarters 1 and 2 of 2006/07 shows a ratio of 2.0 and 3.0 respectively.

7.5.7 Permanent & fixed exclusions

7.5.8 There are a number of initiatives undertaken in Tameside that aim to reduce the number of exclusions. The Behaviour Outreach team work with schools and individual pupils across the Borough to deal with behavioural issues that arise. The Tameside Healthy Schools programme also works with pupils to increase participation in all activities. In July 2006 Tameside comes to the end of a Behaviour Review. This 2-year review of services will culminate in a key decision and formulation of an implementation plan. The plan will set out measures to improve the structure and implementation of services delivered.

7.5.9 The number of permanent reductions has fluctuated since 1998/99 with a 22% decrease on the numbers from 1998/99 to 2005/6. 87% of the permanent exclusions were from secondary schools during 2005/6.
Permanent exclusions represent 0.35% of the secondary school population in 2005/6.

75% of permanent exclusions in secondary schools are young males.

91% of fixed term exclusions are for 5 days and under.

53% of the incidents were related to physical assaults, verbal abuse or threatening behaviour.

7.6 CHILDREN AND YOUNG PEOPLE DEVELOP CONFIDENCE AND SUCCESSFULLY DEAL WITH SIGNIFICANT LIFE CHANGES & CHALLENGES

7.6.1 All Tameside schools state that young people receive support during transition with targeted support for specific groups. A number of working groups have been set up to look at providing better support for all transitions. Pupil passports and parent passports have been developed to provide information to the schools and a transitions policy is being developed to support schools. Pilots have taken place in primary and secondary schools.

7.6.2 The views of LAC

Looked after children participated in residential staff interviews, have taken part in consultation on a new children’s home and, from September 2006, have been delivering training to foster carers.

7.6.3 PAF C63, measurement for children’s contribution to reviews shows an outturn of 99% for 05/06 and 06/07. This is set against an England comparison of 83%. The definition for this indicator now includes all LAC reviews held over a 12 month period, and we are continuing to review and improve the arrangements for ensuring that children’s views are given due weight and consideration in the review process.

7.6.4 LAC continues to lead Total Respect training delivered for councillors and staff.

7.7 What Have Young People Said About Making a Positive Contribution

- 27% of Year 10 pupils who completed the survey last year (1730 pupils from 19 schools completed) do some sort of volunteering activity in their spare time.
- 51% of year 10 pupils are members of a club or group outside school.
- 76% of young people in year 10 had heard stories or seen young people causing trouble but 65% of them thought that young people's image as trouble-makers was unfair.
- The Consultation that took place during the summer last year also found that children and young people though it was important to promote a better image for young people because there were always negative views around.
- Young people want to play or just hang about safely where they are not annoying anyone but say that there are less places to go because houses have been built or else there are no ball games signs up.
- Young people want to tackle issues of bullying and racism.
- Young people would like better public transport so that they can take part in positive activities and not need parents or other adults to give them lifts.

- When children and young people were asked how they'd like to get involved in decision making 34% said through events and 25% through a website. School, youth clubs, councillor's visits and attending meetings were next in order of popularity.

- Young People involved in reparation work and projects through the Youth Offending Team and Positive Activities for Young People programme have said “Positive activities for Young People has helped me control my anger and calmed me down”. “When I started doing jobs for the community I thought it was a boring waste of time but now I think its one of the best things I do at the YOT.” And a young person said after clearing up at a day nursery after criminal damage “I didn’t realise what an impact it had on the toddlers and staff.”
SECTION 8 - ACHIEVE ECONOMIC WELL-BEING

8.1 Engaging in further education, employment or training on leaving school

8.1.1 The 2005 Year 11 Activity Survey for Tameside reports on 3138 young people completing Year 11 in schools in Tameside. The Connexions Service uses this information with schools as part of the annual Partnership Agreement discussions, to help shape actions for the forthcoming year. It is important to recognise that the survey is a snapshot of activities taken at the 1st November each year. It does not attempt to demonstrate longitudinal tracking. The key headlines show:

- 72% continued within full-time education, an increase of 5% on 2004
- 16% entered employment or training, a decrease on 2004 of nearly 2%
- 1% were involved in voluntary or part-time activities, a slight increase on 2004
- 9% were NEET (not in education, employment or training), a slight decrease on 2004
- 2% had moved, did not respond, or refused to participate, over 3% decrease on 2004

8.1.2 Aggregating these figures shows that:

Nearly 89% of all Year 11 leavers were in some form of education, employment or training (EET), compared with 85% in 2004 and of these:
- 80% were involved in accredited learning compared to 76% in 2004

Figure 7. Destination of 16 year-old school leavers

8.1.3 A further breakdown of destinations is shown in the figure below:

Young people who chose to continue in full time education, in the main chose to study in Tameside, over 82% did so. MANCAT, Loreto College, Cheadle & Marple 6th Form College and Stockport College were the main recipients of Tameside students.

8.1.4 Both occupational and course choice continues to follow traditional stereotypical patterns.
8.1.5 The Aimhigher project aims to raise the aspirations of targeted pupils and increase numbers progressing to post-16 and post-19 learning by directing resources towards under-represented groups. The Aimhigher objectives link to Tameside’s 14-19 strategy and to the key concerns of local schools and colleges. A variety of projects have been funded in eight schools and the Tameside Refugee and Asylum Seeker Service (TRASS), including support for disaffected boys, mentoring, curriculum enrichment and exam revision/techniques.

8.1.6 In 2005/06 progression post-16 has improved from 68% in 2004 to 73% in 2005.

8.1.7 Entry to the labour market at 16 is still the preference of 26% of Year 11s, and a consistent 9% fail to make a successful transition and enter NEET. Opportunities at 16 have polarised, in that funding by the LSCGM is targeted at provision achieving NVQ2, leaving concerns for those who are not ready to access this – the NEET group. Of those young people who took up other jobs offered by local employers, 236 or 48% of them were not provided with structured learning.

