

## **Draft Index for the Children and Young People's Plan CYPP 2014-2017**

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# 1. Introduction for the CYPP 2014-2017

## Definition

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The Children and Young People's Plan (CYPP) 2014/17 is the commissioning and delivery plan to improve the health and wellbeing of children and young people across B&NES. It is based on evidence collected via the Joint Strategic Needs Assessment (JSNA) ; analyses of the impact of current services to deliver against priorities and agreed outcomes: the annual review of the CYPP 2011-2014 and comprehensive service user engagement in the development of the emerging priority areas in 2013.

## Vision

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The vision for children and young people in Bath and North East Somerset is that ***“All children and young people will enjoy childhood and be well prepared for adult life”***. We have retained the same vision statement as for the CYPP 2011/14 as it clearly captures our vision for our children and young people. It aims to further develop and support increased resilience in our children and young people as they move through adolescence into adulthood.

It has taken 12 months to develop this plan; it was jointly led by the Children Trust Board and the Local Authority with input from the Health and Wellbeing Board and the B&NES Clinical Commissioning Group. It has been closely aligned to the Health & Wellbeing Strategy to ensure coherent focus on children and young people needs.

It has been heavily influenced, as in previous earlier CYPP's by service users, children, young people and parents and carers. There was widespread engagement on the priorities and there will be an additional 1 month consultation on the draft plan across a wide range of stakeholders, to include the voluntary and community sector, schools and academies and children's health providers.

This plan has been developed in an ever changing economic and political environment. Many agencies budgets are under financial pressure; changing legislation e.g. SEND reform, Working Together 2013 and significant welfare reform - it aims to clearly identify how services in B&NES will increasingly be targeted to the most vulnerable and those not achieving their full potential. It highlights further areas to be developed over the period of the plan: to include a clear focus on early help, support for complex families and those in need of increased support and safeguarding. It does not detail all the work that all partners are doing to meet the needs of children and young people locally but rather to capture the key areas that need greater focus above and beyond everyday business as usual.

## 2. About the plan

The Children and Young People's Plan explains what the organizations represented on Bath and North East Somerset's Children's Trust Board will do to support children, young people and their families, to lead safe, healthy and successful lives. The plan outlines the Children's Trust Board priorities for the period 2014-17. An Outcomes Framework will sit beneath this plan which will highlight how services will be increasingly commissioned to deliver against these priorities. The CYPP will be reviewed on an annual basis

The CYPP 2014-2017 is closely aligned to the Joint Health & Well Being Strategy 2013-2018 for Bath and North East Somerset and will sit alongside it. The Health and Wellbeing Strategy is available on [http://www.bathnes.gov.uk/sites/default/files/joint\\_health\\_wellbeing\\_strategy.pdf](http://www.bathnes.gov.uk/sites/default/files/joint_health_wellbeing_strategy.pdf)

The CYPP is structured around three key priorities, which were identified following consultation with Children and Young People and Parents and Carers.

Those 3 priorities are;-

- **Children and Young People are Safe**
- **Children and Young People are Healthy**
- **Children and Young People have Equal Life Chances**

We have worked hard to make sure that this plan truly reflects the complexity and range of work being undertaken to support the needs of children and young people in Bath and North East Somerset, as well as listening to the wishes and needs of families themselves.

### **3. How we work in B&NES**

Bath and North East Somerset's Children's Trust Board is committed to working in the following ways to achieve the strategic outcomes/goals in this plan:

#### **Safeguarding is everybody's responsibility**

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We will constantly keep the safeguarding of children first and foremost in our discussions and working practices. We have a duty of care to all our residents, especially the vulnerable, to keep them safe. Following on previous plans, we will be focusing on helping children, young people and families to promote resilience and to identify and safely manage risks.

