

**Appendix A**

**Central Bedfordshire Children and Young  
People's Plan (2011-2014)**



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## **Foreword**

### **Welcome to the Children and Young People's Plan for Central Bedfordshire**

This plan sets out our shared vision for children, young people and their families in Central Bedfordshire and it shows how we plan to achieve it. We know that most children and young people in Central Bedfordshire enjoy their childhood and go on to be confident and successful young adults – we want to make sure that we maintain this and improve the achievements and outcomes for those children and young people who are not doing as well.

We have set out in this plan those things we think are important to focus on over the next three years. It is not a detailed account of all we plan to do but it does set out those things we want to work on together and which we think are critical to achieving our vision. There are more detailed strategies and plans which support the priorities set out in this plan.

We would like to thank all those that have been involved in the development of the plan. In particular we want to thank the 4,275 young people who told us what they think is important. Their ideas and priorities have helped to shape this plan. We look forward to working with children, young people, their families and those involved in delivering services for them, to tackle our challenges and celebrate our successes.

### **The Central Bedfordshire Children and Young People Trust Board On behalf of the Central Bedfordshire Children and Young People's Trust**

*Aspley Guise Lower School  
Bedfordshire Fire and Rescue  
Bedfordshire Police  
Bedfordshire Probation  
Catholic Diocese of Northampton  
Central Bedfordshire College  
Central Bedfordshire Council  
Central Bedfordshire Local Safeguarding Board  
Diocese of St Albans  
Greys Educational Centre – Pupil Referral Unit  
Lawns Early Excellence and Children's Centre  
NHS Bedfordshire  
NHS East of England  
Voluntary Organisations for children, young people and families (VOCyptf)  
Youth Offending Service  
Youth Parliament*

## Introduction

Since the Central Bedfordshire Children's Trust was set up in April 2009, and since the first Children and Young People's plan was agreed in September 2009, there have been changes at the international, national and local level. The world has experienced a major financial crisis, in the UK a new Government is in place with new priorities and in Central Bedfordshire everyone is working to find ways to deliver important services to young people and their families with less money.

A key legal and policy change brought in by the new Coalition Government means that there is no longer a legal requirement to produce a Children and Young People's Plan. The government has also stated that it intends to revoke the duty to establish Children's Trusts. The partners in Central Bedfordshire have discussed these changes and have agreed that it is important to continue to work together. The partnership is therefore continuing to meet and have agreed this as their second plan. Ofsted notes in their assessment in 2010 that 'good progress has been made in establishing strategic partnerships and identifying the right priorities to improve outcomes for all children, young people and their families'.

## Our vision for Children and Young People in Central Beds

Our vision for children and young people growing up in Central Bedfordshire remains the same. We want every child in Central Bedfordshire to enjoy their childhood and have the best possible start in life. We want every child to do well at school, make friends and build strong relationships with their family. By the age of 19, as young adults, we want every young person to have the knowledge, skills and qualifications that will give them the best chance of success, so that they are prepared to take their full place in society as a happy, healthy, contributing and confident citizen.

## Living in Central Bedfordshire

Central Bedfordshire is home to approximately 252,900 people. Around 130,200 (51.5% of the population) people live in the larger towns with 37,000 in Leighton Linlade, 35,120 in Dunstable, 16,670 in Houghton Regis, 16,420 in Biggleswade, 13,370 in Flitwick and 11,620 in Sandy (figures based on Bedfordshire population model forecasts for 2009).

Around 62,000 children and young people between the ages of 0-19 live in Central Bedfordshire and by 2021 it is forecast that there will be about 2,000 more children aged under 16. The number of births in Central Bedfordshire has been around 3,000 for the last three years but has shown an increase between 2003 and 2008 in line with the national trend.

### Age range of children and young people population in Central Bedfordshire, 2009

0 – 4	15,800
5 – 9	15,200
10 – 14	15,600
15 - 19	15,500

\*ONS – estimates June 2009

Central Bedfordshire is generally an affluent area and many children and young people in the area enjoy a very good quality of life and have good prospects in relation to both their own future happiness and their contribution to their communities. National performance measures show almost all outcomes are in line with or above the averages for England or similar areas (Annual children's services assessment 2010).