8.1.8 An extract from the National Activity Survey Headline data enables comparisons to be made for Tameside with the England, Northwest, Greater Manchester and other GM local authorities’ performance for Year 11 leavers. However, note that some of the headings used in this national report are different from the individual return.

8.1.9 Support to Young Offenders in Education, Training & Employment [Data Reference: 4011YJ]

8.1.9.2 Youth Justice Board KPI to ensure the 90% of young offenders who are supervised by the Youth Offending Team are in suitable, full time education, training or employment. Full time education is defined as 25 hours/week. Some of this is due to the numbers in part time ETE ad the revised counting rule will enable the capture of this group in the performance. This still leaves an underlying problem and is a high priority for 06/07.

8.1.10 Participation in education and work Based Learning of 16 and 17 year olds (2004) provisional data

8.2 Children and Young People are ready for employment

8.2.1 Tameside’s 16-19 year-old unemployment rates are lower than the Greater Manchester average. Only once in the last twenty quarters has the Greater
Manchester rate been lower than the Tameside rate. Since July 2004 the unemployment rate has been stabilising and was 7.3% in January 2006, which is one percentage point lower than in Greater Manchester.

8.2.2 In 2006 just 8% of school leavers in Tameside were not in education, employment or training, which is better than the national average. Destinations were not known for only 2.8% of leavers (6.1% nationally).

8.2.3 The three wards with the highest unemployment rates for 16-19 year-olds are the same as last year. The unemployment rates in the best and the worst wards remained constant from last year - Ashton St Peter’s at 17% and Audenshaw at 3.8%. Rates for the lowest and the highest wards ranked second and third have slightly increased from 2005. These rates are based upon small numbers of unemployed people so are more variable than the overall rate.

8.2.4 In Tameside 1.6% of economically active 18-24 year-olds were unemployed for longer than six months in January 2006, a slight increase from over the previous year. The unemployment rate of economically active people aged 18-24 who have been unemployed less than 6 months has been stable at approximately 7% for several years. The total Tameside 18-24 year-old unemployment rate was less than the Greater Manchester rate, which was 9.3% in January 2006.

8.2.5 BV161 covers Employment, Education and Training (EET) for care Leavers which is the % of those Looked After Children on 1st April in their 17th year (aged16) who were engaged in EET at the age of 19 to the % of young people in the population who were EET at 19 years. This is also measured by the PAF A4 indicator which takes the proportion of care leavers at age 19 years still in regular contact with the Authority who are in education, employment or training and compares this to the proportion of young people in the population as a whole who are engaged in education employment or training. Our current performance gives us a ratio of 0.65, which means the picture for care leavers is currently less favourable to the position for young people overall. However this has improved from 0.5 at outturn 05/06. It is important to understand that, small numbers of young people in this cohort does give rise to significant variations in recorded values, as quarterly figures have indicated.

8.2.6 Although none of our current care leavers has progressed to higher education, we continue to promote the value of continuing education strongly, and we are also further developing our current initiatives to secure improved employment opportunities for this group of young people. Increased numbers of care leavers now enter EET. The ‘Teenagers to Work’ programme provides work experience for LAC, who are supported by a Connexions Personal Adviser during the placement. Personal and welfare support is available to LAC aged 16-19 via a multi-agency approach from Connexions, Leaving Care and ERT. Regular CAMHS consultation and planning for specialist input is delivered to the Leaving Care team staff and young people when support is agreed.

8.2.7 At March 2006, 78% of young people with learning difficulties and disabilities were in education, employment or training. Progress is closely monitored by Connexions, who contact all pupils to notify them of their Personal Adviser and of the support available to them in relation to transition. In 2004/05 all statutory Section 140 reviews were completed with those whose parents wanted them
8.3 Children and Young People live in decent homes and sustainable communities

8.3.1 Over the past two quarters the Best Value indicators relating to bed and breakfast and length of stay of families in hostels there is a score of 0 for families placed in either Bed & Breakfasts (B&B) or hostels. Of those families where homelessness duty ended in the past two quarters none had been placed in a B&B or Hostel at any point since their application.

8.3.2 West Pennine Teenage Parents Floating Support Service provides a supervised, semi-independent housing with support service to teenage parents unable to live with their family or partner. Their report shows:

- Quarter 1 - 17 placements
- Quarter 2 - 19 placements
- Quarter 3 - 18 placements

8.3.3 Over the last two quarters (from 02.07.06), Westbrook Housing have accommodated 8 teenage women who either have a child or who are pregnant. This covers all their 3 schemes at Westbrook and the move on flats at Ambleside and Newton Street.

8.3.4 At April 1st 2005, 48.82% (or 8,756 homes) of homes in the private sector were described as decent; 95% is of social housing was described as decent.

8.3.5 The Office of the Deputy Prime Minister’s definition of a decent home applies equally to the social and private sectors. A decent home is one that:

- Meets the current statutory minimum standard for housing;
- Is in a reasonable state of repair;
- Has reasonably modern facilities and services;
- Provides a reasonable degree of thermal comfort

8.3.7 In the last 2 quarters there has been 1 former care leaver between the ages of 18 to 20 who has presented at Housing Options. Prior to 18 the Leaving Care team ensure they are accommodated.

8.3.8 The last figures to be sent were for September 06 when Tameside had 100% of its care leavers in accommodation classed as suitable by the Department of Health. However there is an increase in young people aged 18 and over losing their accommodation due to increased criminal activity.

8.3.9 Prison is not classed a suitable accommodation and Tameside has 5 care leavers who are prisoners at January 2007.

8.4 Children and Young People have access to transport and material goods

8.4.1 The indicator % of child benefit recipients claiming child tax credit doesn’t in itself tell us very much. There will families who are too well off to claim i.e. they have an income of >£50k.

