



# Oxfordshire Children and Young People's Plan 2013/14

“ 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. ”

# Contents

Foreword .....	3
Introduction.....	4
Vision.....	4
The population.....	7
The challenges and how they will be addressed.....	8
Priorities for 2013/14.....	14
Priority 1: All children have a healthy start in life and stay healthy into adulthood.....	15
Priority 2: Narrowing the gap for our most disadvantaged and vulnerable groups.....	17
Priority 3: Keeping all children and young people safe.....	21
Priority 4: Raising achievement for all children and young people.....	24
Working together to deliver the priorities.....	25
What next?.....	27



## Foreword

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

We want Oxfordshire to be the best place in England for children and young people to grow up in. We believe a joint plan which sets the direction and priorities for services for children, young people and families in Oxfordshire is a vital part of making this happen.

This Children and Young People's Plan will be implemented during a period of major change for us all. The backdrop of significant reductions in Government funding makes it imperative that we work together to do things in the most effective way. Experience shows that when organisations in Oxfordshire work together to deliver we make a real difference to the lives of children and young people and their families.

We have asked children, young people and their families what they need and they have told us their priorities. One of the key things they told us is that we need to make the child's journey from needing help to receiving help as straightforward and effective as possible, and this plan sets out how we will work together to achieve this. We will ensure that their experiences continue to be heard and included as this Plan is refined.

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 safe, well and thriving at home and school. We also know that many of the services we commission and provide meet children and young people's needs very well. However we also know this is not always the case and targeted support needs to enable this to happen for some children and young people, and that more needs to be done to improve the quality of their experience and their outcomes. This plan has set out how this will happen.

As Chair and Vice-Chair of the Children and Young People's Board we are responsible for ensuring that this plan makes a difference to the children and young people of Oxfordshire. The Children and Young People's Board replaced the Oxfordshire Children and Young People's Trust in 2012, and is now responsible for monitoring the targets in this plan and ensuring they are met. The Board will hold partners to account and will work with the Oxfordshire Safeguarding Children's Board, and with public and voluntary sector agencies, to ensure that children are safe.

Thank you for your continued commitment and support for improving the lives of Oxfordshire's children and young people. We look forward to continuing to work with you in 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.



Dr Mary Keenan – Medical Director,  
Oxfordshire Clinical Commissioning  
Group

Chairman of Children and Young  
People's Partnership Board



Cllr Melinda Tilley – Cabinet Member for  
Children, Education and Families,  
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Vice Chairman of Children and Young  
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## Introduction

This Children and Young People's Plan sets out the strategic direction for future services for children, young people and families in Oxfordshire. This Plan has been developed at a time when public sector organisations in the County are facing significant budget changes, and there has been large scale change in the structure of the NHS as well as County Council elections this year. With this in mind, the Plan will be further developed and refined by April 2014 to ensure that the priorities and outcomes remain the most important for Oxfordshire and that all partners are able to contribute to their achievement.

This Plan builds on the vision and priorities developed by all partners in the previous Children and Young People's Plan and supports *Working Together to Safeguard Children*<sup>1</sup> which sets out how organisations and individuals should work together to safeguard and promote the welfare of children. This Plan also proposes how it will be developed further in the future in the context of some key challenges and a rich history of working in partnership.

It is underpinned by the Oxfordshire Joint Strategic Needs Assessment<sup>2</sup>, the Director of Public Health's Annual Report and the Oxfordshire Children and Young People's Plan 2010-2013, together with the voices of children, young people and families. We have a number of well-established and robust communication channels designed to provide children, young people, parents and carers with an opportunity to share their experiences, discuss issues that affect them, and influence policy and decisions. They include the Oxfordshire Youth Parliament, Children in Care Council, OYE! Oxfordshire Youth Enablers, and Sounding Boards including Parent Carers Voice, the sounding board for children and young people aged 7 – 25, and a sounding board for fathers.

This Plan provides an opportunity to bring all the ambitions into a single document and reflects the joint strategic vision from the Oxfordshire Health and Wellbeing Strategy and the Oxfordshire Children's Safeguarding Board. It draws on other key strategies from Oxfordshire's district councils and the County Council, for example, the current Education Transformation Strategy for Oxfordshire as well as the Operating Plan from the Oxfordshire Clinical Commissioning Group.

The close monitoring of the targets and outcomes within the plan will enable us to maintain the focus on the issues that matter and thereby drive improvement.

## 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.**

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<sup>1</sup> Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children (HM Government, 2013).

<sup>2</sup> The Joint Strategic Needs Assessment is a report that includes a huge wealth of information and intelligence from a number of different sources that cover the health and wellbeing of the population in its broadest terms.

**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.**

Children and young people are key to ensuring that we are able to realise this vision. In Oxfordshire this means working collaboratively to enable children and young people to:

- enjoy good physical and mental health;
- break free from the cycle of deprivation;
- enjoy and achieve educational success;
- grow up able to look after themselves with high aspirations and expectations;
- be protected from abuse and neglect and all forms of discrimination;
- make a positive contribution to the local community;
- enjoy equality of opportunity and access.



## **Underpinning principles**

A number of key principles have been identified which underpin the approach to enabling children and young people to fulfil their potential.:

- Every child's journey to adulthood should be as seamless and well supported as possible.
- Recognising that educational outcomes make a difference for attracting future investment into the County, and that economic opportunities are paramount for our children and young people's future.
- Encouraging a range of agencies to focus on prevention and early help to improve outcomes across the board, reduce the need for intensive, higher cost interventions and to avoid problems escalating.
- Work across agencies with children, young people and families to support families to help themselves.
- Use evidence to pinpoint gaps and target improvements.
- Reduce inequalities and break the cycle of deprivation.
- Keep children firmly at the centre whilst recognising the need to work with whole families.
- Involving, respecting and hearing the voice of young people and acting on wishes and feelings.
- Promote innovation and efficient, evidence-based ways of working to make the most of funding.
- Providing access to the right services when needed.
- Supporting young carers in their role.
- Supporting troubled families to become thriving families.