The health of our children and young people compares well with the East of England, and England as a whole. Improvements have been made to the provision of mental health services and more young people report that they have good relationships with friends and family than found nationally. The emotional and behavioural health of children in care is good. More children say they enjoy access to parks and play areas than found elsewhere. Levels of obesity among 5 and 11 year olds are low; however local data show that obesity rates are rising for the older group. The number of young women

under the age of 18 who become pregnant is falling at a faster rate than nationally, although there are six wards in Central Bedfordshire where rates are significantly higher than the National average and locally agreed targets for the last year were not met. Fewer 16 year olds reported that they had recently been drunk or taken drugs in 2010 than in 2009 (Annual children's services assessment 2010).

Arrangements for keeping children and young people safe are almost always good and Ofsted inspections of childminders, schools, colleges and children's homes confirm this. The unannounced inspection of frontline child protection services in May 2010 identified a number of strengths in the arrangements for supporting families whose circumstances make them more vulnerable. Fewer young people report feeling bullied than elsewhere. The youth offending service performs well against the national indicators relating to first time offenders and re-offending rates.

Almost all child carers and nursery, primary and special schools are good at helping children and young people to do well and enjoy learning. However our upper schools and colleges are not as good with about a third judged to be only adequate. Examination results for 16 year olds are similar to the national picture but again they are not as good as similar areas with far fewer obtaining two or more high grades in science than elsewhere.

Those from low income families make good progress in upper schools and by the age of 16 the gap between achievement and their peers is not as wide as elsewhere. However young people with special educational needs do not do as well in upper schools as similar groups nationally. Behaviour is usually good in upper schools and the number of pupils who are often absent from school is well below the national average.

Most young people receive good support in schools and colleges to gain the skills and qualifications needed for future jobs. The number achieving good qualifications at 19 years of age is in line with national figures although below similar areas, which means that not all young people of this age are doing as well as they could be. Not as many 19 year olds from low-income families in Central Bedfordshire gain the higher level 3 qualifications as those from similar areas, however there is good progress in the number gaining level 2 qualifications (Annual children's services assessment 2010).

Although it is clear that most children and young people in Central Bedfordshire do well, we know that there is a significant minority of children and young people for whom outcomes are much worse than those of the rest.

In terms of overall deprivation, in 2007 none of the areas in Central Bedfordshire were in the top 20% most deprived in England. However, for some individual aspects of deprivation (such as education, crime and income) communities in Dunstable, Houghton Regis and Sandy do fall into the worst 10% nationally.

Central Bedfordshire has 12.1% of its children living in poverty. This statistic is based on the most up to date figures available from Her Majesty's Customs and Revenue (HMRC) and relates to the year 2008-2009. This figure masks some high levels of poverty within particular areas and the five areas with the highest levels of poverty are:

- Tithe Farm 31.4%
- Parkside 27.1%
- Manshead 25.6%
- Northfields 24.8%
- Houghton Hall 22.9%

There are smaller local areas which for statistical purposes are called local super output areas (LSOA). Those with the highest IDACI score (Income Deprivation Affecting Children Index) are in the wards of Manshead, Tithe Farm, Houghton Hall, and Parkside and these are in the highest 10% of LSOAs in the East England and within the worst 20% in England.

The Index of Multiple Deprivation (IMD) is a basket of indicators including employment levels, health and disability, education skills and training, housing issues, crime and disorder and the living environment. The most recent IMD shows that the highest levels of deprivation based on these indicators are in Parkside, Manshead, Tithe Farm, and Northfields.

Whilst there is clearly a concentration of poverty and deprivation across the areas within Dunstable and Houghton Regis there is however no ward in Central Bedfordshire which does not have some child poverty and levels of deprivation. The isolating effect of being a child in poverty in an area of relative affluence should not be underestimated. Furthermore areas within Flitwick, Sandy and Leighton Buzzard also have pockets of deprivation and poverty.