9 Length of stay in bed & breakfast accommodation (weeks) (BVPI 183a)
Length of stay of families with children in hostels (weeks) (BVPI 183b)
8.5 Children and Young People live in households free from low income

8.5.1 The measure of worklessness used here is based upon working age key benefit claimants. Key benefits comprise Job Seekers Allowance; Incapacity Benefit; Severe Disablement Allowance; Disability Living Allowance and Income Support. The measurement uses a 5% sample of Department of Work and Pensions (DWP) claimants; it estimates the number of children of working age claimants in the borough. Using the latest estimates, in November 2005 there was a total of 11,200 children in workless households in Tameside. Although this is a slight increase from the August 2005 estimate, the number remains lower than the average over the previous two years.

8.5.2 According to the January 2006 Schools census data (year 05-06), a total of 17% were eligible to free school meals (3,416 pupils). There was a 15% take up with 3,027 receiving from a total of 20,127 on the school rolls.

8.5.3 A total of 17.2% were eligible to free school meals (2,699 pupils). There was a 13% take up with 2,038 receiving from a total of 15,677 on the schools roll.

8.5.4 Combined primary and secondary school data shows that Tameside’s average for eligibility for free school meals was 17.1% which is higher than the national average of 16%.

8.6 Looked after Children achieve economic well-being

8.6.1 This is assessed from the PI (CF/A4 Employment, education and training for care leavers; version 2 of 2; collected from 2004-05 to 2005-06); Support to Care Leavers in Education, Training & Employment.

8.3.1 Tameside’s employment, education and training for care leavers were 0.4 in 2004/05; and 0.6 in 2005/06. This was compared to the northwest average of 0.8 for both years. Locally, there is a ‘Teenagers to Work’ scheme which targets Care Leavers and EET, providing apprenticeships to meet this need.

8.3.2 Five former care leavers who were in education, training or employment on their 19th birthday, who were looked after on 1 April in their 17th year, 2003

8.7 What Children and Young People Have Said About Achieving Economic Wellbeing

Over the summer of 2006 a series of individual and group interviews were conducted with 190 young people a year after they had left school to explore how they had experienced the transition into post 16 support. 81% of the young people interviewed were in college, work based learning or employment; while the remaining 19% were unemployed.

• Over 75% of the college, employed and work based learning young people were happy with what they were doing, whilst over 75% of the unemployed young people were not.
• Around 60% of college, employed and WBL young people had actively planned to achieve what they were currently engaged in, whilst 90% of unemployed youngsters had not intended to remain unemployed.

• 75% of the first group felt that school had offered them what they wanted, as against only 55% for the unemployed group.

• Most of the young people had received information while at school on sexual health and drugs; information on finance however was less evident (50% for the employed group, and 30% for the unemployed group).

• When asked who had most influenced them in their decision making about post 16 options, starting with the highest influence, the young people listed:-
  o Parents
  o Friends
  o Connexions
  o School
  o Work experience.

• The views expressed are informing our targeted work in schools aimed at preventing young people becoming NEET.
SECTION 9 - TAMESIDE PRIORITIES REPORT CARD

9.1 The Report Card on Tameside’s 11 priorities for 2006/07 is attached as Appendix A. For each of the 11 priorities, a key headline measure has been selected to provide a graphic illustration of current progress. Whenever possible, this shows trend data over time where this is available. Underneath each graph is a brief commentary, which seeks to provide the ‘story behind the trend’. This contains additional information linked to the headline measure but also drawn from additional performance data where this is available.

9.1.1 The final sections outline the main initiatives currently underway to maintain or improve performance, and the key issues that need to be addressed.

TAMESIDE 11 PRIORITIES – FEBRUARY 2007 REPORT CARD

PRIORITY 1
BETTER TARGETING OF SERVICES TO AREAS OF DEPRIVATION

PROGRESS MEASURE
Growth in the proportion of the poorest children age 0-5 in Tameside with access to Children Centre services

(Definitions:- poorest children meaning - those living in disadvantaged areas; access meaning - the catchment area of the Children's Centre)

WHAT IS THE STORY BEHIND THIS TREND?
The graph to 2004 plots the arrival in Tameside of SureStart and Early Excellence Centre funded programmes. This has occurred, effectively, on a yearly basis. These programmes are based in Hattersley, Ashton (Hurst/Smallshaw), Hyde, St Peter's and Droylsden West (at Greenside school). This covered 29% of the borough’s 0-5 year olds
The graph from 2004 plots the arrival of the Phase 1 Children’s Centres. Centre buildings are still under construction, but staff are appointed and service delivery
has begun. These centres are based in Waterloo, Ridge Hill, Haughton Green, and Dukinfield. Completion of all building programmes in this phase is expected to be complete by Spring 2007. These developments have occurred in the areas of disadvantaged ranked within the worst 20% in the country. This covered 54% of the borough’s 0-5 year olds. In relevant cases, productive partnership arrangements have been forged with regeneration programmes operating in the same disadvantaged areas. Statistical comparisons with neighbours are not available and will not be useful as the funding regimes and target for the number of centres to be created in a given area do vary significantly.

**WHAT ARE THE CURRENT MAIN INITIATIVES AIMED AT MAINTAINING OR IMPROVING THIS TREND?**

A phase 2 children centres development programme, also externally funded, is underway. There are 6 Phase 2 areas: Central Dukinfield area; Hollingworth; Audenshaw/South Droylsden/Fairfield Rd area; Denton/Linden Rd area; Mossley area; Buckton Vale, Copley, Brushes, Wildbank, Carrbrook, Millbrook areas. These developments have also occurred within areas of disadvantage ranked within the worst 30% - though in practice are still focussed for the most part on the worst 20%. This will cover 87% of the borough’s 0-5 year olds. It is expected that there will be a phase 3 programme (2008-2010) though no details are available on this programme or the funding arrangements. However, the only areas not covered by a Children's Centres will be Denton West and South Hyde/Werneth area. Phase 3 will therefore enable all of the borough’s children to access a Children's Centres service. This will then cover 100% of the borough’s 0-5 year olds.

