

Oxfordshire

Children & Young People's Plan

2015 - 2018



Contents

1	Foreword	1
2	Introduction	2
3	Our vision	3
4	Children and young people in Oxfordshire	5
5	Progress across the county	6
6	Priority one: Ensuring children have a healthy start in life and stay healthy into adulthood	7
7	Priority two: Narrowing the gap for our most disadvantaged and vulnerable groups	12
8	Priority three: Keeping children and young people safe	18
9	Priority four: Raising achievement for all children and young people	23
10	How the Children's Trust will use this Plan	28

Foreword

Welcome to the new Oxfordshire Children and Young People's Plan

In the last year the Children's Trust's membership has been refreshed and reinforced. This puts us in an even stronger position to promote the value and importance of children and young people in the county. We are committed to realising our vision for Oxfordshire to be the best place in England for children and young people to grow up.

This Plan has been developed through discussion with our partners and through public consultation about what the priorities should be for services for children, young people and families in Oxfordshire over the next three years. Our responsibility as a Trust is now to play our part in delivering this Plan by highlighting the importance of these priorities to all partners across the county, monitoring the performance of agencies in delivering services that support the Plan, and working to solve problems and find solutions collaboratively.

It is crucial in times of limited budgets and increased demands on services that the Trust continues to enable partnership working. Only together will we meet these challenges and tackle our Plan's priorities such as improving children's mental health, improving educational attainment especially of vulnerable learners, and preventing neglect and child sexual exploitation.

We know that there have been some significant successes in achieving better outcomes for children in Oxfordshire and that a majority of children, young people and families in Oxfordshire are healthy, safe and thriving at both home and school. Many of the services we commission and provide meet children and young people's needs very well and we must work to ensure that these services continue to evolve and adapt to meet the changing needs of our children, young people and families.

As Chairman and Vice-Chairman of the Children's Trust we look forward to making this new Plan a reality and working with every child and young person to develop the skills, confidence and opportunities they need to achieve their full potential.

Cllr Melinda Tilley

Chairman of the Children's Trust and Oxfordshire County Council's Cabinet member for Children, Education and Families

Dr Matthew Gaw

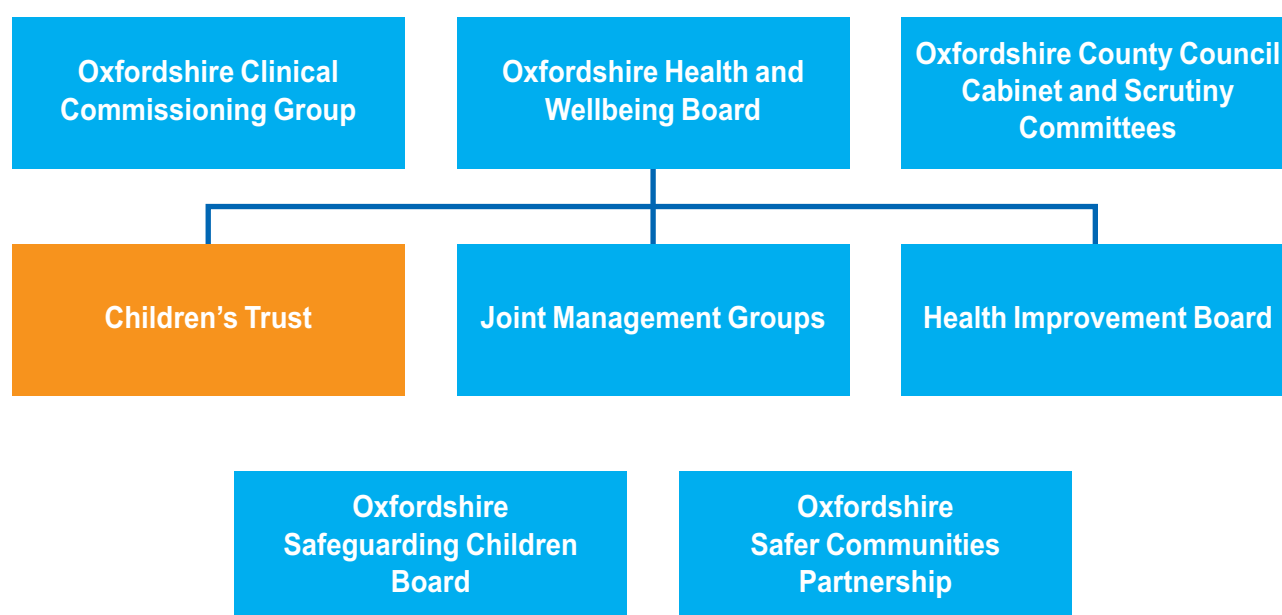
Vice-Chairman of the Children's Trust and GP

Introduction

The Children and Young People's Plan drives the work of the Children's Trust and is jointly authored by all of the Trust's members. It is based on evidence from the Oxfordshire Children's Needs Analysis 2014 and from the Joint Strategic Needs Assessment 2015.

The Children's Trust is a group of stakeholders who have an interest in the health and wellbeing of children and young people in Oxfordshire. It includes representatives from the county council, city and district councils, Thames Valley Police, the NHS, schools, the voluntary sector, and parents.

Our relationship with other partnership boards



The Oxfordshire Health and Wellbeing Board is responsible for improving the health and wellbeing of the people of Oxfordshire through partnership working.

The Children's Trust influences and supports the Oxfordshire Health and Wellbeing Board in its aim to improve outcomes for children, young people, and their families.

The Trust informs and complements the work of other partnerships in the county, in particular: the Health Improvement Board; the Oxfordshire Safeguarding Children Board; the Oxfordshire Safer Communities Partnership; and the Oxfordshire Skills Board. These Boards also have an interest in making sure Oxfordshire is the best place in England for children and young people to grow up.