#### **Headteachers in Central Bedfordshire tell us that**

“There is a clear impact on the emotional development of children who are living in a *“stressful’ environment e.g. a household with debt problems”*

“Education is often a low priority at home for households in poverty”

*“It can be very isolating to be poor in an area of relative affluence.”*

“Some children will not be accessing the full curriculum e.g, school trips, cost of transport to swimming pools, because parents cannot afford this and do not wish to draw attention to this, so children are kept off school “

*“Poor children will often have lower self-esteem”*

“Some children will be unable to participate in after school activities”

*“Some poor children will have poor attendance due to health problems “*

## Asking people what they thought was important

4,275 children and young people told us that they thought the priorities in this Children and Young People's Plan were important. The consultation was done by:

- Consulting with young people through our existing contacts, for example with children in care, youth clubs and the Youth Parliament;
- Running workshops with children and young people taking part in events such as Anti-bullying week, Black History Month and Local Democracy Week;
- Running an e-consultation for parents, stakeholders and children.

51% of children and young people who completed the questionnaire were girls and 49% were boys. 8% of those completing the questionnaire said they had either a statement of Special Educational Needs or a form of disability. The majority who completed the questionnaire described themselves as White (85%) with 3% indicating they had a Mixed background, 2% were Black or Black British, 2% were Asian or Asian British and 8% described themselves as 'other'.

The 86 adults who filled in the questionnaire on the website also told us that they thought the priorities in the plan were important. 71% identified themselves as parents or carers, 13% represented a group or an organisation, 6% were childminders or a childcare provider and 10% chose the 'other' category to describe themselves.

## What children, young people and adults said about the priorities

**Helping children and young people achieve more and transforming our relationship with schools** - 95 % of children and young people consulted felt that this priority was important or very important. 95% of adults felt that this priority was important or very important.

*"I think that children should be helped in school to be ready for the big wide world"*

*"Some people learn better from doing, not hearing about it"*

*"Yes because being educated properly will help after school to get a proper job"*

*"Why do we have to wear our tie with seven stripes!?"*

*"We are nagged at for small reasons – not actually our education, what we do outside of school and our uniform for example, seems more important, when it's not"*

**Protecting children and keeping them safe** - 98% of children and young people consulted felt that this priority was important or very important. 99% of adults felt that this priority was important or very important.

*"Can you make sure that our area is safe and sound and we are all kind"*

*"It is important that children should be able to be safe with mum and dad"*

*"I think it is important to keep children from harm because if anyone has anything worrying them it is harder to concentrate at school and get a good education"*

*"It is very important to stop anti-social behaviour"*

*"Help people with bad behaviour"*

**Reducing child poverty and the effects for those living in poverty and improving early intervention and prevention** – 96% of children and young people consulted felt that this priority was important or very important. 95% of adults felt that this priority was important or very important.

*"Some of the children need more help with what happens with them at home"*

*"There is a clear impact on the emotional development of children who are living in a stressful environment e.g. a household with debt problems"*

*"Priority must be early intervention in any problem, whether it's poverty, parenting, emotional problem. Problems are cheaper to solve when little, as well as easier to solve."*

*"Support for parents is of great importance - children need stable, loving and supportive parents to help them achieve their full potential. Parents will need support as much as children when a family is going through difficult times."*



**Targeting the most deprived areas and vulnerable groups to improve children's emotional and physical health** - 97% of children and young people consulted felt that this priority was important or very important. 86% of adults felt that this priority was important or very important.

*"Most of the 'very importants' that I have ticked are to stop children my age getting depressed"*

*"You need to keep children sporty and active"*

*"If you have a disability and don't get help, what do you do?" (typed for a child with SEN/a disability)*

*"I think emotional health is the most important because that affects school life as well"*

*"If a child is upset at home then they should be able to talk about it"*

*"I think number 5 is important because parents struggle with children with disabilities"*

*"Why is fitness and health so important? Isn't it for the person to decide?"*

A final quote from a young person: *"are these questions going to be counted up and make a difference to the world?"*

**We will be developing a children and young people's summary version of the plan in electronic format for practitioners to draw down and use when working with children and young people. This version of the plan will allow children and young people to easily see what we plan to do and how we have listened to what they told us.**