- Keeping children close to home when they need to be looked after by the local authority.
- Treating children within the youth Justice System as children first and offenders second.

## **What are the main changes since the last Children and Young People's Plan 2010-2013?**

- More challenging financial environment and significant legislative and structural changes across the NHS.
- Introduction of the Oxfordshire Health and Wellbeing Board, which is the principal structure responsible for improving the health and wellbeing of the people of the county, through partnership working. The Health and Wellbeing Board is supported by three partnership boards that focus on children, adults and health improvement as well as a Public Involvement Network to ensure the voices of the public are heard
- The Children and Young People's Partnership Board replaced the Oxfordshire Children and Young People's Trust in 2012, and is responsible for monitoring this joint plan. The vision of the Health and Wellbeing Board informs and complements the vision of this Children and Young People's Plan
- Introduction of clinical commissioning in the health services, making GPs responsible for commissioning services through the new Oxfordshire Clinical Commissioning Group.
- A rapidly changing education system, with changing roles and responsibilities for schools and the County Council.
- Greater emphasis on making the child's journey from needing help to receiving help as straightforward and effective as possible, with increased integration of services across agencies.
- Greater evidence around the importance of a healthy start in life.
- More children aged 0 to four years living in Oxfordshire than expected, particularly in Oxford City.
- Greater understanding of the issues and prevalence of child sexual exploitation.
- Implementation of the national Social Work Reform Board's 15 recommendations to build a safe and confident future and to continuously improve the quality of social work.

## **How are we responding to change?**

At a time of significant change, it is more important than ever that all partners agree a shared vision, principles and objectives for how to work together and how to make a difference to the lives of children and young people and their families.

Oxfordshire County Council and the Oxfordshire Clinical Commissioning Group need to work effectively at a regional and county level with the Police, the NHS, and other public agencies. Equally, it is important to work closely at a more local level with voluntary sector organisations and district, town and parish councils.



New ways of working may need to be considered to ensure organisations continue to be financially sustainable and are able to prioritise the ambitions and activity to support children and young people to reach their potential.

Overall, Oxfordshire is a great place to grow up. It's one of the wealthiest and healthiest counties and one where all agencies in Oxfordshire want children to be able to take advantage of the benefits of living in the county.

Oxfordshire is one of the most rural counties in the South East. It has a population of around 654,800 (2011 Census), over half of which live in towns or villages of less than 10,000 people. The proportion of black and minority ethnic groups in Oxfordshire has increased from 4% of the total population to 9% between 2001 and 2011.

The County is best described as a mix of areas with distinctive characteristics as follows:

- Urban Oxfordshire – Oxford City;
- Major towns – Banbury, Bicester, Witney, Abingdon, Didcot;
- Market towns – 19 smaller towns serving rural communities;
- Rural settlements – villages, hamlets and isolated dwellings.

Future population growth in the County is expected to be concentrated around Banbury, Bicester, Didcot, Witney and Wantage due to new housing developments.



- The birth rate is relatively stable among UK born mothers but has increased by 37% among mothers born outside the UK.
- There are more people aged 15 to 19 in Oxford, inflated by the number of students in the city: percentages for 15 to 16s are slightly lower than for the rest of the county.
- Over the next ten years, the number of younger people in Oxfordshire is expected to increase, but at a slower rate than the overall population.

# The Challenges

## What are the specific challenges relevant to children and young people in Oxfordshire, including those highlighted by the Joint Strategic Needs Assessment?

1. The changing face and roles of public sector organisations including the recent tightening of the public purse, which has knock-on effects for voluntary organisations.
2. The need to work with and through a patchwork of organisations to have any chance of making a real difference in Oxfordshire.
3. The need to give children a better start in life.
4. The increase in 'unhealthy' lifestyles which leads to preventable disease, and the need to shift services towards the prevention of ill health.
5. The need to make the child's journey through all services smoother and more efficient, and to improve the quality and safety of services.
6. Increasing demand for services, and the need to reduce unnecessary demand through better early help.
7. The need to ensure that services for the mentally ill and those with learning disabilities and physical disabilities are prioritised.
8. To help people and communities help themselves, to encourage volunteering and to increase the role of the voluntary sector.
9. The persistence of small geographical areas of social disadvantage containing high levels of child poverty, especially in Banbury and Oxford but also in parts of our market towns. These areas are also the most culturally diverse in the county containing ethnic minority groups who have specific needs.
10. The need to support families and carers of all ages to care.
11. The need to streamline financial systems, especially those pooled between organisations, and to align all budgets more closely.





## Addressing these challenges

In working together to make a meaningful difference to the lives of children, young people and their families in Oxfordshire we have identified the following key areas that we will focus on:

1. Keeping children safe from harm and especially those at risk of exploitation.
2. Establishing the right balance of universal and targeted services to be able to manage demand for services.
3. The most effective way to provide early help to children, young people and families.
4. Supporting schools, academies, early years settings and other agencies to continue to raise achievement.
5. Good access to the right support at the right time.
6. A positive experience of the transition from childhood to adulthood.
7. A balance of services provided by public, private and voluntary sector organisations.

### 1. Keeping children safe from harm, especially those at risk of exploitation

In Oxfordshire performance is better than the national average for timeliness of initial assessments, core assessments, holding of child protection case conferences with solid multi-agency safeguarding and child protection practice. The number of children and young people looked after by the local authority is in line with expectations when compared with our statistical neighbours and demographic profile. However, in Oxfordshire, children being looked after are placed too far away from home.

Child sexual exploitation is a significant issue in Oxfordshire and we are working hard to keep our children and young people safe from abuse. A great deal of work has been done together – County Council, Police, Health, District Councils and other organisations – to prevent child sexual exploitation and to protect and support the victims.