**SUMMARY / ACTION REQUIRED**

The capital programmes in phase 1 have and continue to experience delays (for a variety of different reasons) and the timescales remain challenging. Less funding is available for the phase 2 capital programmes and the timescales also continue to present a considerable challenge. Best advantage is also being taken of opportunities to join this funding stream with the Primary school building programme and capital funding for extended school where this is desirable.
PRIORITY 2
REDUCE THE USE OF SMOKING, DRUGS, AND ALCOHOL AMONG CHILDREN AND YOUNG PEOPLE

2(i) - Smoking prevalence

PROGRESS MEASURE
The % of Year 10 pupils who currently smoke (Health Related Attitudes and Behaviours survey of Year 10 pupils in Tameside)

WHAT IS THE STORY BEHIND THIS TREND?
The overall trend in Tameside of Year 10 pupils smoking is slightly down since 1997
The % of pupils who say they have 'never smoked' has risen from 30% in 1997 to 40% in 2006
34% of pupils in Tameside who say they currently smoke also claim to be addicted to smoking, and 15% say they would like to give up
The majority of Tameside children (83%) try their first cigarette between the ages of 9-13 years, although 5% started between 5-8 years
There is a national target to reduce smoking among children from a baseline of 13% in 1996 to 9% or less by the year 2010
The available data suggests only a slight reduction in smoking among children since 1997, suggesting that continued targeted action is required

WHAT ARE THE CURRENT MAIN INITIATIVES AIMED AT MAINTAINING OR IMPROVING THIS TREND?
Tameside Healthy Schools Scheme aimed at helping schools achieve national healthy school status
Effective smoke-free policies in all services where there are young people
Healthy lifestyle promotion in schools and communities by a range of services with a focus on particularly vulnerable groups
Improvements to staff training to enable better screening and earlier intervention
Effective smoking education
Provision through schools by the Stop Smoking service to support pupils to stop smoking

SUMMARY / ACTION REQUIRED
84% of current CYP smokers claim to know what to do if they wanted to stop smoking, which appears to suggest that CYP are aware that help and advice are available to help them stop.

Current programmes of intervention should be maintained and further informed by analysing the data available.

Evidence of when CYP start to smoke reaffirms the need to start smoking education at a young age.

Emphasis needs to be placed on supporting CYP who wish to give up, and encouraging others to do so. The majority of CYP identified one to one support as the preferred method of support to help them stop smoking.

Schools need to have continued access to specialist smoking cessation workers to support this.

Links should be made in education programmes to the links between smoking and impotence, and the effects on unborn children.

Effective strategy to target rising number of young girls.
PRIORITY 2
REDUCE THE USE OF SMOKING, DRUGS AND ALCOHOL AMONG CHILDREN AND YOUNG PEOPLE.

2 (ii) – Drug use

PROGRESS MEASURE
The % of Year 10 pupils who report ever having used drugs (Health related Attitudes and Behaviours survey of Year 10 pupils in Tameside)

WHAT IS THE STORY BEHIND THIS TREND?
The 2005 national survey showed 45% of fifteen year olds reported as having used drugs – our current figure of 32% puts Tameside below the national average
Drugs are generally perceived as more dangerous in 2006 than in previous surveys
Within the 32% who say they have ever used drugs, 20% admit to having used drugs in the last month - this figure is regarded as the most reliable estimate of drug use (this figure of 20% exactly correlates with the national figure)
The proactive work with schools has shown prevalence and use of drugs in school to be the lowest ever recorded in Tameside

WHAT ARE THE CURRENT MAIN INITIATIVES AIMED AT MAINTAINING OR IMPROVING THIS TREND?
Ongoing, support, guidance and training to ensure drug policies are up to date, provide a clear framework for education and give clear guidelines for responding to drug incidents
Multi agency training to implement screening and assessment tool to assist all agencies in the earlier identification and access to support for young people
Cannabis campaign to promote key messages about risks, effects and the law through a range of curriculum opportunities, assembly inputs and competitions.
Branching Out provides support for young people involved with substance use through one-to-one support, targeted group work and family meetings
Support for parents/carers of substance users through one-to-one, group work, presentations and family meetings

Its Your Life - multi agency targeted project for Year 9/10 pupils looking at the impact of drug and alcohol misuse on victims and communities

Targeted group work within YIP, YOT, NEET and Teenage parents

SUMMARY / ACTION REQUIRED

Further roll out of screening and assessment tool to enable more relevant referrals
Devise training toolkit for professionals in schools working with pupils of parents with drug and alcohol
Delivery of toolkit to key workers in school
Support, monitoring and evaluation of work
To improve delivery of drug education to pupils in schools – provide quality training for teachers, support for Heads of PSHE on schemes of work, create resources for schools, signpost/provide recommended resources where necessary, work with teams in school, support delivery with teachers in schools, provide inputs on Health events in schools, provide networks.
Involve primary, special, PRU, and secondary schools in multi agency and cross-curricular projects that will focus on the issues of drugs, alcohol and tobacco misuse across a range of council priorities, e.g. anti social behaviour, domestic violence, road safety etc and will enhance and reinforce learning
To reduce drug, alcohol related crime and the harm caused by it to individuals, their families and communities - 'It's Your Life' targeted project involving a range of agencies
Branching Out to continue to support young people through one to one interventions thereby raising awareness of harm reduction / minimisation messages and providing support, advice and information
To continue to deliver targeted group work to identified groups of young people
To continue to provide support, advice and information to the parents and carers of young people using substances to support local information campaigns around substance misuse
**PRIORITY 2**
**REDUCE THE USE OF SMOKING, DRUGS AND ALCOHOL AMONG CHILDREN AND YOUNG PEOPLE**

2 (iii) - Alcohol consumption

**PROGRESS MEASURE**
The % of Year 10 pupils who report that they drink regularly (at least once a week) (Health related Attitudes and Behaviours survey of Year 10 pupils in Tameside).