## Our priorities

### Priority 1: Helping children and young people achieve more and transforming our relationship with schools

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#### What we know

- Outcomes in the Early Years Foundation Stage have remained static over the last three years (less than 1% improvement overall) whilst outcomes nationally and for similar authorities have improved rapidly (5-7%).
- Key Stage 1 performance is better than the national average and similar areas.
- At Key Stage 2 performance has remained static whilst national performance has improved by 2% and similar areas have improved by 1% - 73% of pupils attained level 4 in English and Mathematics which is 1% below the national average and 3% below similar areas.
- At Key Stage 4 performance has improved: students achieving five or more GCSE grades at A\*-C including English and Mathematics rose from 50% in 2009 to 54% in 2010. This is above the national average (53.1%) but as this rise in performance was matched by similar areas Central Bedfordshire is ranked bottom (11<sup>th</sup> out of 11) compared to statistical neighbours.
- The proportion of students achieving five or more GCSE grades at A\*-C is similar –performance has improved from 67% in 2009 to 75% in 2010.
- A-level performance in Central Bedfordshire is about average and students complete a reasonable number of subjects to enter University or other progression routes, however the percentage achieving A\*-B grades appears to be lower than the national figure.
- There are inequality gaps in achievement for Looked After Children, Gypsy/Roma and travellers of Irish Heritage, those pupils eligible for free school meals, those from a Black Caribbean background and those with statements of Special Educational Needs.
- Rate of exclusions from schools are high compared to similar areas and the national average and local targets are not being met.
- Take up of apprenticeships lags by almost 50% compared to other parts of the East of England.

#### What we are going to do

#### Objective 1: Transform teaching and learning and raise achievement for all learners including underachieving groups and children in vulnerable circumstances

#### Actions

- Continue with the area review for each of the four geographical areas to work out how school organisation in each area can best meet the aspirations and review the number of transition points and reduce these where possible.
- Schools will develop strong, governed partnerships which have the core purpose of improving outcomes and raising achievement by providing a well planned, continuous curriculum and high quality learning experiences for young people from the age of 0 to 19.
- Promoting collaborative learning communities, inclusion, sharing of good practice and innovation.
- Federations, trusts and partnerships to develop locally delivered targeted services to support prevention, early identification and effective interventions that support inclusion. This will include commissioned outreach from special schools and schools and settings with identified good practice.
- Work with those schools that are not achieving standards to raise achievement.
- Ensure provision to raise the participation age.
- Ensure more children make the expected two levels of progress by the age of 11.
- Improve upper schools and post -16 provision so that more are good or better.
- Increase the number of young people from low income families who gain qualifications at the age of 19.

### **What success looks like**

- % of children achieving at least 78 points across all six areas of learning at Early Years Foundation Stage.
- % of young people achieving 2 levels of progress Key Stage 1-2 in English and in Maths.
- Pupils make good progress between Key Stage 2 and Key Stage 4.
- % achieving five or more A-C grades at GCSE or equivalent, including English and Maths.
- % of pupils achieving Level 4 or above in English and Maths at Key Stage 2.
- % of pupils achieving A-C including English and Maths at GCSE.
- Reduction in the rate of permanent exclusions from school.

### **Objective 2: Develop and promote children and young people's positive contribution to all communities across Central Bedfordshire so that they are able to influence the decisions that affect their lives and wellbeing**

#### **Actions**

- Create a wide range of easily accessible opportunities for young people to engage in volunteering and help develop the 'Big Society' for the future.
- Support the voluntary sector in securing bids to provide a range of positive activities for children and young people.
- Provide accessible information, advice and guidance for children, young people and their families.
- Increase the awareness of professionals working of the range of services available and how young people can access these when they need them.
- Work through Children's Centres with priority families to strengthen and improve relationships by encouraging positive parenting.

#### **What success looks like**

- Wide range and take up of volunteering opportunities.
- Youth Parliament is active and participating in Children's Trust Board meetings.
- Young people engaged in shaping service development.

### **Cross cutting priority: Develop an integrated workforce which is ambitious for all children and their families and expert in its practice**

- To understand the current and future workforce needs relating to sectors supporting this priority.
- To ensure information, learning and advice to all providers of early years education is easily accessible by continuing to develop the Central Bedfordshire Learning and Development Centre and its accredited learning offer.
- Ensure that the voluntary sector is contract ready and has the skills and capacity to respond to commissions.