Our vision

We want Oxfordshire to be the best place in England for children and young people to grow up in, by working with every child and young person to develop the skills, confidence and opportunities they need to achieve their full potential.

We want Oxfordshire to be a 'thriving Oxfordshire'. This means a place where people can work to achieve a decent life for themselves and their family, a place alive with vibrant, active communities, and a place where people can enjoy the rewards of a growing economy and feel safe.

To achieve this, the Trust is focussed on four priorities:

- 1 Ensuring children have a healthy start in life and stay healthy into adulthood
- 2 Narrowing the gap for our most disadvantaged and vulnerable groups
- 3 Keeping children and young people safe
- 4 Raising achievement for all children and young people

Our approach to achieving this vision

When developing and implementing this Plan, we will focus on:

- Social disadvantage – where disadvantaged and vulnerable groups are targeted
- Helping communities and individuals to help themselves – where we find ways to support people, allowing them to be as independent as possible
- Locality working – where locality approaches are used when they are the best way to make improvements

In developing this Plan, the Children's Trust has identified a number of principles that will shape our priorities:

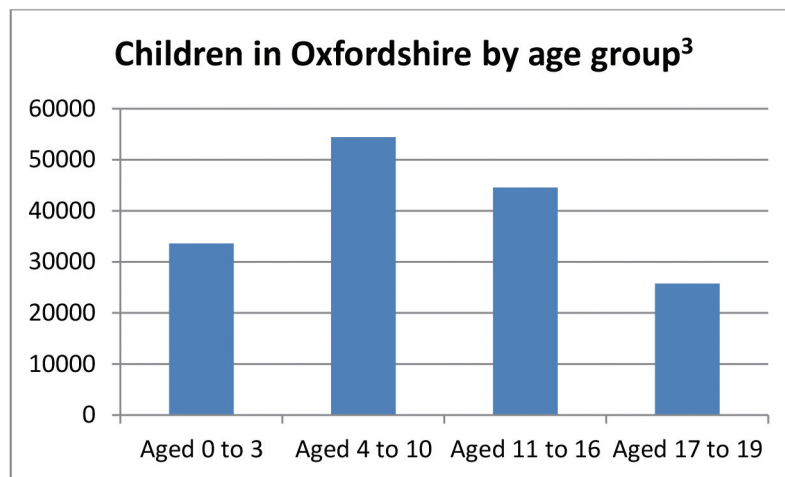
Principle	This means...
Having a 'family' approach	... children and young people are not viewed in isolation and, whenever appropriate, action is taken to address issues that affect the whole family.
Encouraging early intervention	...wherever possible, issues are identified and interventions are made early in order to avoid more acute problems developing down the line.
Getting input from children and young people	...our work reflects the concerns and meets the needs of children and young people. We are always listening.
Promoting working in partnership	...planning and implementation of services is joined up wherever outcomes can be improved.
Smoothing the transition between children's and adult services	...ensuring a coherent and simplified experience for young people moving into adulthood.
Having cost effective services	...where budgets are spent wisely and efficiently.



Children and young people in Oxfordshire

There are 138,000¹ people under the age of 18 in Oxfordshire. They represent 21% of the county's population. The graph below shows how they are distributed by age range.

The birth rate in Oxfordshire is 1.77². This is its highest level since 1973, but the Office for National Statistics anticipates that national fertility rates will remain stable between now and the mid-2030s.



82%⁴ of our children and young people are from white British ethnic backgrounds. There are differences across the county though, and in Oxford City 42% of children are non-white British. The largest minority ethnic group in the county is Asian/Asian British at 6.22%, with most coming from Indian or Pakistani backgrounds. This rises to 17.41% in Oxford City. Ethnic diversity is higher amongst young people than in the population in general.

Most children live in households where there are two parents but 18.7%⁵ of all households with dependent children have single parents.

Approximately 12.2% of children aged 15 and under live in income-deprived households. This is well below the national average of 21.8%. However, there are wide local variations with Oxford City reaching 22.9% and West Oxfordshire at 8%⁶.

¹ Census 2011

² Based on ONS Mid-2013 Population Estimate. The Birth Rate is the total number of births per 1,000 of a population in a year.

³ ONS Mid-2013 Population Estimate

⁴ Census 2011

⁵ Census 2011

⁶ IMD 2010 data published by DCLG

Progress across the county

Healthy Start More women see a midwife or maternity health care professional within the first 13 weeks of pregnancy than in previous years. 95% of children aged two to two and a half years old received a Health Visitor review during 2013/14. The county achieves high coverage rates for the majority of childhood immunisations. Emergency admissions to hospital of young children with infections have decreased.	Narrowing the gap Teenage pregnancies are at their lowest figure since records began and lower than the national average. 810 families are on track to be turned around as part of the Troubled Families programme. Oxfordshire is an early starter for Phase 2 of the programme, supporting a further 434 families. Persistent absence rates from school have improved.
Keeping Safe Children's social care services are rated as "good" by OFSTED. More than 3,500 staff across Oxfordshire have received child protection training since 2012. 21 extra dedicated child protection social workers were recruited in 2013/14. The Kingfisher team, which works with children vulnerable to child sexual exploitation, has won a number of national awards. The Multi-Agency Safeguarding Hub – home to a multi-agency team which identifies risks to vulnerable adults and children - opened in October 2014.	Raising achievement More pupils now attend 'good' and 'outstanding' schools than ever before. Reading at Key Stage 1 continues to improve. In 2014, 59.4% of pupils achieved five or more A*-GCSEs, including English and Maths – higher than the national average. In July 2014, 4.4% of young people aged 16-19 years in Oxfordshire were classed as being 'Not in Employment, Education or Training' (NEET), the lowest rate for a number of years. The successful Oxfordshire Reading Campaign has been extended for another year. 2,600 16-24 year olds started apprenticeships in 2012/13.