#### **Involving children and young people in our work**

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We will actively engage with children, young people and their families in order to develop and implement solutions that best meet their needs. We will ensure that their "voice" is central to service delivery. We will ensure wherever we are making changes to services that service users will be actively involved in the re-commissioning process. We have developed a Framework for Service User Engagement in the Commissioning Process, that details how service users will be involved (Appendix to be added to the final version of the plan) .We expect that all agencies/providers who deliver services will actively engage with children, young people and their families in monitoring how services will be delivered, changed re-commissioned. We expect the same standard to be applied for the de-commissioning of services.

#### **Working in Partnership**

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We will continue to work together with all relevant agencies and service providers, to make sure that resources are joined up, deliver good value for money and clearly target the children and young people who most need them.

#### **Improving the customer experience**

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We will take steps to improve the way in which professionals working on behalf of children and young people work together with parents and careers so that they fully understand and engage with the system.

#### **Delivering better services, with less money**

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We will seek to ensure the best value for money, within limited resources so that children and young people still receive the level of support they, and their families need.

## 4. What we know about Children and Young People in Bath and North East Somerset

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There are just over 36,000 Children and Young People aged 0-19 in Bath and North East Somerset's making up 23% of the total population of 176,000.\* Males account for a slightly higher proportion of the younger population than females.

9.5% of school children, age 5-16 are from black or ethnic minority families. In England this amounts to 25.6% of children who are school age.

Despite the tough economic climate, and the fact that the South West has some of the lowest wages in the country households in Bath and North East Somerset remain relatively prosperous, and levels of child poverty remain relatively low. However, there are variations in different parts of the authority where household incomes have been increasing at a slower rate. There are also pockets of real deprivation, notably around the South East Bath area, parts of Keynsham and the Somer Valley.

Some groups of children and young people in Bath and North East Somerset are more vulnerable than others. Recent B&NES SHUE survey indicated that children on free school meals are not progressing as well as their peers.

The Department for Education estimates that nationally around 7% of children have a disability as defined by the Disability Discrimination Act (DDA). In Bath and North East Somerset, we have an estimated 2,228 children and young people between the ages of 0 and 19 who are disabled (Source: ONE, Care First, Early Years July 2013).

The council is also responsible for maintaining a list of children in the area who are at risk of continuing significant harm, and for whom there is a child protection plan. At 31 March 2013 there were 124 children subject to a child protection plan in Bath and North East Somerset; this equates to 36.4 children per 10,000 children.

## 5. What service users told us was important- consultation on the priorities

An extensive consultation took place between June and September 2013 to find out what was important for service users across Bath and North East Somerset.

### What children and young people say

Over a hundred schools and youth groups (including minority and seldom heard young people) took part in the pupil parliaments which debated themes that young people had told us were of concern.

#### PRIMARY PARLIAMENT KEY POINTS

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
<b>Who do we turn to if we are worried?</b>	<b>How to stay happy and healthy</b>	<b>Safe play</b>	<b>Families who have less money</b>
Children get worried for all sorts of reasons and it is not always possible to tell. Schools should all have Worry-busters – people who care about you, who you trust and can turn to: dinner ladies, buddies, teaching assistants, care-workers, teachers, head-teacher, volunteers.	Ways schools can help children:  <b>Mind</b> - offering trained buddies/mentors to support others, introducing schemes that promote tolerance.  <b>Body</b> - opportunities to exercise, helping children to maintain a healthy diet.  <b>Space</b> - everyone knowing what is available and where.	Children don't feel safe when they are bullied at playtime, when dinner-ladies don't hear two sides of the story; in parks where there are drunk people and dog poo.  They feel safe when there are adults keeping an eye out for them and where there is organised play: brownies, play rangers and safe places to play in the street.	There is more stress in families who have less money. You feel different and left out and it is hard to be happy.  More could be done to help families with less money by making services free or less expensive, having free clubs for children, cheaper bus fares, more activities for families that are free, helping adults to find jobs.