#### **Supporting plans**

- Education Vision for Central Bedfordshire
- Capital Programme for Schools
- Parenting Strategy
- Workforce Development Strategy
- Public Health Improvement Plans
- Bedfordshire Teenage Pregnancy Strategy

## **Priority 2: Protecting children and keep them safe**

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### **What we know**

- 82% of children and young people report that they feel very safe or quite safe where they live; this compares to 81% nationally and 83% in similar areas.
- Arrangements for keeping children and young people safe are almost always good.
- Performance in protecting vulnerable children and young people is good. Key indicators measuring assessment, stability and review are on target.
- The unannounced inspection of front line child protection services in May 2010 identified a number of strengths in the arrangements for supporting families whose circumstances make them more vulnerable. Families are fully involved in assessments and action plans to support them.
- Child protection processes for disabled children are strong.
- Between April 2009 and February 2010 of 5024 contacts in Central Bedfordshire Specialist Services, 1785 were recorded as being on account of domestic violence. Between April 2009 and February 2010 of 1701 referrals, 1429 were recorded as due to child care concerns. It is anticipated that domestic abuse would feature in a significant proportion of these referrals.

### **What we are going to do**

#### **Objective 3: Protect children and young people from harm by providing a co-ordinated and effective safeguarding process.**

##### **Actions**

- Partners to continue working closely to develop the processes for identifying and responding to children whose safety is, or is likely to be, compromised.
- Continue to develop the Central Bedfordshire Safeguarding Board.

##### **What success looks like**

- The Central Bedfordshire Safeguarding Children Board continues to function effectively.
- Children and young people report feeling safer and know how to access help from a trusted source should it be needed.
- Inspections of services result in positive judgements about the effectiveness of those services.
- Reduction in the percentage of referrals of children in need that led to initial assessments
- % of initial assessments within seven working days of referral.
- % of children looked after at 31 March with three or more placements during the year.
- Ensure that 100% of child protection cases which should have been reviewed during the year were reviewed.
- % of referrals of children in need that led to initial assessments.

#### **Objective 4: Reduce the impact of domestic abuse on children and young people.**

##### **Actions**

- Develop and commission an appropriate range of services to respond to and reduce the impact of domestic abuse on children and young people.
- Work with partners to increase the reporting of domestic abuse so that we can fully understand the scale of the issue and increase awareness in support services in the Community.
- Work with partners to increase the number of repeat incidents being referred to the MARAC (Multi-agency risk assessment conference).
- Increase in appropriate cases going through the MARAC and increase support for vulnerable victims going through MARAC.

##### **What success looks like**

- Clear identification of children and young people in situations of domestic abuse receiving an appropriate, timely and effective response.
- Children and young people report that they feel safer.

## **Objective 5: Reduce youth offending and anti-social behaviour**

### **Actions**

- Reduce first time entrants into the Youth Justice System by continuing to work in partnership with Bedfordshire Police to develop restorative approaches. Youth Offending teams are involved in assessments and offer time limited intervention, including work with parents/carers and families, coupled with signposting to other agencies as necessary.
- Reduce re-offending rates amongst young people by continuing to offer a range of individual and group based interventions.
- Maintain the reduction in the high level of custodial sentences by continuing to provide robust alternatives to the Court.

### **What success looks like**

- Reduction in first time entrants is achieved by ensuring that all young people who come to the attention of the police are appropriately assessed and, where possible, a restorative intervention is applied.
- Reduction in re-offending rates amongst young people is achieved by providing robust and targeted interventions, matched to the assessed level of risk and vulnerability. Partners are involved in managing risk and vulnerability and providing support to ensure education, training, and employment is available.
- Similar or lower level of custodial sentences compared to 2009/10.