Priority one: Ensuring children have a healthy start in life and stay healthy into adulthood

Aim: All children should have access to the wide range of services universally available to protect and promote health. When health problems do occur they should have access to safe and high quality local health services that aim to help them recover as soon as possible.

There is increasing evidence that outcomes across health, education and social care are determined from very early on in life. A healthy start in life begins at conception, runs through pregnancy and on into the first few years of life.

By ensuring that children have a healthy start in life, and that this continues into adulthood, we are helping services move towards the prevention of ill health and helping to reduce unnecessary demand for services in the future.

What we know about getting a healthy start in life⁷

Pregnancy and the first few months

Low birth weight increases the risk of childhood mortality and of developmental problems for the child, and is associated with poorer health in later life. Low birth weight is normally associated with ethnicity but can indicate lifestyle issues of the mother and/or issues with maternity services. Rates in Oxfordshire are higher than the South East average, but below England as a whole.

In 2013/14, 9.3% of mothers in Oxfordshire were recorded as smokers at the time of delivery which is lower than the equivalent proportion in England, 12%.

Breast milk provides the ideal nutrition for infants. Increases in breastfeeding are expected to reduce illness in young children and have health benefits for the infant and the mother. The county's breastfeeding initiation rate is higher than the national figure, as is the breastfeeding rate at six to eight weeks.

Maternal Postnatal Depression affects around 13% of mothers. Compared to children of non-depressed mothers, the children of mothers with Postnatal Depression are more likely to have learning, behavioural and attachment problems.

⁷ Much of the 'what we know' information in this Plan is taken from the Oxfordshire Children's Needs Analysis (version 3.3, June 2014) and the Joint Strategic Needs Analysis Annual Summary report 2015.

Teenage mothers are more likely to suffer from Postnatal Depression, and to smoke during pregnancy. They are less likely to breastfeed, and likely to struggle to complete their education and find it difficult to gain employment. The under-18 conception rate in Oxfordshire is significantly lower than the national one and is decreasing broadly in line with the trend for England.

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. In Oxfordshire levels of immunisation for childhood diseases continue to increase.

Into childhood

There are significant health consequences of childhood obesity, including Type 2 diabetes, and it makes conditions such as asthma worse. It can also lead to psychological problems such as social isolation, low self-esteem, and bullying. The percentages of children overweight or obese are lower in Oxfordshire than overall in England or the South East, but there are still a significant number of children in the county who are obese. Nationally, there is a strong positive relationship between deprivation and obesity prevalence for children, and obesity rates are significantly higher for children in ethnic groups including Asian or Asian British, Black or Black British, and Mixed ethnicity.

There is good scientific evidence that being physically active can help us lead healthier lives, whatever our age. In Oxfordshire in 2013 about 90% of children aged between five and 16 spent at least two hours a week doing sport or physical activity at school. This is in line with the national figures.

Engagement in culture, as well as sport, has a positive effect on wellbeing, and a higher frequency of engagement is generally associated with a higher level of wellbeing. Similarly there are also direct benefits of green space to both physical and mental health and wellbeing. Oxfordshire is the most rural county in the South East and 52% of Oxford City's area is open space (not including the colleges).

Hospital admissions caused by unintentional and deliberate injuries in children in the county have declined, and unplanned hospitalisation for asthma, diabetes and epilepsy are at levels below the England average. The number of emergency admissions for children with lower respiratory tract infections is significantly lower than the England average.

Tooth decay in children is a preventable disease. Rates of tooth decay are higher than South East rates in Oxford, Cherwell and West Oxfordshire.

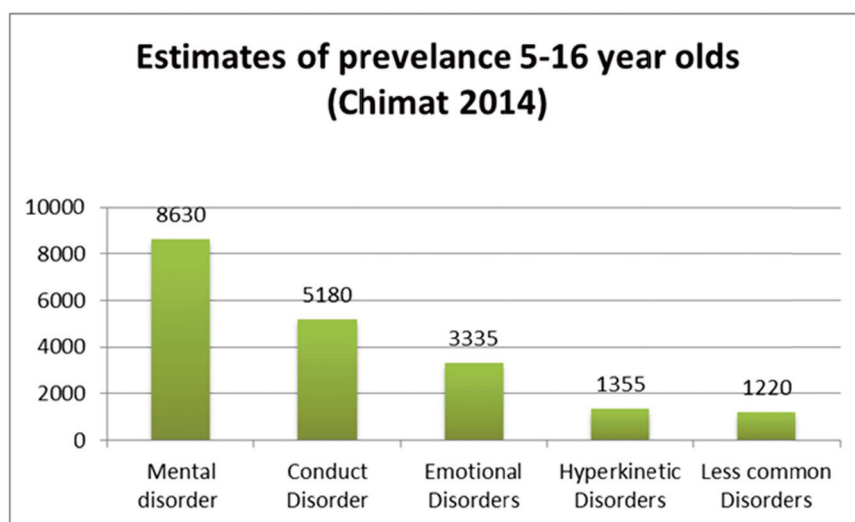
1% of children are thought to have Autistic Spectrum Condition (ASC) (including Asperger's Syndrome). This equates to 1,300 children and young people in the county. In Oxfordshire, the incidence of diagnosed ASC is almost twice the national figure.