## YOUNG PARLIAMENT KEY POINTS

1 <sup>st</sup>	2 <sup>nd</sup>	2 <sup>rd</sup>	4 <sup>th</sup>
<b>Staying emotionally and physically well</b>	<b>Public transport in B&amp;NES</b>	<b>Preparation for training and work</b>	<b>Safe places to hang out</b>
<p><u>Healthy relationships:</u> Universal approach across all B&amp;NES schools to promote healthy relationships through PSHE, combatting coercive relationships and peer pressure.</p> <p><u>Exam stress:</u> Growing pressure on young people to do well at exams resulting in stress: Suggestions: Mentors More free study time More understanding from teachers</p>	<p>Public transport is costly, inefficient and leaves some rural areas completely isolated. Ideally young people in full time education should travel free on buses. Failing this, bus companies should provide a youth bus pass at reduced cost.</p>	<p>Young people with disabilities face huge hurdles in trying to get a job from transport to communication issues.</p> <p>What more should we be doing to counter discrimination by raising awareness of disability issues and promoting good practice amongst potential employers?</p>	<p>Suggestions: more information about the good provision that exists – suggested a map with links to Facebook.</p> <p>Central hub with café for young people to hang out, get advice and support.</p> <p>Parks – young people would like to work with the Council to help fund-raise and volunteer to keep parks free from litter and vandalising. One named person from the Council could help to co-ordinate.</p>

### **Action:**

The outcomes from the pupil parliaments are being addressed in the following ways:

- Working parties comprising children, young people and key adults to look at barriers to employment for disabled young people, transport and safe play.
- Training for primary and secondary schools in healthy relationships, supervision, and skills in supporting young people with emotional difficulties.
- All primary schools to receive the 'Little Tin of Big Worries' resource.
- All secondary schools to receive the 'Issues box'.

## Parents and Carers

The consultation took place over summer 2013 with 153 parents and carers. There was a focus on 3 key questions and the following table reflects some of the parent and carer comments.

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<p><b>Do you think your local area is a safe place for children and young people to grow up in?</b></p>	<p><b>As a parent or carer, are there issues that concern you?</b></p>	<p><b>Are you finding the challenges of family life more difficult than you were three years ago?</b></p>
<p><i>"I worry about the speed of which cars drive at, the litter around the parks. The parks swings being removed. Teenagers hang around as they have nothing to do which can be intimidating and as always concerns with drugs is an issue"</i></p> <p><i>"Yes I feel that my local area is safe for children and younger people to play in and socialize with other people but I also say no because of young people living in the local area are on drugs and alcohol."</i></p> <p><i>"I worry about activities within the local area for my son when he grows up. I feel that teenagers are often left without much to do"</i></p> <p><i>"There is not a great deal for older children to do in the village which leads to groups' hanging around"</i></p>	<p><i>"Prevalence of domestic violence in young people's relationships and disturbing way that boys can view girls ; lack of discussion about sex and relationships in schools; underage drinking"</i></p> <p><i>"They are so advanced on using computers &amp; internet that they can see things they shouldn't if even when searching for something that is safe, often porn adverts come up when they shouldn't"</i></p> <p><i>"This Children's Centre has really helped me and my children without their support me and my children would not be here today"</i></p> <p><i>"Cuts to early child support services will leave us with a generation who don't know how to interact"</i></p>	<p><i>"The cost of living is very difficult to manage - We are on a very low income and find it very difficult giving our children the same opportunities as better off families"</i></p> <p><i>"3 children including 1 with Downs. Having to mostly travel out of area to access activities which means the cost goes up."</i></p> <p><i>"budgeting on a low income"</i></p> <p><i>"Cost of living has risen but not the salaries. Very difficult for young families with rent or mortgages to pay"</i></p> <p><i>" I have another child now and have not been earning much money for a few years now. I rely on the services offered for support and social interaction"</i></p> <p><i>"Money, poverty, cost of living".</i></p> <p><i>"Finance is always an issue and it seems to get more difficult."</i></p>



	<i>"I think young people need to be more aware of careers advice where to go and somehow the 'stigma' of having counselling for young people needs to be faded out".</i>	
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The comments highlight some of the key concerns about the reduction to services, e safety, Child Sexual Exploitation and emotional health and wellbeing of CYP.