![Graph showing the % of Year 10 pupils who drink regularly (1997 to 2006)]

**WHAT IS THE STORY BEHIND THIS TREND?**
41% of the young people currently say they only drink 'once a month' or 'on special occasions only'. We have no comparative data on these responses. The number of pupils who have consumed alcohol at least once has fluctuated from 92% in 1997, to 84% in 2001, and to 89% in 2006. The 2004 national average figure for this is 86%. Currently 11% of pupils say they 'never drink', with a further 31% only drinking on special occasions and 10% drinking once a month.

**WHAT ARE THE CURRENT MAIN INITIATIVES AIMED AT MAINTAINING OR IMPROVING THIS TREND?**
Schools adopting Healthy Schools 'whole school approach' to effective alcohol education
Support schools to provide quality education, support and training
Provide a range of projects to support above, e.g. Primary Arts alcohol project, Alcohol/SRE Peer Ed project, It's Your Life (targeted multi agency project looking at the impact of drug and alcohol misuse on the user, their family and community);
Theatre in education alcohol project, Think Safe Drink Safe young people's targeted alcohol campaigns.
SUMMARY / ACTION REQUIRED
All schools and agencies to have identified member of staff trained in Tier 2 screening and assessment tool to enable earlier identification of alcohol misuse.
SCYP to use referral routes to access support and advice from Branching Out.
To increase knowledge of risks associated with alcohol and promote sensible drinking – Primary alcohol arts project, schools work around these issues using PSHE, Theatre in education, dance, music and ceramics to develop knowledge, understanding and skills in a range of cross curricular opportunities.
Trading Standards to continue to monitor and work with off-licenses and other retailers to minimise sales of alcohol to under age drinkers.
SCYP to work together to minimise other related risks, e.g. unprotected sexual intercourse, anti social behaviour, domestic violence.
Continue targeted alcohol education projects within both primary and secondary PSHE curriculum.
**PRIORITY 3**

**PROMOTE BETTER MENTAL HEALTH FOR CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES**

**PROGRESS MEASURE**

The level of year on year local investment in Child and Adolescent Mental Health Services (by T&G PCT, TMBC and Derbyshire CC)

![CAMHS Commissioned Services](chart.png)

Additional note – the progress measure being used in this section is clearly an input rather than an outcome measure. It is being employed here as a proxy measure, until further work on appropriate CAMHS outcome measures is developed.

**WHAT IS THE STORY BEHIND THIS TREND?**

The increased investment to meet the requirement to establish a Comprehensive CAMH service by Dec 2006 has been enabled through the annual CAMHS Grant (LA) and PCT earmarked funding for 2 years (subsequently funded recurrently).

The Healthcare Commission target for an increase in CAMHS investment by at least 10% each year (demonstrated by increased staffing, patient contact, and/or investment) is currently on target.

Note: The formula for investment was revised by the PCT for 2005/06, which is reflected in the increased value in 2005/06 and onward spend.
WHAT ARE THE CURRENT MAIN INITIATIVES AIMED AT MAINTAINING OR IMPROVING THIS TREND?
A multi-agency comprehensive CAMHS needs assessment was completed in 2004 and used to inform the *Tameside and Glossop Children and young People’s Mental Health Strategy 2006 to 2009*.
The Strategy includes the following areas:
A Young People’s Mental Health service has been commissioned and recruitment to the team is underway.
Joint commissioning of a voluntary sector counselling service for young people has been established.
Learning disability specialist posts have been commissioned as part of the Tier 3 service, which has also received investment to increase capacity.
A Tier 1 multi-agency training and development project is underway and a service strategy is being developed.
Work is ongoing in relation to CAMHS workforce development, linking to the Tameside Children’s Workforce Strategy.
Development work is ongoing in relation to care pathways; performance monitoring; ASD assessment and intervention; integration of YOT provision; transitions; and mental health promotion.

SUMMARY / ACTION REQUIRED

Though increased investment a significant amount of progress has been made towards improving the breadth of and capacity within mental health provision for children and young people living in Tameside and Glossop.
2007/8 there is a need to consolidate developments whilst progressing actions detailed within the strategy.
Current commissioning arrangements need to be progressed to include greater alignment of budgets with lead commissioning agreement. This is an area that could readily be included within pooled budget arrangements.
PRIORITY 4
REDUCE THE IMPACT OF DOMESTIC VIOLENCE ON THE WELFARE OF CHILDREN AND YOUNG PEOPLE

PROGRESS MEASURE

WHAT IS THE STORY BEHIND THIS TREND?
All the C&YP who have stayed in the refuge have access to support.
Over the last two years the social landlords in Tameside and the council have provided resources to provide sanctuary housing, therefore families have been able to stay in the family home.
Women’s refuges have rules that young men aged 16 or in some cases 14 cannot stay in a refuge. This has implications for families accessing support.

WHAT ARE THE CURRENT MAIN INITIATIVES AIMED AT MAINTAINING OR IMPROVING THIS TREND?
A pilot project with six schools in the borough raising awareness of domestic violence issues through PHSE lessons.
The Tameside Domestic Violence Strategy has a number of actions to support C&YP, these include:
Children’s Centres to make domestic violence a priority
Produce and promote an education programme for schools
Funding for an outreach/resettlement worker has been provided through Children’s Fund
Therapeutic support is also available to all C&YP in the refuge funded by Children’s Fund
C&YP in the refuge have access to a playworker funded by Children in Need.
SUMMARY / ACTION REQUIRED
A survivors group for C&YP outside the refuge to be established by the new Domestic Violence Support Worker
Increased publicity and awareness of domestic violence through the website, credit card sized info cards and drama presentations in schools
Improved data collection relating to information about C&YP who are victims, witnesses or perpetrators of domestic violence
The pilot project in schools delivering awareness of domestic violence in PHSE lessons to be extended to more schools
**PRIORITY 5**  
IMPROVE KEY STAGE 4 EDUCATION PERFORMANCE FOR C&YP, PARTICULARLY BOYS