Bad housing conditions – including homelessness, temporary accommodation, overcrowding, insecurity, and housing in poor physical condition – are a risk to health. A 2006 study by Shelter found that experience of multiple housing problems increases children's risk of ill-health and disability by up to 25% during childhood and early adulthood.

Moving towards adulthood

One in 10 children and young people aged 5 to 16 suffer from a diagnosable mental health disorder – that is around three in every class at school. About half of these (5.8%) have a conduct disorder, whilst others have an emotional disorder (anxiety, depression) and Attention Deficit Hyperactivity Disorder (ADHD). The prevalence increases with age and rises to 20% for the 16 to 24 age group.

Around a quarter of the 11,000 referrals for Oxford Health mental health services in 2013/14 were for Child and Adolescent Mental Health Services (24%).



Young people with mental health difficulties are also likely to have lower attainment than their peers, higher rates of absenteeism from school and higher risk of falling into the NEET (Not in Education, Employment or Training) category.

Analysis of national surveys suggests that peak onset of mental ill health is between eight to 15 years and half of lifetime mental ill health starts by age 14.

Self-harming in young people is not uncommon. Estimates indicate that approximately 2,600 14 to 17 year olds self-harm to some degree in the county. Urban self-harm rates are substantially higher than rural rates. Autistic people have significantly higher levels of self-harm and suicide than their mainstream peers.

The National Youth Survey results show that a large minority of young people in their early teens take part in heavy 'binge' drinking. A quarter of 13 and 14 year old students admit they have recently drunk five or more alcoholic drinks in a single session, rising to more than half of all 15 and 16 year olds.

In three of the districts (Cherwell, South Oxfordshire and West Oxfordshire) there has been a declining trend in under 18 alcohol-specific hospital admissions over the four years from 2008/9 to 2012/13. In Oxford and Vale of White Horse numbers have remained fairly stable over the period.

Nationally, fewer young people are smoking but in 2013 8% of 15 year olds surveyed on behalf of the Health and Social Care Information Centre said they smoked regularly. Smoking affects lung growth and can lead to lung function decline which may cause an increased risk of lung disease later in life. 75% of young people who smoke say they want to give up.

Public Health England estimates that the rate of hospital admissions due to substance misuse among 15 to 24 year-olds in Oxfordshire was 56.9 per 100,000 people between 2010 and 2013. The England average was 75.2.

Nationally, young people experience the highest Sexually Transmitted Infection (STI) rates, and Chlamydia is the most commonly diagnosed infection. Chlamydia diagnoses are high in Oxford, but other parts of the county are well below the England rate.

Mental health was a consistent theme in our consultation. Young people value having impartial, emotional support and parents/carers felt that the mental health of the whole family was important to the wellbeing of young people.

Areas of focus for the Trust

- **Mental Health, including:**
 - Maternal and peri-natal (the period immediately before and after birth)
 - Self-harm and suicide
 - Wellbeing, confidence, and body image
- **Substance misuse (including drugs, alcohol and tobacco), including:**
 - Education and prevention
 - Treatments for substance misuse, including those for parents

In considering our areas of focus we acknowledge the work being done by the Health Improvement Board, which also recognises the importance of a healthy early start in life in promoting the health and wellbeing of the county. The Health Improvement Board will lead on the following issues:

- Promoting breastfeeding
- Halting the increase in childhood obesity, including monitoring the Healthy Weight Strategy and Action Plan and the work of the Oxfordshire Sports Partnership
- Preventing infectious disease through immunisation
- The Stop Smoking Service and the percentage of woman smoking in pregnancy.

The Children's Trust will seek information on the progress made by the Health Improvement Board, and will discuss these issues if there are particular areas of concern.

In addition, the Oxfordshire Community Safety Partnership is engaged in related work to divert young people away from crime and anti-social behaviour including Mental Health and the Alcohol and Drug Strategy. As the Trust's focus is on children and young people, we will coordinate with the work of the Partnership to avoid duplication and ensure children and young people are properly considered in its work.

Outcomes for ensuring children have a healthy start in life and stay healthy into adulthood

We want to make sure things are moving in the right direction within our areas of focus, so we will measure progress wherever we can. To do this, we have a set of measurable outcomes that we want Oxfordshire to aim for.

There is a subgroup of the Oxfordshire Safeguarding Children Board called the Performance Audit and Quality Assurance (PAQA) group which does this monitoring for us and they will raise areas of concern to the Children's Trust if progress is not on track.

These measures don't cover every single one of our areas of focus. Even so, we will ensure that we check on progress for each one of the areas over the next three years.

Area of focus	Measure
Mental Health, including: • Maternal and peri-natal (the period immediately before and after birth) • Self-harm • Suicide • Wellbeing, confidence, and body image	Waiting times for first appointment with Child and Adolescent Mental Health Services (CAMHS). 75% of children will receive their first appointment within 8 weeks of referral by the end 2016/17.
Substance misuse (including drugs, alcohol and tobacco), including: • Education and prevention • Treatments for substance misuse, including those for parents	Support all secondary schools to have a school health improvement plan which includes smoking, drug and alcohol initiatives.
Plus monitoring relevant Health Improvement Board measures, including:	
Area of focus	Measure
Promoting breastfeeding	63% of babies are breastfed at 6-8 weeks of age (currently 60.4%) and no individual health visitor locality should have a rate of less than 50%.
Halting the increase in childhood obesity	Ensure that the obesity level in Year 6 children is held at no more than 16% (in 2014 this was 16.9%) No district population should record more than 19%.
Preventing infectious disease through immunisation	At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 and no Clinical Commissioning Group locality should perform below 94%. At least 95% children receive dose 2 of MMR vaccination by age 5 and no Clinical Commissioning Group locality should perform below 94%.