This year the plan is to develop a multi-agency safeguarding hub (MASH) and extend the reach of the Kingfisher team – a new multi-agency team providing an initial point of contact for advice and information to families, children and other professionals where there are concerns about child sexual exploitation. The team will have a strong focus on achieving successful prosecutions as a key way to safeguard and protect children. A placement strategy is also being developed by the County Council to ensure more children looked after by the local authority can live closer to home.

► **Key projects:**

- Multi-agency safeguarding hub (MASH)
- Placement Strategy

## **2. Establishing the right balance of universal and targeted services to be able to manage demand for services**

Currently there are a range of universal services offered to families that aim to give children the best start in life, including through screening programmes, schools, leisure services and support to divert children away from risky behaviours such as substance misuse. Where possible, the provision of universal services free at the point of delivery has been retained. Increasingly however, it is recognised that the work of a service needs to be targeted to those in greatest need.

A range of support services are available to children in need, disabled children and their families. Children who have a Statement of Special Educational Needs are well supported but outcomes need to improve for those children identified as being in need. For young people with disabilities, in line with the new special educational needs legislation, the aim is to streamline assessments, provide personal budgets, make information and advice more readily available and have a more joined up approach between education, health and social services.

The Thriving Families programme links to the work of Children's Centres and Early Intervention Hubs, and works intensively with families over a sustained period of time to bring lifestyle changes in the family. The number of families who receive intensive support will increase and a whole family approach through the Thriving Families programme will be extended.

All services need to support children and families early enough to ensure the right support at the right time, without delay, to prevent any escalation of needs.

► **Key projects:**

- Child and family journey from needing to receiving help, and through services
- Thriving Families Programme
- Special educational needs and disability reforms
- Transitions – moving from children's services to adults' services

### 3. The most effective way to provide early help to children, young people and families

Early help starts even before pregnancy, with good targeted pre-conceptual care that aims to reduce the likelihood of later problems. The Oxfordshire Clinical Commissioning Group will re-commission local maternity services from 2014 using an “Outcome Based Commissioning” approach to ensure that maternity services deliver the outcomes women and their families want and need.

There is a strong emphasis on early intervention in Oxfordshire. The Early Intervention Service is targeted at vulnerable children and those with complex needs. A mix of children’s centres and other provision is accessible to families and is delivered from a variety of venues including schools. These services focus on working with families to support a good start in life and address inequalities.

There needs to be better integration between the Early Intervention Service and Children’s Centres. We should consider how children’s centres might be made sustainable in the future – becoming part of a local community resource.

► **Key projects:**

- Review of Early Intervention Service and Children’s Centres.
- Outcome Based Commissioning of Maternity Services

### 4. Supporting schools, academies, early years settings and other agencies to continue to raise achievement

Educational attainment is improving but there is more to do. Oxfordshire continues to perform well in the early years at school but greater improvement is needed at GCSE level. An important factor influencing the overall educational attainment of children is whether they are taught in schools judged to be good or better. 10 schools are currently judged inadequate in Oxfordshire (as at August 2013), which is fewer than last year. There has also been a significant improvement in the number of children taught in schools which are judged to be good or outstanding, by the end of the 2012/13 academic year: 6950 more children in primary schools and 2900 more in secondary schools.



About half of secondary schools are now academies and more academies are expected in the medium term. The Oxfordshire Education Transformation Strategy is now in its second year and the way support is provided to schools and settings is currently being revised to reflect changes in responsibilities for schools and the County Council, and to improve outcomes for children and young people. The

Strategy will improve leadership and galvanise support from all stakeholders as a new relationship is developed with schools.

To raise achievement the focus will be on improving the number of good and outstanding schools and settings, the quality of teaching and learning, greater attention to vulnerable learners, improving reading and improving performance at GCSE level and improving attendance.

► **Key projects:**

- Reading Campaign
- Outstanding leadership
- Vulnerable Learners
- Behaviour Strategy
- Attendance Strategy

## 5. Good access to the right support at the right time

There are currently a number of ways that children and families can access support from the County Council and its partners. Despite positive relationships, there is potential to achieve better outcomes by working together across organisations in a seamless way. The rise in the 0 to 4 population combined with increased demand and public expectation and less money, means that services need to think differently about the way they deliver.

Families need easier access to support and to get the help they need when they need it. They need a consistent and co-ordinated response no matter which door they knock on. The aims of the special educational needs and disabilities reforms proposed by Government are to increase personalisation, streamline assessments, have a more joined up approach between education, health and social services, provide personal budgets (if requested) and to make information and advice more readily available.

The County Council, health commissioners and providers are working together to develop improved joined up services and improved timely access to those services. This might mean the joining up of teams and budgets in localities, and includes the new autism residential academy as a way of providing the right support locally for those with the most severe and complex needs.

► **Key projects:**

- Child and family journey.
- Special educational needs and disability reforms.
- Autism strategy and action plan.



## 6. A positive transition from childhood to adulthood

The transition of young people with support needs from childhood through to adulthood continues to be a source of anxiety for families. This is particularly true for young people with mental health needs. Young disabled people want to maximise their potential, to live independently and to be given the opportunity to have as many “ordinary” experiences as possible. This is particularly important as they enter the world of work.

Under the current special educational needs legislative reform proposals, the aspiration is to ensure smooth transitions from children's services to services for adults. This will ensure that eligible young adults receive personalised support which improves their outcomes and improves the capacity of those with more complex needs to be cared for within their local communities. As part of the County Council's Winterbourne View Action Plan, services for children's and adult are working together on an action plan to ensure that disabled young people with mental health needs and challenging behaviour are cared for locally wherever possible, and that robust monitoring arrangements are in place to safeguard and protect young adults who are placed in specialist out of area placements outside Oxfordshire

### ► Key projects:

- Mental Health transitions.
- Special educational needs and disability reforms.
- Transitions – moving from children's services to adults' services.

