

The Middlesbrough Achievement Partnership Priority Action Plan: *Priority 1*

Strategic priority	To remove barriers to learning
Aim	<p>To improve the physical and mental wellbeing of young people in the area.</p> <p>To address poverty issues and the impact on learning</p> <p>To raise the aspirations of children, young people and parents/carers</p> <p>To enable children and young people to achieve their full potential</p>
Diagnosis and position statement	<p>Middlesbrough 2025: The Mayor’s Vision, prioritises a fairer and safer Middlesbrough: Fairness and reduced inequalities in income and health; fair access to well-paid jobs and meaningful training; safer and independent lives ensuring that our children and vulnerable adults are protected.</p> <p>Middlesbrough’s Joint Health and Wellbeing Board’s vision is to improve the health and wellbeing of our local population and reduce the number of health inequalities by 2022.</p> <p>There has been an increase in risk to health and wellbeing in Middlesbrough due to the economic downturn and welfare reforms leading to levels of educational attainment which are generally poor. Homelessness is a major challenge in the area with unemployment rates above the national average with high levels of youth unemployment.</p> <p>Aspects of children’s health are poor in comparison to national averages. Childhood obesity rates more than double between reception and year 6. Middlesbrough has very high teenage pregnancy rates. Chaotic and dysfunctional families are placing excessive pressure on health, care and children’s services. Many children in the area are living in unemployed/low income families and this is increasing. Levels of educational attainment are generally poor particularly around language and literacy. The number of NEETs is above average. Unhealthy lifestyle choices are having a profound impact on physical and mental health and wellbeing.</p> <p>Action is required through prevention, education and improved health care. There is a need for high quality, sustained and joined up health, social care and wellbeing services. High deprivation must not be used as an excuse for low attainment, it is significantly high in the area. We need to engage children, young people and adults in lifelong learning which is the key to good employment prospects, good health and wellbeing.</p> <p>The barriers to learning must be addressed by reducing the physical and mental health needs of Middlesbrough children through targeted intervention and by listening to the needs of children, parents and schools and tailoring support accordingly. A one-stop shop approach will foster a co-ordinated approach for service provision. This central resource hub should provide accessibility as a point of</p>

	contact for schools. This win-win approach will also be cost and time effective for all schools, providers, agencies, other departments and VCS. Duplication of provision will also be minimised.
Links to other MAP groups	<ul style="list-style-type: none"> • Transition • Careers and Employability • Parental and family engagement
Key Performance Indicators	<p>Key indicators are promoting required sustainable improvement through a series of actions.</p> <p>KPI's to follow</p>
Resources	<p>Funding:</p> <p>Year 1 - £40,000 available</p> <p>Year 2 - £30,000 available</p> <p>Year 3 - £25,000 available</p> <p>Budget available to schools for bespoke/commissioned support where services are costed.</p>
Evaluation Methods	<p>As indicated, the identified actions have been planned over a 3 year period, however, the plan is for the actions to produce sustainable change which are intended to continue.</p> <p>There are 3 Key documents which will be used to drive and promote action:</p> <ol style="list-style-type: none"> 1. MAP School to School Support – 3 Year Plan (Version 5) September 2017-August 2020. 2. MAP Priority Action Plan (One plan for each of the 4 key priorities indicated in the 3 year plan). 3. MAP Annual Delivery Plan <p>Action plans 2 and 3 are predominately evidence led and progress will be RAG rated. The MAP Priority Action Plan indicates the key actions over a 3 year period. This action plan has been developed into an annual delivery plan as indicated in the timeline section of the priority action plan, i.e. The key actions for year 1 will be... and the actions will be RAG rated on a termly basis. Actions which will run concurrently over a 3 year period will have incremental progress checks to evaluate progress throughout the key action period.</p>

	<p>It may be worth noting at this point that the impact of some key indicators may not be evident by the very nature of the actions planned; using a triangulated approach of evaluating evidence from a variety of sources could help to mitigate some of the issues in collection of evidence and evaluation of impact.</p> <p>Wherever possible the use of qualitative and quantitative evidence and research will provide a triangulated approach to validate outcomes and impact.</p>
Annual Delivery Timetable	See above section