Priority two: Narrowing the gap for our most disadvantaged and vulnerable groups

Aim: Children, young people and families will benefit from effective early and targeted support when they face significant challenges and have greater access to high quality services to prevent gaps developing and to break the cycle of deprivation and of low expectation.

Oxfordshire is overall a very 'healthy and wealthy' place but there are significant differences in outcomes across health, education and social care for some specific groups and in some specific areas of the county.

We know that outcomes for children and families from vulnerable groups and disadvantaged communities can be worse than for their peers and these are variable across the county.

What we know about our disadvantaged and vulnerable groups

Poverty and deprivation

Child Poverty is defined as growing up in a household with low income. Certain groups of people face a much higher risk of living in poverty than others, including lone parents, parents and/or children with disabilities and households where only one adult works.

The most deprived areas of the county are mainly in the urban centres of Oxford and Banbury. However, there are also rural areas that have relatively high levels of deprivation on the geographic barriers index, which assesses the average road distance to important services such as hospitals and schools.

The most deprived communities have the poorest mental and physical health and wellbeing. Children from the poorest 20% of households are three-times more likely to have mental health problems than children from the wealthiest 20%. Parental unemployment is also associated with a two- to three-times greater risk of emotional or behavioural problems in childhood. Nationally, among children in reception and year 6, the prevalence of obesity in the 10% most deprived groups is approximately double that in the 10% least deprived.

Vulnerable groups

Young Carers

At the time of the 2011 Census 1,300 children aged 0-15 years provided some unpaid care in Oxfordshire. Young carers are more likely to have mental health problems, poorer school attendance than average, and are more likely to: be eligible for Free School Meals; be identified as having Special Educational Needs; and have poor educational attainment. In 2013 they were seven times more likely to be Not in Education, Employment or Training (NEET).

Looked After Children

Looked after children – children in the care of social services - experience significantly worse mental health than their peers, and a high proportion experience poor health, and poor educational and social outcomes after leaving care. In Oxfordshire, 6.7% of looked after children have a substance misuse problem, almost double the South East and England average of 3.5%. The emotional and behavioural health of children who have been looked after continuously for 12 months or more in the county is classified as borderline but leaning towards 'cause for concern'.

Disabled children

The mean percentage of disabled children in English local authorities has been estimated to be between 3% and 5.4%. If applied to the population of Oxfordshire this would equate to between 3,946 and 7,102 children experiencing some form of disability.

Estimates from 2010 suggest that around 3,600 children in the county had a learning disability. In 2014 around 2,300 (2.1% of) pupils in Oxfordshire schools had statements of Special Educational Needs (SEN). This proportion has remained broadly similar in the years since 2007. Oxfordshire's rate of SEN-statemented pupils was a little lower than in the South East (2.9%) and England overall (2.8%). In the same year around 16,700 (15.7% of) pupils in Oxfordshire schools were recorded as having SEN but not having statements. Again, this proportion remained broadly similar in the years since 2007, but was slightly above the rates for the South East and England overall (15.1% for both).

Learning disabilities are most common in young boys. Children from poorer families are also more likely to have a learning disability. Moderate and severe learning difficulties are more common among Traveller and Gypsy/Romany children. Profound multiple learning difficulties are more common among Pakistani and Bangladeshi children.

An Anti-Bullying Alliance survey in 2014 found that 70% of the teachers polled heard children using disability terms abusively. Primary school pupils with Special Educational Needs are twice as likely as other children to suffer from persistent bullying. Over 90% of parents of children with Aspergers have reported their child has been bullied in the previous year.

Young Offenders

First-time youth offending rates are lower in Oxfordshire than England, and custody rates are also relatively low. However, 95% of young offenders who are imprisoned have a mental health disorder, and young people in prison are 18 times more likely to take their own lives than others of the same age. 84% of young offenders aged 11 to 17 are boys and over a half of all offences in this group was committed by 16 and 17 year olds.

Thriving families

It is estimated there are 810 families in the county who meet at least two of the national criteria which are tracked as part of the 'Thriving Families' programme. The criteria include:

- Children not attending school regularly or behaving well in school
- Parents in receipt of age-related working benefits
- Anti-social behaviour/ offending within the family

As of 31 August 2014, Oxfordshire has turned around 725 out of 810 families identified.

Equality and discrimination were mentioned by young people regularly throughout the review of this Plan, in particular discrimination regarding young people who are in the care system, or who are “different” such as gay people and goths.

Areas of focus for the Trust

- **Services in deprived areas, including:**
 - The Breaking the Cycle of Deprivation programme – which targets the wards in Oxford City with worst outcomes across a range of indicators
 - The Brighter Futures in Banbury programme
- **Looked after children, including:**
 - Oxfordshire's Placement Strategy – for children in and on the edge of care – which aims, for example, to keep children with their families wherever possible, and increase in-house fostering for harder to place children
- **Care Leavers**
- **Young carers**
- **Disabled children**

The Health Improvement Board also looks at issues relating to this priority, including:

- Controlling the number of households in temporary accommodation
- Preventing households from becoming homeless
- Fuel poverty

The Oxfordshire Safer Communities Partnership supports activity to protect vulnerable children and prevent youth offending, as well as achieve better outcomes for young victims of crime.

We also know that the Education Strategy 2015-18 will have improving provision and raising standards for vulnerable learners as a priority.

The Children's Trust will seek information on the progress made by the Health Improvement Board and the Oxfordshire Safer Communities Partnership and will monitor the Education Strategy, and will discuss these issues if there are particular areas of concern, or where a coordinated interagency approach is needed.