## 7. A balance of services provided by public, private and voluntary sector organisations

The majority of services for children are provided by the public sector agencies – the County Council and the NHS. Approximately a tenth of spend is through contracts with non-statutory organisations providing a range of services from individual placements through to respite care and Children's Centres. On the whole services are of good quality although contract monitoring needs to be improved.

To enable families to have greater choice the aim is to develop a vibrant and high quality market for services for children and families. Good quality will be maximised through commissioning expertise and effective contract management. Improved choice is likely to extend to the development of personal budgets in the future.

### ► Key projects:

- Joint commissioning strategy for children's services



# Priorities for 2013/14

Young people, families and partner organisations have consistently told us what their priorities are. In this plan we have concentrated on understanding the key opportunities and challenges and used this to focus our work on each priority, building on the work done for the previous Children and Young People's Plan.

The joint vision in this Plan will be realised through the four overarching priorities below. These are the same as those in the joint Oxfordshire Health and Wellbeing Strategy and will help to deliver the ambitions 1- 7 set out in the previous section:

1. All 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 all children and young people safe.

4. Raising achievement for all children and young people.

We have also used the following criteria to help us focus our attention and resources:

- a) Is it a major issue for the long term health of the county?
- b) Are there some critical gaps to which we need to give more attention?
- c) What are we most concerned about with regard to the quality of services?
- d) On what topics can partners and the public come together and make life better for local people?
- e) Which issues are the most important following consultation with the public?

## Making a difference

The aim is to improve the outcomes for children and young people and to achieve this it is important to be able to measure the changes to services and the improvements in outcomes. Targets have therefore been included that will indicate progress, alongside listening to the views of children, young people and their families.



## Priority 1: All 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.

A healthy start in life begins at conception, runs through pregnancy and on into the first few years of life. By focusing on good health from very early on in life through to adulthood we can improve the health, education and social care outcomes for Oxfordshire's children and young people. Where problems occur we aim to provide the wide range of services that parents need to support them.

Breastfeeding gives the best start to life and has been proven to lead to fewer overweight children and adults. Increasing the number of breastfed babies is still the foundation of an obesity strategy for the county. The national figure for breastfeeding prevalence at six to eight weeks is 47%, but in Oxfordshire we want to keep the stretching target of 60% and will only achieve this if we focus on the areas where rates are low.

There is increasing evidence that demonstrates that outcomes across health, education and social care are determined from very early on in life. For this reason we will monitor areas that focus on a healthy pregnancy and progress up to the age of two years.

Immunisation is the most cost-effective medical public health intervention. Levels of immunisation for childhood diseases in Oxfordshire continue to improve but it is imperative that this is maintained. Constant vigilance is needed to make sure that individual children have access to immunisation. This means working closely with GPs, community nurses and individual families.

The number of children in Oxfordshire aged four and under has grown by 13% since the 2001 Census, whilst the Oxfordshire population as a whole has only increased by 8%. We know there is a year on year increase in the proportion of children and young people admitted to hospital in an emergency. The most common causes of emergency admission to hospital for young children (under five) are respiratory tract infections, viral infections and gastroenteritis. We therefore need to continue to prioritise these children as a focus for our services in the community.

Children in Reception class and Year 6 are weighed and measured every year and results show that around 8% of Reception year and 15% of Year 6 children are obese. This feeds through into ever increasing levels of obesity in young adults. Making parents aware of problems early helps them to take action if they choose to. Healthy eating initiatives are part of the approach. Young people tell us that there is much more we could do to improve the transition between young people's services and younger adults' services. This is particularly relevant to young people with mental health needs. We are determined to act on this.





## Where are we now?

- Breastfeeding rates for babies aged six to eight weeks showed good progress, but dipped at the end of the year.
- Although there are more children being admitted to hospital for infections, the rate of admission is stable. Numbers have increased in proportion with the increase in population of under-fives. There is also evidence that the length of time spent in hospital is beginning to decrease but we need to maintain a focus on this issue.
- High coverage rates for most childhood immunisations were achieved across the county.
- Follow-up of some families with incomplete immunisation records meant that they were successfully immunised.
- The ambitious target of halting the rise in childhood obesity was not met, though the Oxfordshire rate is still lower than the national rate.



- There were 20 less young people admitted to hospital for self-harm in 2012/13.
- From September 2013, up to 20 of the most vulnerable young people with mental health problems will be managed throughout the transition via Children and Adolescent Mental Health Services until they recover.
- Oxfordshire continues to perform well against a range of indicators important for a healthy start in life monitored by the Health Improvement Board. This includes breastfeeding and immunisation. The increasing level of obesity in Year 6 children remains a cause for concern.

## Outcomes for 2013-14

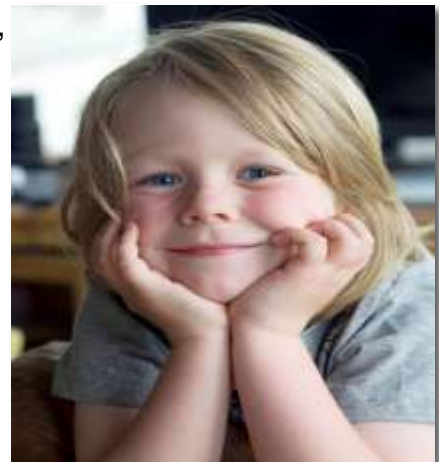
1	All children have a healthy start in life and stay healthy into adulthood	Children's Board Lead
1.1	Increase the percentage of women who have seen a midwife or maternity health care professional by 13 weeks of pregnancy from 90% to 92% by end of March 2014	Clinical Commissioning Group
1.2	65% of babies are breastfed at 6-8 weeks of age (currently 59.1%)	Public Health Specialist, County Council
1.3	Ensure that at least 95% of children aged 2-2.5 years receive a Health Visitor review (currently 90%)	Clinical Commissioning Group
1.4	Reduce the rate of emergency admissions to hospital with infections, for under 18's from 177.5 per 10,000 to 159.8 per 10,000	Clinical Commissioning Group
1.5	At least 95% children receive dose 1 of MMR vaccination by age 2 (currently 95%)	Public Health Specialist, County Council