These themes, and the actions to address are detailed in the Outcomes Framework of the plan.

The plan also incorporated the feedback from a range of consultations that took place around the re-commission of a number of services in 2014 participation, independent visitor service for children in care: short-breaks for children and young people with disabilities and a position statement from the voluntary sector network commission, which is supported by B&NES Local Authority

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## **6. Outcomes Framework**

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We have sought to explain simply and clearly the key priorities for children and young people across B&NES, what services we will commission /deliver to address these priorities and how we will know if they are making a difference.

We have developed the Outcomes Framework to explain this simply: it identified the 3 key priority areas and the services that will deliver against them. (Attached as Appendix 1 but will be in the main body of the plan once completed.)

We have also used the “pathway life-stage model” to help explain how services are offered along the pathway/journey that a child and young person goes through akin to the stages of development from pre-birth to transition to adulthood. It specifically focuses on the “early help offer”, the support that children and young people can expect when additional support is required. (A draft Pathway document is attached as Appendix 2 for review and consideration)

Using the pathway approach, this will support commissioners to specify what part of the pathway services will be targeted at/accessible and will also help children, young people and families better understand what /where additional services are available across B&NES.

### **Children and Young People are Safe**

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The priorities identified in this section seek to strengthen the commitment to working in partnership with families, and to ensure that agencies can more accurately identify need at an earlier stage. The Children and Young Persons Plan recognizes the importance of early intervention, planning and collaboration between agencies and families.

This section outlines the importance of providing comprehensive training to staff in all agencies so that we have a workforce that has not just a solid grounding in key areas of Safeguarding practice, but is also able to remain updated on key emerging issues. The section also emphasizes the importance of intervention at the earliest and most appropriate level so that families can access support in order to prevent/minimize the escalation of concern. The dissemination of the new Threshold document will be crucial in assisting agencies in negotiating the most appropriate level of support for each family. Continued workshops to publicize this document, and the ability to link this training into the induction of new staff will be crucial in developing the culture of collaboration across professional organizations.

Finally, the section on Safeguarding also highlights the priority for agencies to address the emerging concern in regard to Child Sexual Exploitation and sets out the expectations of how the recently developed multi-agency Risk Management Panel has begun to discuss and plan for situations where risk-taking behaviors have been identified. There is a good level of support for this way of working from partners.

## **Children and Young People are Healthy**

We want all children and young people to experience good emotional, mental and physical health but we will prioritize reducing health inequalities.

We need to ensure all children have a healthy start to life by promoting positive health choices from conception. We need to ensure that rates of breastfeeding and of immunizations remain above the national average, while those for infant mortality rates below.

We must provide them with support and information to enable them to make informed choices about their own lifestyle as they grow up. We must make sure that good habits are encouraged in childhood, that they develop coping strategies to improve resilience.

We want children and young people with chronic or acute health needs to be able to access appropriate, effective and high quality support, treatment and opportunities which will maximize their sense of well-being, long term health outcomes and future self-management of their health care.

Many decisions about children's health and their lifestyles are significantly influenced by their parents and carers and therefore we need to ensure that our approach involves families.

We want to make healthy choices the easiest choice for families and therefore we will support the development of healthy settings and provide appropriate facilities and promote use of open spaces

### **Why is this still a priority?**

Our Joint Strategic needs assessment tells us that:

**Healthy Weight** of children has been identified as a national and local priority. In the 2011/12 school year, 26.1% of reception aged children and 26.8% of year 6 children attending schools in B&NES had an unhealthy weight (overweight or obese).

In the 2011/12 school year, 10.6% of reception and 14% of year six children in B&NES were classified as obese.