Outcomes for narrowing the gap for our most disadvantaged and vulnerable groups

Area of focus	Measure
Services in deprived areas, including: • The Breaking the Cycle of Deprivation programme – which targets the wards in Oxford City with worst outcomes across a range of indicators • The Brighter Futures in Banbury programme	Reducing inequalities as measured by Public Health measure 1.01i – Children in poverty (all dependent children under 20) – such that the gap between the wards with most poverty and least poverty is reduced.
Looked after children, including: • Oxfordshire's Placement Strategy – for children in and on the edge of care – which aims, for example, to keep children with their families wherever possible, and increase in-house fostering for harder to place children	Reduce the number of children and young people placed out of county and not in neighbouring authorities from 74 to 50.
Care Leavers	Reduce the level of care leavers 'Not in Employment, Education or Training' (NEETs) from 50% (measured at 19th, 20th and 21st birthday of care leaver).
Young carers	Increase the number of young carers identified and worked with by 20% from 1,825 at 1st April 2015 to 2,190.
Disabled children	Reduce the number of children with SEN who have at least one fixed term exclusion in the academic year (down from 5.1% in the academic year 2013/14). Increase the proportion of children with a disability and are eligible for Free School Meals who are accessing short breaks services from 24% in 2014/15.

Plus monitoring relevant Health Improvement Board measures, including:	
Controlling the number of households in temporary accommodation	The number of households in temporary accommodation as at 31 March 2016 should be no greater than the level reported in March 2015.
Preventing households from becoming homeless	At least 80% of households presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless. Increase the number of households in Oxfordshire who have received significant increases in energy efficiency of their homes or their ability to afford adequate heating, as a result of the activity of the Affordable Warmth Network and their partners.
Plus monitoring relevant Oxfordshire Safer Communities Partnership measures, including:	
Prevent youth offending	Reduce the number of first time entrants to the Youth Justice Service from 208 in the calendar year 2014. Reduce the rate of custodial sentencing per 1,000 of the 10-17 year old population.



Priority three: Keeping children and young people safe

Aim: All children and young people to grow up in a safe, healthy and supportive environment and have good access to services at the right time.

Keeping all children and young people safe must be a priority for everyone in Oxfordshire. Children need to feel safe and secure if they are to reach their full potential in life.

Keeping children safe is everyone's business and many different agencies work together to achieve it.

We want children who need help to receive it as quickly and easily as possible.

What we know about keeping children and young people safe

Child sexual exploitation

Child sexual exploitation - a type of sexual abuse in which children, both boys and girls, are sexually exploited for money, power or status - has been an emerging national issue of concern over recent years. Operation Bullfinch is a joint operation by police and social workers within Oxfordshire, which has resulted in the successful prosecution and conviction of seven men for a range of serious sexual offences, and continues to bring prosecutions. The Kingfisher team – a multi-agency team made up of social workers, police and health professionals - has the responsibility of reviewing all suspected child sexual exploitation cases.

Factors linked to heightened risk of child sexual exploitation include children going missing, children with a history of abuse and children in care. During the first half of 2014/15 over 400 children went missing in Oxfordshire, with around 15% of those going missing on more than two occasions.

Domestic abuse

There were 4,820 incidents of domestic abuse reported to the police in 2012/13 in Oxfordshire where there were children in the household. Many incidents will affect more than one child and domestic abuse is under reported to the police, so this is only a partial picture of the number of children affected. Children and young people who are exposed to domestic violence, experience emotional, mental and social damage that can affect their developmental growth.

Teenage relationship abuse is also a concern, and a 2009 national survey by the NSPCC showed that: a quarter of girls and 18% of boys reported some form of physical partner violence; nearly three-quarters of girls and half of boys reported some form of emotional partner violence; and one in three girls and 16% of boys reported some form of sexual partner violence.

Young people said that advice about healthy relationships, friendships, contraception and bullying were issues on which they would like to have consistent advice and guidance.

Female Genital Mutilation (FGM)

It is estimated that in England and Wales nearly 66,000 women have experienced FGM and over 20,000 girls under the age of fifteen are at high risk of FGM. The most recent research was a statistical study conducted by FORWARD in 2007 to estimate the prevalence of FGM in England and Wales. The highest estimated percentages of FGM incidences were in London but with prevalence of over 2% in some cities including Oxford. Due to the impact that FGM has on the health, safety and wellbeing of girls and women, it was identified as a priority by the Thames Valley Police and Crime Commissioner.

Bullying

Statistics on bullying collated from government reports and research by the NSPCC show that almost half (46%) of children and young people say they have been bullied at school at some point in their lives and 38% of young people have been affected by cyber-bullying.

The Oxfordshire Pilot Bullying Survey 2013/14 found that 17% of pupils have been bullied every month or more frequently, 14% every week or more frequently, and 11% most days or more frequently. In line with national trends, the survey also showed that those young people who are “different” from the majority in terms of race, religion, sexuality or experience of long term illness are likely to experience increased frequency of bullying and feeling unsafe.

68% of bullying takes place at school. Bullying in the community is also an issue with 22% saying they have been bullied out of school.

A Department for Education study in 2010 showed that there is a link between bullying and attainment as well as bullying and the likelihood of being ‘Not in Employment, Education or Training’ (NEET). Bullying can have a powerful impact on young people’s future prospects.

Our consultation showed that young people as well as parents/carers are concerned that bullying, particularly online, is rife and that young people need to be further educated to prevent them from becoming victims.