**PROGRESS MEASURE**  
Increase % of pupils achieving 5 or more A*-C GCSE’s (Target 57.0%)

<table>
<thead>
<tr>
<th>Year</th>
<th>Tameside</th>
<th>England</th>
<th>T/Side Boys</th>
<th>Eng Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>43.1%</td>
<td>51.6%</td>
<td>41.0%</td>
<td>43.8%</td>
</tr>
<tr>
<td>2003</td>
<td>46.2%</td>
<td>52.9%</td>
<td>43.0%</td>
<td>45.6%</td>
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<tr>
<td>2004</td>
<td>44.7%</td>
<td>53.7%</td>
<td>41.0%</td>
<td>46.2%</td>
</tr>
<tr>
<td>2005</td>
<td>51.7%</td>
<td>57.1%</td>
<td>48.0%</td>
<td>49.2%</td>
</tr>
<tr>
<td>2006</td>
<td>50.0%</td>
<td>57.0%</td>
<td>44.7%</td>
<td>51.7%</td>
</tr>
</tbody>
</table>

**WHAT IS THE STORY BEHIND THIS TREND?**  
The graph plots the pupils achieving 5 A*-C achievements over the last five years. Children in Tameside achieve above the national average at key stage 1 and 2, but by the time they take their GCSEs performance is below the national average. There is a national trend of boy’s underachievement and Tameside is no different. The improvement in 2005 was our best results and showed a 7% increase for both Tameside and Boys. This was consolidated in 2006 with our second best result. We recognise that this is still a priority for Tameside.

**WHAT ARE THE CURRENT MAIN INITIATIVES AIMED AT MAINTAINING OR IMPROVING THIS TREND?**  
- Resources targeted towards underperforming Schools for improving overall attainment (particularly boys)
- Extra mentoring for under achieving students
- Close work with schools to monitor results and provide advice and guidance where necessary
- 5 high schools involved in a Boys Raising Achievement project linked to a high school were boys are performing particularly well. Supported by a School Advisor

**SUMMARY / ACTION REQUIRED**
Under performing Schools to be supported in raising performance at key stage 4
Improvement in trend, particularly maths
PRIORITY 6
IMPROVING THE POST-16 EET STAYING ON RATES INTO EDUCATION AND TRAINING PROVISION FOR YOUNG PEOPLE, PARTICULARLY BOYS

PROGRESS MEASURE
Increase percentage of Year 11 leavers in education, employment or training (EET) (analysed by gender)

WHAT IS THE STORY BEHIND THIS TREND?
Strategies to improve the attainment of young people in the UK since 2002 have included the national roll out of Connexions in 2003, the introduction of E2E provision, initial pilot (in Tameside), and national roll out of EMA in 2004, statutory requirements for CEG delivery in schools, Aim Higher, Every Child Matters and the 14-19 Strategy

Improvements in attainment are clear, with GCSE performance increasing year on year and reductions in the numbers of young people becoming NEET. Nonetheless, the gains appear to be made predominantly by girls as opposed to boys

The graph for Tameside shows that the number of females entering ETT overtook the number of males in 2003 and that the gap has widened in successive years

Improvements to the academic achievement and progression of girls into post 16 EET is not only a local trend, but also one that can be seen in both national and international statistics

Higher numbers of boys in Tameside enter employment without training post 16. Despite the statistics, many boys continue to achieve extremely well in school. Equally, there are girls whose needs are not met in their educational environment and who under achieve

WHAT ARE THE CURRENT MAIN INITIATIVES AIMED AT MAINTAINING OR IMPROVING THIS TREND?
Aim Higher objective to raise aspirations, motivation and self-esteem of young
people from under represented groups, so that they enter HE. Each school producing individual Aim Higher Plan in order to raise achievement
Connexions joint work with AimHigher and FE providers – review the potential barriers to young people with high SATs scores but low GCSE attainment, or no GCSE exams, when seeking to access appropriate college courses
Five schools identified from data to work with the LA’s School Improvement Team on raising boys’ achievement, this Learning Network, established in Spring 2006, is led by a school where boys do well (St. Thomas More). Connexions has joined the Network of schools
Connexions NEET reduction project providing early identification and targeting of ‘potential NEETs’. Individual plans for the academic year 2006/7 developed with schools producing highest numbers of NEET clients.
Connexions procedure & liaison with EWS track young people who have been permanently excluded from school and to actively offer service over any waiting period for new provision.
Implementation of the 14-19 September Guarantee of a place in Learning for all Y11 leavers
Learning Agreement pilot providing incentives to yps & employers not currently engaged in work-based learning and nationally recognised training provision.

<table>
<thead>
<tr>
<th>SUMMARY / ACTION REQUIRED</th>
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<tbody>
<tr>
<td>Improved tracking of young people’s applications to education, employment and training to ensure that these are made on time and that fallback options are agreed and actioned</td>
</tr>
<tr>
<td>Connexions transitions procedures reviewed to improve the handover between education based and community based Personal Advisers thus increasing number of interventions with these young people at key points</td>
</tr>
<tr>
<td>An appropriate range of post 16 learning and work opportunities that meet the needs of leavers and secure retention, so that qualifications are achieved</td>
</tr>
<tr>
<td>The core issue in many schools revolve around a minority of pupils rather than a majority and strategies which aim to raise the achievement of all pupils, recognising that ‘boys’ and ‘girls’ are not homogenous groups, provide a valid response to the issue</td>
</tr>
</tbody>
</table>
PRIORIT 7
REDUCE THE INCIDENCE OF PERMANENT AND FIXED-TERM EXCLUSIONS FROM SCHOOL FOR CHILDREN AND YOUNG PEOPLE, PARTICULARLY BOYS