1	All children have a healthy start in life and stay healthy into adulthood	Children's Board Lead
1.6	At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 92.7%)	Public Health Specialist, County Council
1.7	Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2012 this was 15.6%)	Public Health Specialist, County Council
1.8	At least 90% 12-13 year old girls receive all 3 doses of human papilloma virus vaccination (currently 88.1%)	Public Health Specialist, County Council
1.9	By March 2014 we will have developed a joint measure(s) that will demonstrate the impact of services on the mental health and wellbeing of school age children	Clinical Commissioning Group

## Priority 2: 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 healthy and relatively wealthy county, Although this wealth is also not always reflected in the national funding received by public sector organisations in the County. There are significant differences in outcomes across health, education and social care for some specific groups. We know that outcomes for children and families from vulnerable groups and disadvantaged communities can be worse than for their peers and is variable across the county.



Poverty and disadvantage are known to be strongly linked to poor outcomes and so work focused on reducing the gap between the most disadvantaged and most advantaged groups starting in 'early years' is seen as a key way of improving outcomes for children and families. We will therefore monitor the take up of free early education places for two year olds and continue to monitor the rate of teenage conceptions, as reducing the number of teenage pregnancies has proven to be an effective way of improving outcomes for young people.

There is a strong emphasis across many organisations in Oxfordshire, including the Early Intervention Hubs , Children's Centres and community partner agencies, on early help to support a good start in life and address inequalities,. Together they deliver targeted services from a range of venues including schools for vulnerable communities as well as children, young people and families with additional and complex needs. These services



target people from pre-birth to 19 years old and up to 25 years old for young people with Special Educational Needs and care leavers, and assist family members to develop skills and resilience to resolve existing concerns

There is a national focus on helping the most disadvantaged and challenged families to turn their lives around. The Thriving Families programme works with these families to reduce worklessness, antisocial behaviour, crime and school exclusions and to increase school attendance. The key focus is on our most resource intensive and vulnerable families with the aim of reducing the numbers needing the type of support offered by social care. This continues to be a vital strand in the on-going work locally to 'narrow the gap'.

There are attainment gaps for many vulnerable groups of pupils at all key stages. Persistent absence from school is a key factor impacting on educational attainment of the most vulnerable groups of children and young people. Persistent absence rates in secondary schools are higher than the national average. The attainment gap at all key stages of education and the number of school exclusions are greater for specific pupil groups so there is a particular need to focus on specialist groups of vulnerable learners, in particular, children and young people eligible for free school meals; children and young people with autistic spectrum disorder and children and young people looked after by the County Council



## **Where are we now?**

- The Joint Teenage Pregnancy Strategy for Oxfordshire has led to significant reductions in the teenage pregnancy and conception rates so we will continue to monitor this to maintain progress.
- The Thriving Families workers achieved their target of working with 100 families by April 2013. In Year 2 of the programme, there will be a much greater focus on outcomes and the effectiveness of the family intervention model. The plan is to evaluate locally and nationally the difference made to families by family intervention work.
- Persistent absence rates from school vary across the county but generally improved from 2010/11. Rates in primary schools are lower than the national average but in secondary schools Oxfordshire is higher than the national average.
- The proportion of looked after children who are persistently absent is below the national figure but remains a priority.
- Fixed term exclusions tend to be higher than the national average but the number of fixed term exclusions for terms 1 to 3 in the current academic year is slightly lower than the corresponding term last academic year, despite being higher in previous terms.
- Permanent exclusion rates in Oxfordshire are below the national figure.



## Outcomes 2013/14

2	Narrowing the gap for our most disadvantaged and vulnerable groups	Children's Board Lead
2.1	Increase the take up of free early education for eligible 2 year olds in 2013/14 to 1080 out of 1200 (from 1050 in 2012/13)	Director Children's Services, County Council
2.2	Increase the take up of free early education for 2 year old looked after children to 80% (currently at 8% or 2/24)	Director Children's Services, County Council
2.3	Maintain the improved rate of teenage conceptions, currently at 23.3 women aged 15-17 per 1000 (in quarter 1 of 2012 this was 65 conceptions)	Public Health Specialist, County Council
2.4	Establish a baseline of sessions missed from school for looked after children	Director Children's Services, County Council
2.5	Maintain the current low level of persistent absence from school for looked after children	
2.6	Reduce the proportion of looked after children with at least one fixed term exclusion from 12.7% to 12.5%	
2.7	Maintain the number of looked after children permanently excluded from school at zero	
2.8	Increase the proportion of children looked after achieving at least level 4 at Key Stage 2 in reading, writing and maths	
2.9	Increase the proportion of children 'looked' after achieving 5+ A*-C grades at GCSE including English and maths	
2.10	Establish a baseline of sessions missed from school for all children in need	
2.11	Establish a baseline of all children in need who are persistently absent from school	
2.12	Establish a baseline of all children in need who have at least one fixed term exclusion	
2.13	Establish a baseline of all children in need who are permanently excluded	
2.14	Establish a baseline of all children in need achieving at least level 4 at Key Stage 2 in reading, writing and maths and work to increase this in future years	
2.15	Establish a baseline of children in need achieving 5+ A*-C grades at GCSE including English and maths	
2.16	Establish a baseline for sessions missed from school of children on a child protection plan	