Risky behaviour among adolescents

As we saw in priority one, a large minority of teenagers are engaged in risky behaviour including substance use (including smoking, alcohol consumption, and illicit drug use), engagement in criminal activity, and sexual risky behaviour. A Centre for Understanding Behavioural Change report in 2013 showed that participation in risky behaviour starts at a young age, risky behaviour amongst young people is very persistent and participation in one type of risky behaviour is predictive of later participation in other forms of risky behaviour.

The report also describes risk factors associated with the likelihood of engaging in risky behaviour. For example, substance misuse is more likely to occur among young people who are female, live in a rural area and have experiences of being bullied. And criminal activity is more likely to be associated with young people who are male, play truant or have been suspended and believe they are treated unfairly by their teachers.

Vulnerable parents

It is estimated that parental drug misuse affects between 2,340 and 3,510 children in Oxfordshire. In addition the national figure for children living with alcohol misusing parents is 1.3 million, four times the number of children living with parental drug misuse.

The adverse consequences for children are typically multiple and cumulative and will vary according to the child's stage of development. They include failure to thrive; incomplete immunisation and inadequate health care; a wide range of emotional, behavioural and other psychological problems; early addiction problems and offending behaviour; and poor educational attainment. These can range greatly in severity and may often be subtle and difficult to detect.

Looked After Children

As of March 2014 there were 465 children in care (or 'looked after children') in Oxfordshire. The majority (68%) of looked after children are in a foster placement.

Nearly 50% of looked after children are looked after because of abuse or neglect. Neglect is the ongoing failure to meet a child's basic needs. A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care. The NSPCC estimates that one in 10 children in the UK have suffered neglect. Family dysfunction is the next most common reason for a child going into care at 17%.

The number of children subject to a child protection plan⁸ in Oxfordshire is rising year on year – the figure has risen by 129% since March 2007. The increase was much higher in Oxfordshire than in England overall (73% over the same period).

⁸A child protection plan offers support and services to the family to ensure the child is safe from harm and remains that way. Child protection plans remain in force until the child is no longer considered at risk, moves out of the local authority area or reaches the age of 18.

Protection from abuse, neglect and child sexual exploitation was mentioned numerous times in our consultation. Young people are concerned about the vulnerability of children in Oxfordshire.

Areas of focus for the Trust

- **Neglect**
- **Risky behaviours among adolescents**
- **Bullying**
- **Domestic Abuse**
Including abuse within teenage relationships
- **Progress of the Multi-Agency Safeguarding Hub**
a multi-agency team which identifies risks to vulnerable adults and children
- **Female Genital Mutilation (FGM)**
- **Child sexual exploitation (CSE)**

In considering our areas of focus we acknowledge the work being done by the Oxfordshire Safeguarding Children Board (OSCB). Its remit is to secure effective inter-agency arrangements to safeguard and promote the welfare of children and young people. The OSCB has a CSE strategy and action plan which is managed through a dedicated child sexual exploitation sub-group with wide partnership representation.

The Chair of the OSCB is a member of the Trust and will report on progress of the Board's work as required. The OSCB and the Children's Trust have a working protocol that makes clear their respective functions, inter-relationships and roles and responsibilities.

Naturally, the Oxfordshire Safer Communities Partnership is also heavily involved in this area of work, including supporting victims of domestic abuse as well as training practitioners across Oxfordshire, reducing the risk of vulnerability to radicalisation and supporting community safety concerns that are being led elsewhere, such as the Oxfordshire Safeguarding Children Board's child sexual exploitation strategy and the FGM strategy.

The Children's Trust will seek information on the progress made by the Oxfordshire Safeguarding Children Board and the Oxfordshire Safer Communities Partnership and will also aim to focus on areas that support and supplement their work, not duplicate it.

Outcomes for keeping children and young people safe

Area of focus	Measure
Neglect	Set a baseline for and then increase the amount of times the Independent Chair overseeing a child protection plan is satisfied that the objectives of the plans are being progressed by the Core Group. (The Core Group is the group of partners - which can include schools, health, police and social workers etc. - who carry out the work required by the child protection plan). Set a baseline for and then increase the proportion of specified outcomes that have been achieved in the child protection plan. Increase the proportion of neglect cases where the neglect toolkit is used. (The neglect toolkit is a checklist that professionals use to identify whether a child is being neglected and whether to refer them to children's services.)
Risky behaviours among adolescents; including abuse within teenage relationships	Reduce the number of hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 (Public Health measure number 2.07ii).
Bullying	More than 70 schools receive direct support to implement effective Anti-Bullying strategies as evidenced by school action plans to tackle and reduce bullying.
Plus monitoring relevant Oxfordshire Safer Communities Partnership measures, including:	
Domestic Abuse	Reduce the assessed level of risk for high risk domestic abuse victims managed through the MARAC (Multi-Agency Referral Risk Assessment Conference).



Priority four: Raising achievement for all children and young people

Aim: To see every single child being successful and reaching their potential, thriving in an outstanding learning environment throughout their education, wherever they live across the county, and to see the gap reduced between the lowest and the highest achievers. We aim for every single school and setting to be rated at least as 'good' and to be moving towards 'outstanding'.

Central to our vision is the aim that every child and young person develops skills and is given opportunities to achieve their full potential. Through raising achievement, children and young people are more likely to get the best start in life and be set up to play an active and positive part in the community as adults.

What we know about raising achievement

Early years

During their early years, babies and young children experience phenomenal growth in brain development, and in their understanding of themselves and the world around them. Children who attend higher quality preschool provision tend to do better throughout primary school, particularly in reading.

In 2014 in Oxfordshire 60% of pupils achieved a good level of development at the age of five, equal to the England average.

Attainment

In 2014, 78% of pupils in Oxfordshire achieved level 4 or above in reading, writing and maths at Key Stage 2 (year 6). This represents a drop below the England average (79%) for the first time in a number of years.