The B&NES rate in reception is significantly higher than the national rate of 22.6% but the year six rate is significantly lower than the national rate of 33.9%.

There is significant variation in rates of unhealthy weight between schools, with rates ranging from 4%-50% in reception and 12%-49% in year 6.

There is considerable geographical variation by ward of residence of children in levels of obesity and unhealthy weight for reception and year 6 children.

Keynsham (particularly Keynsham South) and Midsomer Norton/Radstock areas consistently have higher levels of unhealthy weight and obesity than other areas in B&NES.

The number of admissions for eating disorders in Bath and North East Somerset has increased although this may be due to changes in diagnosis rather than an actual increase in prevalence. Highest prevalence is in 16-24 year old girls.

**Physical Activity** is important for children to help prevent weight gain, to support good physical and psychological health in children. Recent research suggests that children's access to good play provision and outdoor space can contribute to this. The evidence tells us that children and young people should spend 1 hour per day physically active to benefit their health and that parents have a significant effect on young people's physical activity levels and therefore opportunities for family based activities would be beneficial.

### **Mental Wellbeing**

Rates of mental health related outpatient attendances for children and adolescents in Bath and North East Somerset were above national and regional averages in 2009/10 and 2010/11.

Many mental illnesses are common and often start in childhood, it is estimated that 10% of children have a mental illness

Psychological Therapies in Bath and North East Somerset have seen a noticeable rise in referrals for service users aged 18-25.

**Substance misuse particularly alcohol and drugs** are of particular concern for the following reasons:

At 86 per 100,000, Bath and North East Somerset has the 4th highest rate of alcohol specific hospital admissions in under 18's out of the 37 South West local authorities. The peak age for female alcohol specific admissions (for conditions entirely caused by alcohol) is 15-19 years.

Estimates based on national figures suggest that 20% of local children aged 11-15 years drink on average 13 units weekly around 800 children (11-15 year olds) in Bath and North East Somerset are estimated to be drinking to get drunk every week (8% of the 11-15 population (2010 mid-year estimates)).

In 2009 data suggests that Bath and North East Somerset was worse than nationally and regionally with respect to the percentage of children who had reported they had been drunk one or more times in the last 4 weeks (20% BANES, 15% England).

Referrals to specialized drug and alcohol services for young people (under 18 years) in Bath and North East Somerset are currently at a rate of 5-6 per month for primary alcohol misusers (around 15 referrals a month are for children abusing alcohol with other drugs).

Bath and North East Somerset plays host to 20,000 students in its higher and further education institutes and the vast majority of these fall within the 18-24 year age group: at high risk from both hazardous drinking and alcohol-related crime

3-17 year olds from the most deprived areas of Bath and North East Somerset are three times (significantly) more likely to be admitted to hospital with an alcohol specific condition and around 800 of them drink to get drunk weekly .

**Smoking** rates amongst young people in B&NES is more positive but efforts to prevent young people from starting smoking need to be maintained.

Secondary School surveys suggest that fewer children in years 8 and 10 have ever smoked in Bath and North East Somerset compared with the national average. However, the surveys also indicate that the percentage of occasional/regular smokers is in line with national average.

Of the regular smokers that responded to the Secondary School surveys, 45% would stated that they would like to quit. 1/3 of pupils said that at least 1 person in their household smokes indoors

The SHEU Primary School survey indicated that 86% think they will not smoke when they are older, while 13% said they think they may smoke

**Other Issues** still need to be addressed and work will continue to maintain the current good performance locally.

Overall **vaccination rates** for childhood vaccinations in B&NES are better than regional and national rates. However, for some measures we are lower and the areas for improvement include:

- % of girls aged 12-13 who have HPV vaccine
- % of at risk individuals aged from 6 months to 65 years who have received a flu vaccine.
- % of 5 year olds who have had 2 completed doses of MMR vaccine

**Breastfeeding rates** for B&NES are very good but there are clear inequalities between rates for geographical areas and for young parents. Geographical variations in oral health are also apparent.