2	<b>Narrowing the gap for our most disadvantaged and vulnerable groups</b>	<b>Children's Board Lead</b>
2.17	Establish a baseline for persistent absence rate from school of children on a child protection plan that is in line with the national safeguarding framework once defined	
2.18	Establish a baseline of all children on a child protection plan who have at least one fixed term exclusion	
2.19	Establish a baseline of all children on a child protection plan who are permanently excluded	
2.20	Establish a baseline of children on a child protection plan achieving at least Level 4 at Key Stage 2 in reading, writing and maths and work to increase this in future years	<b>Director Children's Services, County Council</b>
2.21	Establish a baseline of children on a child protection plan achieving 5+ A*-C grades at GCSE including English and maths and work to increase this in future years	
2.22	Reduce permanent exclusions to 39 in the 2012/13 academic year and maintain fixed term exclusions at no more than 3,200.	
2.23	Establish a baseline of children and young people on the autistic spectrum who have had an exclusion from school (over a school year) and work to reduce this number in future years	
2.24	Identify, track and measure the outcomes of all 810 families in Oxfordshire meeting the national Troubled Families criteria (improve attendance and behaviour in school; reduce anti-social behaviour and youth offending; increase adults entering work)	
2.25	Improve the free school meals attainment gap at all key stages and aim to be in line with the national average by 2014 (Key Stage 2 = 16.8% points; key stage 4 = 26% points)	
2.26	The number of households in temporary accommodation as at 31 March 2014 should be no greater than the level reported in March 2013 (baseline 216 households in Oxfordshire)	<b>City and District Councils</b>
2.27	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 (baseline 2012- 2013 when there were 2468 households known to services, of which 1992 households were prevented from becoming homeless. $1992/2468 = 80.7\%$ )	
2.28	Increase of 20% of new young carers identified to the young carers service during 2013/14 from the baseline of 1530 in 2012/13	<b>Director Children's Services, County Council</b>
2.29	Increase the numbers of disabled / SEN children who access targeted and specialist short break services which improve their outcomes by 4% by March 2014 ( Baseline is 1697)	
2.30	Ensure that the % of disabled/SEN children who access targeted and specialist short break services which improve their outcomes does not drop below 24% ( Baseline in 12/13)	

### Priority 3: Keeping all 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 is a key Oxfordshire priority. Children need to feel safe and secure if they are to reach their full potential in life, and tell us that if they don't feel safe they can't learn. Safeguarding is a key priority and is everyone's business and many different agencies work together to prevent harm and to identify and protect children living in abusive and neglectful situations. The aim is to make the child's journey from needing help to receiving help as straightforward and effective as possible. Nationally and locally there is growing awareness about young people who are victims of sexual exploitation. There is a need to concentrate even greater emphasis on better recognition and prevention of such exploitation. We need to do more in Oxfordshire and work together as agencies to prevent this type of crime happening.

A great deal of work has been done together – County Council, Police, Health, District Councils and other organisations to prevent child sexual exploitation and to protect and support the victims.

This includes increasing capacity by recruiting additional social workers, developing a multi-agency safeguarding hub (MASH) extending the reach of the Kingfisher team – a new multi-agency team providing an initial point and of contact for advice and information to families, children and other professionals where there are concerns about child sexual exploitation.



We know that going missing is a key indicator that a child might be in great danger and they are at very serious risk of physical and sexual abuse and sexual exploitation. Nationally 10,000 children are estimated to go missing from care in a year (UK Missing Persons Bureau 2012). The number of looked after children reported missing from Oxfordshire care homes fell significantly between 2011 and 2012 from 155 episodes to 63 episodes. This is the result of strong management oversight, development and sharing of expertise and knowledge across the County Council and providers, good relationships with the young people, clear risk assessments and very high expectations of school attendance and attainment.

The safeguarding of children affected by domestic abuse is a core element of child protection. Domestic abuse affects children's resilience, emotional wellbeing, educational attainment, behaviour and longer term life chances. Domestic abuse is a factor in the majority of Safeguarding Children Board serious case reviews of child death or injury across the country.

Quality assurance audits by the Oxfordshire Safeguarding Children Board look at the quality of the casework that agencies deliver to reduce the risk of abuse and neglect of

children and young people. In 2012/13 a baseline has been established by working with independent auditors to grade the multi-agency audits. These grades will make up the baseline performance on which future progress in 2013/14 will be measured.

The Youth Offending Service demonstrates that partnership working within a targeted and specialised multi-agency environment, ensures positive outcomes for young people, shown in the reduction in first time entrants, the reduced custodial rate and the decreasing reoffending rate..

## **Where are we now?**

- The Oxfordshire Safeguarding Children Board has overseen a number of multi-agency audits of practice that demonstrate an improvement in the way professional practice is delivered.
- Adjustment to the quality assurance audit target (50%) will be determined by the outcome of the 2012/13 baseline exercise, but will be set at a higher percentage than the attainment in 2012/13.
- The prevention of child sexual exploitation continues to be a key priority in Oxfordshire.
- There is a much greater focus on children who go missing from home.
- In Oxfordshire we have a low level of repeat child protection plans, and numbers are now lower than the national average. This will continue to be monitored by social care teams but given the level of improvement it is proposed that it is no longer a monitoring priority for the Health and Wellbeing Board.
- The County Council's Winterbourne View Action Plan ensures that monitoring arrangements for disabled children and young people who are not looked after but require specialist out of area placements, including specialist psychiatric inpatient units, are managed on an interagency basis in conjunction with their parents.