Key Actions		Responsible	Timeline			RAG rated progress			Progress/Review Comments
			Year 1	Year 2	Year 3	Yr 1	Yr 2	Yr 3	
1.1	Physical and Mental Wellbeing								
1.1a	Co-ordinate an Early Help Prevention offer through school nursing.	Lead? Sub group members? Public Health – Alison Harker and Jo Russell	√						
1.1b	Development of a bespoke, pro-active health programme (physical and emotional) to schools to support access to health provision through a central hub.	Jo Russell		√					
1.1c	Collation and evaluation of School Health Education Unit (SHEU) audit to identify need and provide tailored support.	Jo Russell	√	√					
1.1d	All schools engaged in the school health needs assessment.	Jo Russell	√						
1.1e	Ensure emotional wellbeing and mental health issues are addressed through key links to Head Start Board and direct links to schools.	Wendy Kelly	√	√	√				
1.1f	Headstarters to support youth engagement.	Wendy Kelly	√	√	√				
1.1g	Support schools in their work towards Head Start school standards/pastoral leadership.	Nicola Hunt	√	√	√				

1.1h	Promote CAMHS Transformation Programme in schools.	Wendy Kelly							
1.1i	Carry out effective strategies to remove barriers to learning.	Karyn Vose	√	√	√				
1.1j	CPD offer to school staff through a co-ordinated approach, e.g. TSA, CAMHS, SEN team. Early Help Hub to produce and share 'working together' document of universal services. Delivery of Early Help Hub half-day session for a 'One Door Approach'.	Team? School Staff John Scadden John Scadden	√	√	√				
1.1k	Development of a comprehensive PSHE programme in relation to sex education, teenage pregnancy, homelessness, toxic trio, parenting, family values, finance, religion, current affairs, British Values and Prevent, careers and employability. (AGS – Jon Tait – good model) MAP – SSC to support this) This could be done through PBL/Drop down days/link with experts.	Volunteer/s Jon Tait/MAP		√					
1.1l	PSHE model linked to staff CPD – staff audit to gauge confidence in delivery of the above PSHE areas. One teacher per theme to be trained to deliver specific themes rather than them all. Broker training for staff following audit.	Volunteer/s Jon Tait/MAP		√					
1.1m	PSHE – development of an 'attach an expert data base'. Experts from a range of themes, eg. Knife crime, drug rehab worker, CEOs for financial advice. Links to social media, police, safeguarding.	Volunteer/s Jon Tait/MAP M Hannaway-Mackey		√					

1.1n	Development of a bank of recorded videos to use if people cannot attend – hacking (AGS Jon Tait) – commissioning of videos – potential to develop this as a PSHE PBL activity – schools and experts to develop materials.	Volunteer/s Jon Tait/MAP			√				
1.1o	Improved engagement of more young people and parents as a preventative strategy to access Early Help/My Family Plan/parent and child voice – (JS to provide co-production report).	John Scadden/EH Hub	√	√	√				
1.2	Poverty								
1.2a	Review impact of Poverty Proofing audit.	Lead? Sub group members? MAP/KV/ Schools	√						
1.2b	Bespoke support to address poverty within schools, using PP audit data as evidence to highlight priorities as a starting point for action. Other data sources could include data from Holiday Hunger Group, Food banks, etc.	Volunteers?	√	√	√				
1.2c	Share information regarding benefits campaigns so families access what they are entitled to and for them to get support with the new Universal Credit system / PIP (Jo McNally FIG). Share campaign details with schools through PSAs.								

1.2d	Sound evidence base from Pupil Premium Tracker indicating how the tracker minimises the gap in attainment. Pilot with schools.	AGS model – Jon Tait		√	√				
1.2e	Re-share Poverty Proofing Toolkit and recommend to schools that they use it and monitor take up. (Maybe run a refresher with Sir John Dunford.)	MAP							
1.2f	Promotion of ‘Care to Learn’ scheme and other support to continue in education such as accessing bursaries, etc.		√	√	√				
1.3	Aspirations								
1.3a.i	Development of a Middlesbrough Aspiration campaign by promoting a positive alumni of Middlesbrough residents. #boromancan – positive role models.	Lead? Sub group members? Public Health?		√					
1.3a.ii	Commissioning of a campaign – social media/posters/mobile phones, etc.	Volunteers? MAP		√	√				
1.3b	Research best practice in area and national/ internationally, and share on MAP website and in weekly updates.	Karyn Vose	√	√	√				
1.4	School readiness/Early help To do – delivery group Impact	Lead? Sub group members?							