PROGRESS MEASURE

Permanent exclusions 1998 to 2006

<table>
<thead>
<tr>
<th>Year</th>
<th>Permanent</th>
</tr>
</thead>
<tbody>
<tr>
<td>98/99</td>
<td>80</td>
</tr>
<tr>
<td>99/00</td>
<td>41</td>
</tr>
<tr>
<td>00/01</td>
<td>41</td>
</tr>
<tr>
<td>01/02</td>
<td>57</td>
</tr>
<tr>
<td>01/03</td>
<td>26</td>
</tr>
<tr>
<td>01/04</td>
<td>53</td>
</tr>
<tr>
<td>01/05</td>
<td>83</td>
</tr>
<tr>
<td>01/06</td>
<td>62</td>
</tr>
</tbody>
</table>

Fixed term exclusions 1999 to 2006

<table>
<thead>
<tr>
<th>Year</th>
<th>Fixed term</th>
</tr>
</thead>
<tbody>
<tr>
<td>99/00</td>
<td>816</td>
</tr>
<tr>
<td>00/01</td>
<td>861</td>
</tr>
<tr>
<td>00/02</td>
<td>1230</td>
</tr>
<tr>
<td>00/03</td>
<td>1646</td>
</tr>
<tr>
<td>00/04</td>
<td>1916</td>
</tr>
<tr>
<td>00/05</td>
<td>2432</td>
</tr>
<tr>
<td>00/06</td>
<td>2581</td>
</tr>
</tbody>
</table>

WHAT IS THE STORY BEHIND THIS TREND?
The number of permanent exclusions has fluctuated since 1998/99 with a 22% decrease on the numbers from 1998/99 to 2005/6.
87% of the permanent exclusions were from secondary schools during 2005/6.
Permanent exclusions represent 0.35% of the secondary school population in 2005/6.
75% of permanent exclusions in secondary schools are young males.
91% of fixed term exclusions are for 5 days and under.
53% of the incidents were related to physical assaults, verbal abuse or threatening behaviour.
WHAT ARE THE CURRENT MAIN INITIATIVES AIMED AT MAINTAINING OR IMPROVING THIS TRENDS?

- Early intervention support from Learning Mentors to prevent exclusions
- BEST team working in Ashton and Hattersley to provide support for teachers and pupils where behaviour is causing concern
- Branching Out tier 2 worker providing support in schools to prevent exclusions involving drugs and alcohol
- CAMHS workers providing group work and individual support to pupils
- Support for parents to include information and access to parenting courses
- Implementation of the Behaviour Improvement Programme within Excellence Cluster schools
- Application across all secondary schools of “Hard to Place” and “Managed Moves” protocols
- A Rapid Response team undertaking preventive work in a small number of schools with pupils seen to be most at risk

SUMMARY / ACTION REQUIRED

- Implementation of the revised Behaviour Strategy in schools to provide advice and guidance on prevention
- A reconfiguration of our Pupil Referral Units (PRUS) and special school provision within the Building Schools for the Future programme
PRIORITY 8
TO REDUCE THE RATE OF TEENAGE PREGNANCY IN TAMESIDE

PROGRESS MEASURE
The number of conceptions for females aged 15-17 years in Tameside, expressed as a rate per 1000 of the female population aged 15-17.

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 1000 females</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>55.4</td>
</tr>
<tr>
<td>1998</td>
<td>53.6</td>
</tr>
<tr>
<td>1999</td>
<td>50.3</td>
</tr>
<tr>
<td>2000</td>
<td>53.6</td>
</tr>
<tr>
<td>2001</td>
<td>52.2</td>
</tr>
<tr>
<td>2002</td>
<td>52.4</td>
</tr>
<tr>
<td>2003</td>
<td>56.7</td>
</tr>
<tr>
<td>2004</td>
<td>53.9</td>
</tr>
<tr>
<td>2005</td>
<td>50.3</td>
</tr>
<tr>
<td>2006</td>
<td>53.9</td>
</tr>
</tbody>
</table>

WHAT IS THE STORY BEHIND THIS TREND?
The 2004 figures show the most significant decrease since 1998.
The rate per 1,000 females aged 15-17 fell from 56.7 in 2003 to 53.9 in 2004.
Decrease was against wider trend for Greater Manchester and North West rates rose slightly in 2004.

WHAT ARE THE CURRENT MAIN INITIATIVES AIMED AT MAINTAINING OR IMPROVING THIS TREND?
Review of commissioning strategy and service level agreements
Review of sex and relationship policy and implementation across Tameside schools
Early identification of young people most at risk of teenage pregnancy using Fischer Family Trust Data
Development of a condom distribution scheme
Data analysis toolkit from Teenage Pregnancy unit will be implemented to effectively monitor take-up of sexual health services by young people
Recognition of the role of GP’s in delivering sexual health services using 'You’re Welcome' training resources

SUMMARY / ACTION REQUIRED
Strengthening of commissioning strategy and service level agreement to ensure work is targeted and managed
### PRIORITY 9
ADDRESS THE UNDER ACHIEVEMENT OF PARTICULAR GROUPS – LAC, YOUNG PEOPLE IN PUPIL REFERRAL UNITS, TRAVELLERS, BANGLADESHI & PAKISTANI PUPILS TO IMPROVE LIFE CHANCES OUTCOMES

### PROGRESS MEASURE
Improvement in the Educational attainment of Bangladeshi & Pakistani Pupils
The % of Bangladeshi and Pakistani Boys achieving 5+ A*-C

#### % Bangladeshi, Pakistani, all Tameside and England boys achieving A*-C 2004 to 2006

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pakistani boys</td>
<td>56</td>
<td>54</td>
<td>47</td>
</tr>
<tr>
<td>Bangladeshi boys</td>
<td>30</td>
<td>58</td>
<td>30</td>
</tr>
<tr>
<td>Tameside boys</td>
<td>41</td>
<td>48</td>
<td>44.7</td>
</tr>
<tr>
<td>England boys</td>
<td>46.2</td>
<td>49.2</td>
<td>51.7</td>
</tr>
</tbody>
</table>