## **Outcomes for 2013/14**

<b>3</b>	<b>Keeping all children and young people safe</b>	<b>Children's Board Lead</b>
3.1	In 2013/14 maintain the reduction in risk for victims of domestic abuse considered to be high risk to medium or low risk through multi-agency risk assessment conferences (currently 85% for 2012/13 based on a single agency assessment by the independent Domestic Violence Advisory Service)	Thames Valley Police
3.2	Every child considered likely to be at risk of Child Sexual Exploitation (identified using the Child Sexual Exploitation screening tool) will have a multi-agency plan in place	Director Children's Services, County Council
3.3	Reduce prevalence of Child Sexual Exploitation in Oxfordshire through quarterly reporting on victims and perpetrators to the Child Sexual Exploitation sub group of the Oxfordshire Safeguarding Children's Board	Director Children's Services, County Council

3	Keeping all children and young people safe	Children's Board Lead
3.4	Reduce the proportion of children who go missing from home 3 or more times in a 12 month period to 12% (currently 12.2%, 77 of 630 who went missing at least once).	Director Children's Services, County Council
3.5	A regular pattern of quality assurance audits is undertaken and reviewed through the Oxfordshire's Safeguarding Children Board covering the following agencies: children's social care; youth offending service; education services; children and adult health services; early intervention services; services provided by the police. Over 50% of these audits will show a positive overall impact	Chair, Oxfordshire Safeguarding Children Board
3.6	Reduce to less than 15% the percentage of children starting a plan who have previously been on a plan (currently 17.5%)	Director Children's Services, County Council
3.7	Set a baseline for the rate of violent and sexual offences against children aged 0-17 per 10,000 children and young people population	Chair, Oxfordshire Safeguarding Children Board
3.8	Set a baseline for the rate of hospital inpatient admissions caused by unintentional and deliberate injuries to children and young people aged 0-17	Chair, Oxfordshire Safeguarding Children Board
3.9	Set a baseline for the rate of Accident and Emergency attendance caused by unintentional and deliberate injuries to children and young people aged 0-17	Chair, Oxfordshire Safeguarding Children Board
3.10	Ensure all children including those who are severely disabled and have continuing health care needs have safe discharge plans from hospital which take into account the capacity of their families to meet their health needs in ways which will prevent readmission to hospital.	Oxfordshire Safeguarding Children Board, Disabled Children's Group
3.11	Increase attendance at case conferences from 82.8% for initial case conferences and 81% for review case conference	Director Children's Services, County Council
3.12	Increase attendance at core groups from 81.9% for initial core groups conferences and 64.2% for subsequent core groups and increase the timeliness of core groups from 76.5% of initial core groups being completed on time and 52.2% of subsequent core groups being completed on time.	Director Children's Services, County Council
3.13	Reduce first time entrants to the youth justice system from 198 in 2012/13	Safer Communities Partnership
3.14	Maintain the low rate of custodial sentences at under 5%	Safer Communities Partnership
3.15	Reduce the reoffending rate for young people within the youth justice system from 36.6% in 2011/12 (latest data available)	Chair of the Youth Offending Service Management Board



## Priority 4: 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'.

Early Years and primary school results are better than the national average in English and maths, and this can be built upon. There have been some signs of improvement in some subject areas at Key Stage 4 and we need to continue to improve with a particular focus on building on the achievements of specific groups. We know that specific pupil groups in Oxfordshire do not do as well as their peers in similar local authorities. This includes children receiving free school meals, children from some Black and Minority Ethnic Groups and those with special education needs.

Over the past two years there have been improvements in inspection outcomes and significant improvements in the performance of schools increasing their OFSTED judgement from 'requires improvement' to 'good'.

There is still a need to focus on young people Not in Education, Employment and Training (NEET) so we can continue to track and work with specific vulnerable groups and track young people in Oxfordshire moving between education training providers and/or employers.



### Where are we now?

- There has been significant improvement in reading and writing at Key Stage 1 and achievement at Key Stage 2 English and maths.
- In 2011/12 a higher percentage of pupils in Oxfordshire made expected progress between Key Stage 1 and Key Stage 2 in English and in maths than nationally.
- The percentage of pupils achieving 5 or more A\*-C GCSEs including English and maths in Oxfordshire has increased slightly in 2011/12 to 57.9%. However, in this measure Oxfordshire is performing below the statistical neighbour and national averages. Overall GCSE results fell below the national average in 2011/12.
- There has been a 0.7% decrease in overall absence levels in both primary and secondary schools in Oxfordshire for the academic year 2011/12. Persistent absence rates from school vary across the Council but generally improved from 2010/11. Rates in primary schools are lower than the national average but in secondary schools Oxfordshire is higher than the national average.
- The number of primary schools falling below the accepted (floor) standard fell from 18 in 2011/12 to 1 in 2012/13.
- The percentage of children taught in good or outstanding primary schools has increased from 59% in August 2012 to 72% in August 2013.

- The proportion of 12 to 14 year olds who are Not in Education, Employment and Training is lower than that nationally but we still need to focus on the young people who are 'not known'.

## Outcomes 2013/14

4	Raising achievement for all children and young people	Children's Board Lead
4.1	Increase the number of funded 2-4 year olds attending good and outstanding early years settings to 83% or 8870 children (currently 80.5% or 8600 children).	<b>Director Children's Services, County Council</b>
4.2	80% (5700) of children will achieve Level 2b or above in reading at the end of Key Stage 1 of the academic year 2012/13 (currently 78% or 5382 children for the academic year 2011/12).	
4.3	80% (4800) of children at the end of Key Stage 2 will achieve Level 4 or above in reading, writing and maths (currently 78% or 4800 children).	
4.4	61% (3840) of young people achieve 5 GCSEs at A*-C including English and maths at the end of the academic year 2012/13 (currently 57.9% or 3474 children).	
4.5	At least 70% (4400) of young people will make the expected 3 levels of progress between Key Stages 2-4 in English and 72% (4525) in Maths (currently 65% or 3800 young people for English and 71% or 4170 young people for maths).	
4.6	Increase the proportion of pupils attending good or outstanding primary schools from 59% (29160) to 70% (34590) and the proportion attending good or outstanding secondary schools from 74% (26920) to 76% (27640) - (currently 67% primary and 74% secondary).	
4.7	Of those pupils at School Action Plus, increase the proportion achieving 5 A* - C including English and maths to 17% (70) of children (currently 7% or 30 children).	
4.8	To reduce the persistent absence rates in primary schools to 2.6% (1070 children) and secondary schools to 7.2% (2250 young people) by the end of 2012/13 academic year. (The current rates are 3.0% or 1233 children for primary schools and 8.0% or 2500 children for secondary schools).	
4.9	Reduce the number of young people not in education, employment or training to 5% or 870 young people (currently 5.4% or 937 young people) and the proportion of young people whose NEET status is 'not known' to 10%.	