B&NES continues to have the **lowest teenage pregnancy rate** in the South West region and young people have good access to sexual health services.

Teenage conception rates in B&NES are 16.2 per 1,000 15-17 year old females, significantly lower than national (33 per 1,000) and regional (28 per 1,000) rates. In B&NES there has been a 44% reduction since the 1998 baseline.

Of these conceptions 59.2% led to abortion, this is higher than the previous year and higher than both regional (47.9%) and national (49.3%) figures. However a high percentage of all abortions are carried out between 3-9 weeks (81%), which suggests good early access to abortion services.

Chlamydia testing is lower than recommended levels, however this may relate to the high student population, who may receive testing at their home GP. 25 % of 15 – 24 yr olds have been screened

## **Children and Young People have Equal Life Chances**

Over the life of this plan, there will be some key developments that will help to shape services and develop opportunities for Children and Young People, and in particular those in greatest need.

The Early Help Strategy will inform the way that services will be commissioned to best support families who do not require a social worker, but still need extra help in order to meet their needs and the needs of their children. We want to strengthen our approach to early intervention, and build on work with partners to further support the use of the CAF/Early Help Offer and embed this across all commissioned early help services. This will allow us to identify and tackle problems earlier and better meet the needs of children and young people.

Through better targeted use of the Pupil Premium and using the data we have available to us, Schools will continue to narrow the attainment and outcomes gap between pupils.

Over the course of this plan, we will evaluate and share the learning from the Connecting Families programme, by the Connecting Families team and commissioned voluntary sector partners to pilot new models and ways of working to support those families who have a range of complex needs.

We will continue to offer support to Young People involved in youth crime or who are at risk of offending

In addition we will continue to build on the range of positive opportunities we have for involving children and young people in participation and engagement opportunities.

We will continue to promote resilience and support children and young people to access the range of supports available around positive emotional health and wellbeing.

## **6.1. Workforce Development and Support**

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Bath & North East Somerset values the people and organisations that will help to deliver improved outcomes for children and young people. The CYPP places a high priority on the leadership, training and support of the workforce that will be critical to delivering against the CYPP objectives and to this end the council and its partners are committed to:

- providing learning opportunities designed to equip the children's workforce to undertake their roles safely and competently;
- enabling the development of new skills, knowledge and experiences that ensure a current and future workforce that is fit for purpose; and,
- developing the skills and confidence of the workforce in the use of tools that promote common values, shared principles and integrated working practices to improve outcomes for children, young people and their families.

To achieve this vision, all commissioned or provider services for children and young people in Bath and North East Somerset, will be required, through a commissioning framework or a service level agreement, to commit to supporting and improving the skills, experience and qualifications of their staff. A Workforce Development Strategy Group comprised of representatives from all sectors will identify and support the key areas of workforce development for 2014-2017 through a Workforce Development Action Plan

The plan will support the provision of core training offer that provides the children's workforce with a range of learning opportunities to promote:

- The common core of skills and knowledge
- Integrated working and the principles of early help;
- A common understanding of children's and young people's mental and physical health issues; and,
- Effective and timely safeguarding and child protection practice.

## **7. Performance Framework - Management and Governance**

Bath and North East Somerset's Children's Trust Board brings together all services working for children and young people in order to focus on improving outcomes for all children and young people.

Key members of the Board are:

- Bath and North East Somerset Council
- Local Safeguarding Children's Board
- Strategic Transitions Board
- Public Health
- Health providers
- Avon and Somerset Police
- Voluntary sector
- Head teacher reps
- Focus Groups of Children and Young people, who give presentations to the board on specific issues.

Representatives from all these organizations make up the Children's Trust Board which will keep a strategic oversight of the plan. The Children's Trust Board will monitor progress of the plan against a combination of the success measures detailed in the outcomes framework and progress reports submitted to the Board at its quarterly meetings.