#### WHAT IS THE STORY BEHIND THIS TREND?
The graph plots the % of both Pakistani and Bangladeshi pupils achieving 5+ A*-C achievements over the last 3 years
There is a National trend of boy’s underachievement and Tameside is no different
Although the % of boys in both groups achieving 5+ A*-C dropped in 2006, the Pakistani boys continued to out-perform the Tameside average
Nationally particularly vulnerable groups of boys are those of Bangladeshi or Pakistani origin
As with other vulnerable groups the numbers in each cohort are comparatively small, and so each year variations will occur

#### WHAT ARE THE CURRENT MAIN INITIATIVES AIMED AT MAINTAINING OR IMPROVING THIS TREND?
Work continues to be undertaken at School and LA level to target under-performing and vulnerable groups in the borough, which includes Bangladeshi and Pakistani Boys.
Programmes are being developed to support Schools in utilising their personalisation funding to raise the rate of progress of all vulnerable groups
Close work with Schools to monitor results and provide advice and guidance where necessary.
5 high Schools are involved in a Boys Raising Achievement project linked to a high school were boys are performing particularly well. This is supported by a School Advisor

### SUMMARY / ACTION REQUIRED
| Continued support to these underachieving groups |
| Focus on Early Intervention to enable these groups of children to make more rapid progress from an earlier age |
| Improvement in trend particularly for Bangladeshi boys |
**PRIORITY 10**
**IMPROVE THE PROVISION OF SUPPORT OF PARENTS**

**PROGRESS MEASURE**

![Chart showing nos of accredited parenting courses delivered 2004-2006]

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>pos parent</td>
<td>18</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td>surv teen</td>
<td>2</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>stren fam</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>spk easy</td>
<td>6</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>

**WHAT IS THE STORY BEHIND THIS TREND?**
These are the courses that the PCT Parenting Facilitator publicises across all agencies. Family Support also deliver parenting courses to targeted families and these are not included in the above data.

Courses are being arranged in certain areas across the borough to meet an identified need.
During 2006 some courses have been funded through Regeneration budgets.
There has been an increase in the number of people who have been trained to deliver the speakeasy training, who have gone on to deliver a course as part of their accredited training.
The Strengthening Families course is a twelve week programme, so there is a much greater commitment level from parents.

**WHAT ARE THE CURRENT MAIN INITIATIVES AIMED AT MAINTAINING OR IMPROVING THIS TREND?**
Tameside has a draft parenting support strategy, which sets out how parenting support will be delivered across the four geographical areas.
Youth workers have agreed to be trained to deliver the 'Surviving Teenagers' course.
Informal parent support groups are being developed in some schools facilitated by learning mentors and in children's centres facilitated by children's centre staff.
A range of information for all parents will be available from children's centres, libraries and some schools.
Extended Schools' services will support the delivery of parent support.

**SUMMARY / ACTION REQUIRED**
Parent support strategy to be ratified by the Children and Young People Strategic Partnership
Parent Support lead Commissioner to be identified
Children’s Centre in each geographical area to be identified as having a parent support specialism
**PRIORITY 11**

**IMPROVE THE COORDINATION AND DELIVERY OF EFFECTIVE SUPPORT TO CHILDREN WITH DISABILITIES AND THEIR FAMILIES**

**PROGRESS MEASURE**

Increase in the proportion of 0-5 year olds with SEN and Disabilities attending funded Early years Settings

<table>
<thead>
<tr>
<th>Year</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>62</td>
</tr>
<tr>
<td>2006</td>
<td>68</td>
</tr>
</tbody>
</table>

Data is only available for the two years 2005 and 2006; graphical representation is not useful.

Definitions:
- ‘Funded Early Years settings’ means those pre-schools, day nurseries and childminders who are registered on the Tameside Directory of Providers of Nursery Education funded to provide the free 2.5 hour entitlement to nursery education (the foundation stage)
- SEN and disability children count provided by ‘children at Early Years Action known to Area Special Education Needs Coordinators (SENCO)’ and ‘children Early Years Action Plus known to Area SENCO’

**WHAT IS THE STORY BEHIND THIS TREND?**

As part of the requirement of the grant, each provider on the Directory of Providers of Nursery Education is required to

- Nominate a ‘setting special educational needs coordinator’ and attend an introductory meeting with the designated Area SENCO in the Early Years Quality Team
- To work with designated Area SENCO in the Quality Team
- Ensure the setting’s SENCO attends relevant training
- Embark on the ‘Tameside Quality Standards Framework and once completed then embark upon ‘the Sheffield Quality Kitemark in Tameside’ Investors in children endorsed Quality Assurance scheme

Additional sums of Sure Start funding have been made available year on year for the expansion of support services to young children with SEN. This funding is directed at improving the quality of service provision to children with SEN within funded nursery education settings.

**WHAT ARE THE CURRENT MAIN INITIATIVES AIMED AT MAINTAINING OR IMPROVING THIS TREND?**

- The Tameside Early Years Quality Team, Educational psychologists, physio, occupational and speech therapists are delivering Training to Early Year Settings
- Area SENCO and educational psychologists support EY setting SENCO and EY practitioners with children with significant needs
- Portage Workers are actively working on transition into Early Year Settings
- Use of inclusion grant to pay for sessions and provide additional workers for
identified children
Multi-agency meetings to identify children early and plan for their inclusion
Regular multi-agency action planning and review meetings once children are
attending settings

<table>
<thead>
<tr>
<th>SUMMARY / ACTION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children aged 2-3 year old cannot access the nursery education grant, childcare</td>
</tr>
<tr>
<td>can therefore be expensive for parents who are not in receipt of Disability</td>
</tr>
<tr>
<td>Living Allowance</td>
</tr>
<tr>
<td>Children’s Centres will be key in increasing provision</td>
</tr>
<tr>
<td>Need for Lead Professional and key worker arrangements to be put into place to</td>
</tr>
<tr>
<td>support families</td>
</tr>
<tr>
<td>Development of early support systems through an Early Support Project</td>
</tr>
</tbody>
</table>