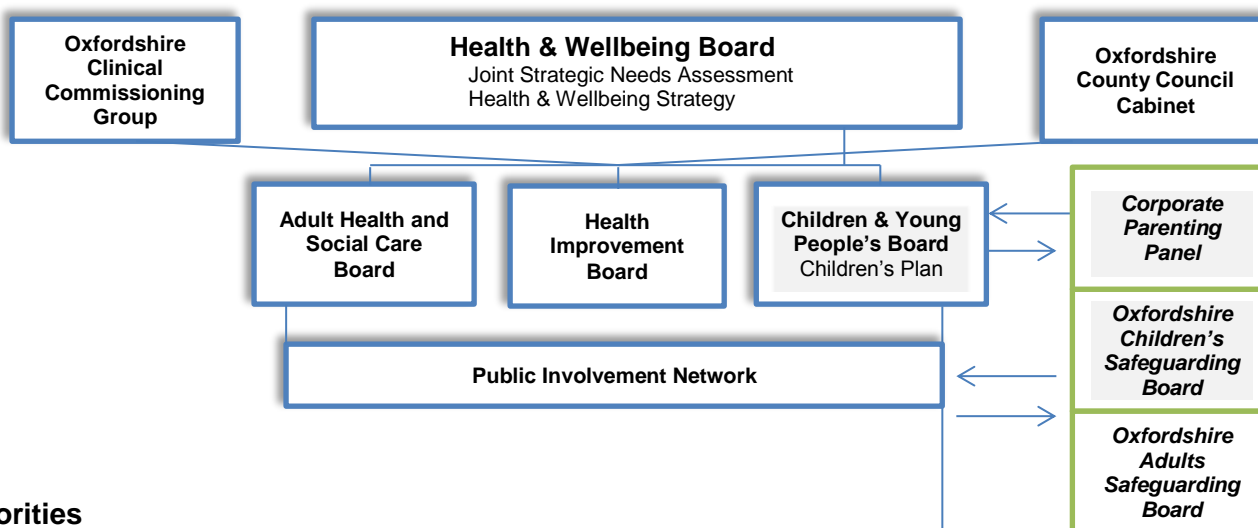
## Working together to deliver the priorities

The Children and Young People's Board replaced the Oxfordshire Children and Young People's Trust in 2012, and is responsible for monitoring this joint plan. The vision of the Health and Wellbeing Board informs and complements the vision of this Children and Young People's Plan.

The Children and Young People’s Board is responsible for ensuring that the improvements proposed within this plan make a difference to the children and young people of Oxfordshire. The Board will hold strategic partnerships to account and will work in partnership with the Oxfordshire Safeguarding Children’s Board and public and voluntary sector agencies to ensure that safeguarding concerns are fully considered in the promotion of health and wellbeing for children and young people.

The diagram below illustrates the current governance arrangements in place. There are a range of partnerships delivering plans relevant to each of the four children and young people priorities which will be reviewed to ensure their focus is on the key strategic priorities. Further work is needed to build on the mature partnerships in Oxfordshire to clarify accountabilities and increase the level of challenge and engagement across the piece in order to really make progress and achieve the right outcomes for families.

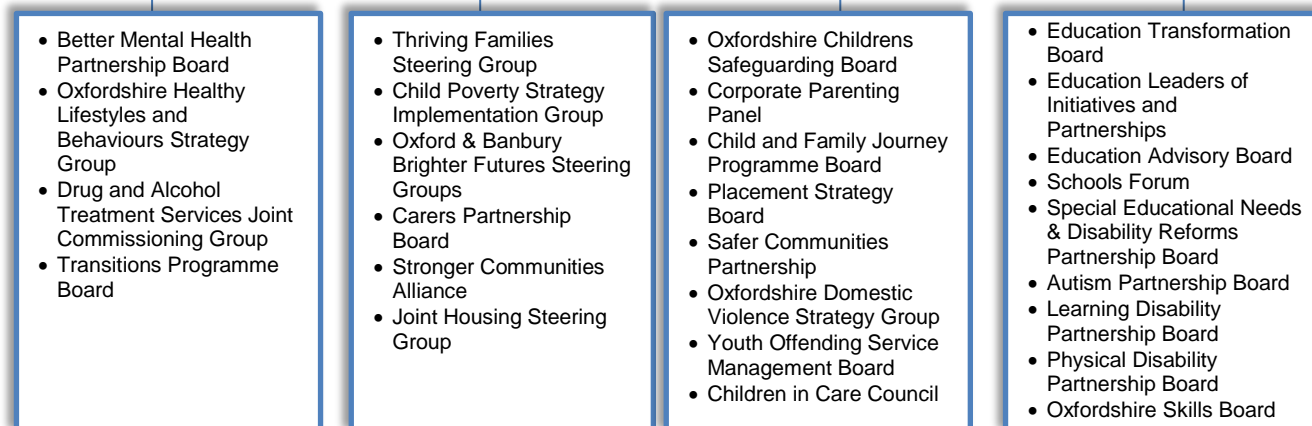
### Governance



### Priorities



### Strategic Joint Partnerships



## What next?

- A multi-agency steering group reporting to the Children and Young People's Board will be established to oversee the implementation of this Children and Young People's Plan, and refine it further for 2014-2017.
- An engagement and consultation exercise with the public and stakeholders will be agreed in late 2013 to develop an updated version of the plan by April 2014.
- By April 2014, the Oxfordshire Children and Young People's Board will sign off the Oxfordshire Children and Young People's Plan 2014-2017.

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