In 2014, 59.4% of pupils at schools in Oxfordshire achieved 5 or more A*-C grades at GCSE (Key Stage 4), including English and maths. This was above the England average of 56.8%.

The number of young people starting apprenticeships in the county increased from 1,610 in 2005/06 to 4,530 in 2012/13.

Children eligible for Free School Meals

There are large gaps in attainment between pupils known to be eligible for Free School Meals and their peers in Oxfordshire. 58% of pupils known to be eligible for Free School Meals achieved level 4 or above in reading, writing and maths at Key Stage 2 (year 6). 72% of these pupils leave school without five GCSEs at A*-C.

Children with Special Educational Needs

The attainment gap is even greater for children with Special Educational Needs, with 35% achieving level 4 or above in reading, writing and maths at Key Stage 2 (year 6). 86% of these pupils leave school without five GCSEs at A*-C.

Young people recognise that not everyone will achieve high academic standards and would like those young people to be encouraged and helped to gain confidence in their strengths and abilities to reach their own potential.

Parents/carers felt that a narrow focus on attainment in exams did not always work in the best interest of a young person and a child's wellbeing can suffer as a result.

Attendance

There is clear evidence of a link between poor attendance at school and low levels of achievement. Of pupils who miss more than 50% of school, only 3% manage to achieve five A* to C GCSEs. Children with low attendance in the early years are more likely to come from the poorest backgrounds.

Evidence shows that pupils who are persistently absent in secondary schools have had poor attendance levels in primary school. In primary schools rates of persistent absence in Oxfordshire are below the national average, but in secondary schools rates are slightly above the national average.

Pupils with Special Educational Needs miss more school through absence compared to those without Special Educational Needs. Looked after children are three times more likely to be persistently absent from school. Persistent absentee rates among Free School Meals pupils are 2.5 times that seen in non- Free School Meals pupils.

At the end of July 2014, 4.4% of young people aged 16-19 years in Oxfordshire were classed as being 'Not in Employment, Education or Training' (NEET). This is the lowest rate for a number of years.

Exclusions

Fixed period exclusions have fallen after peaking in 2010/11 and remain below both the South East and England average.

Quality of provision, including special schools

The number of academies in the county continues to grow, and it is expected that 50% of Oxfordshire pupils will likely to be attending academies by the end of 2015.

More pupils now attend 'good' and 'outstanding' schools than ever before; for example, in 2014, 79% of primary schools were judged good or outstanding, a 20% improvement on 2012. As of March 2015, 83% of special schools in the county were also judged as good or outstanding.

Ensuring that all young people regardless of their abilities or circumstances are able to have the same opportunities as everyone else was mentioned as important by young people in our consultation.

Areas of focus for the Trust

In considering our areas of focus we recognise the on-going work to develop the Education Strategy for 2015-18 as well as the work of the Oxfordshire Skills Board.

The new Education Strategy will build on the ambitions of the previous strategy which included:

- **Early Years, including:**
 - Foundation stage outcomes (for children aged 5)
 - The quality of childcare settings
 - Levels of attainment and quality across all primary and secondary schools
- **Closing the attainment gap, including:**
 - Children eligible for Free School Meals
 - Special schools
 - Children with Special Educational Needs

The Oxfordshire Skills Board, which works closely with the Oxfordshire Local Enterprise Partnership, is charged with understanding and communicating the needs of employers and providers in Oxfordshire relating to business development, employment and skills issues. Its priorities include:

- Creating seamless services to support young people through their learning – from school and into training, further education, employment or business
- Up-skilling and improving the chances of young people marginalised or disadvantaged from work
- Increasing the number of apprenticeship opportunities

The Children's Trust will seek information on the progress made on the Education Strategy, and on the priorities of the Oxfordshire Skills Board, and will discuss issues if there are particular areas of concern.

The Oxfordshire Growth Board is also monitoring developments around: the apprenticeship programme; Information Advice and Guidance to drive better employability skills in young people; and increasing the number of people entering training in Science, Technology, Engineering and Manufacturing (STEM) subjects. The Trust will coordinate with this monitoring work wherever possible to limit duplication.

Outcomes for raising achievement for all children and young people

Area of focus	Measure
Early years, foundation stage outcomes.	62% of children in early years and foundation stage reach a good level of development.
Closing the attainment gap, including: • Children eligible for Free School Meals • Special schools • Children with Special Educational Needs	Improve the Free School Meals attainment gap at all key stages and aim to be in line with the national average by 2015 a) KS2: 19% points b) KS4: 27% points Ensure that the proportion of pupils with Special Educational Needs and Disability (SEND) but no statement or Education Health and Care Plan is in line with the national average.

Plus monitoring relevant Oxfordshire Skills Board measures, including:	
Area of focus	Measure
Up-skilling and improving the chances of young people.	Work place experiences and accredited employability skills training will be widely available to young people. By 2020, 35% of businesses in Oxfordshire will be working with schools and colleges to support young people in their transition into work (up from 12%).
Increasing the number of apprenticeship opportunities.	By 2020, an additional 1,150 apprenticeship places for 16-24 year olds will be created (up from 2,600 in 2012/13).



How the Children's Trust will use this Plan

This Plan will drive the work of the Children's Trust until 2018. However, the Plan will remain under review and will be refreshed annually, if required, to ensure that the areas of focus of the Trust remain relevant and remain the most pressing issues facing children and young people in the county.

The Trust meets six times a year to monitor and feed into the partnership work that is taking place around the issues outlined in this Plan. Through this work it will influence and support the Health and Wellbeing Board in its aim to improve outcomes for children and young people, and their families.