### **Cross cutting priority: Develop an integrated workforce which is ambitious for all children and their families and expert in its practice**

- To understand the current and future workforce needs relating to sectors supporting this priority.
- All members of the children's workforce know how to keep children and young people safe and the children's workforce is configured and trained to co-operate in a consistent, responsive and effective manner.
- Advice, information and training on safeguarding children and young people is accessible and members of the workforce know how to access this.
- Learning to support integrated assessment processes is available.
- Safer recruitment training is available and accessible to organisations.
- Build the skill base of staff that have a central role in assessing, supervising or making key decisions in specialist safeguarding work, in particular in sexual abuse cases.
- Delivering Step up to Social Work and Entry into Social Work Programmes.
- Developing and delivering the Newly Qualified Social Worker programme.
- Learning and development programmes for staff in specialist services.
- Developing and delivering a recruitment and retention strategy, including a Return to Social Work programme.
- Integrate research and best practice into multi-disciplinary training programmes so that the workforce is equipped to identify and respond to children exposed to domestic abuse.
- Implement recommendations of the Social Work Reform Board.

### **Supporting plans**

- Community Safety Partnership Plan
- Community Safety Partnership Domestic Abuse Plan
- Workforce Development Strategy
- Public Health Improvement Plans

## **Priority 3: Reducing child poverty and the effects for those living in poverty and improving early intervention and prevention**

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### **What we know**

- Children from poorer backgrounds do less well and are more likely to die from an accident in childhood, have low educational achievement, turn to crime, be poor as an adult and raise their own children in poverty.
- 27% of children in Central Bedfordshire live in low income families. In parts of Houghton Regis and Dunstable between 45% and 50% of children live in low income households.
- 12% of children in Central Bedfordshire live in workless families. In parts of Houghton Regis and Dunstable between 23% and 31% live in workless families.
- The highest levels of babies born into a smoking household are in Dunstable, Parkside in Houghton Regis, Flitwick and parts of Sandy. The lowest levels of breastfeeding at 6-8 weeks are in Manshead, Tithe Farm, Houghton Hall, Parkside and parts of Dunstable.
- Nationally 4.9% of 5 – 10 year olds have conduct disorders, and a comparable estimation for Central Bedfordshire would equate to 910 children. This would suggest high levels of need for parenting programmes known to be effective in addressing conduct disorders.
- Houghton Hall (79.9), Manshead (78.2) Tithe Farm (74), Parkside (66.7), Stanbridge (60.8) and Dunstable Central (52) have much higher rates of teenage conception than the national average of 40.5 per 1,000 females aged 15-17 and the regional average of 31.6 per 1,000. These fall into the 20% highest under 18 conception ward rates in the UK.
- The inequality gap at age 19 for achievement at either level 2 (GCSE or equivalent) or level 3 (A level or equivalent) places Central Bedfordshire in the bottom quartile.
- Low levels of young people going on to higher education in Tithe Farm (7.9%), Parkside (10.5%), Biggleswade Stratton (11.7%) and Sandy Pinnacle (12.8%) compared to England (24.3%). Northfields, Dunstable Central, Manshead, Planets and Houghton Hall also fall below the England average.
- At the end of 2009 around 6% of 16 to 18 year olds are not in education, employment or training (NEET).
- At the end of 2009 around 68% of care leavers were in employment, education or training and the target was not met although this performance exceeds that of national and statistical comparators.
- Manshead, Parkside and Northfields have the highest rate of unemployment in Central Bedfordshire.
- Tithe Farm, Parkside, Plantation and Sandy Pinnacle have the lowest level of educational and skills attainment.
- Parkside, Dunstable Central, Northfields and Tithe Farm have high levels of crime.

### **Objective 6: Maximise opportunities for families in poverty to access employment which will have the outcome of more families working and thus reducing levels of family and child poverty**

#### **Actions**

- Development of the 'economic powerhouse' and implementation of the vision and strategy to attract investment and deliver strong employment growth
- Improve education outcomes across all ages (see priority 1).
- Work with employers, colleges and schools to increase the range and quality of local training, volunteering and job opportunities which will help improve the employment prospects for those not in employment and that is appropriate to the area of jobs growth.
- Ensure high quality childcare is available so that parents begin to access training courses and working opportunities, both part and full-time.
- Through outreach, target families in or at greater risk of poverty to encourage them to find appropriate childcare and take up appropriate payment assistance and tax credits to assist with childcare costs, making it worthwhile for parents to train and work.

#### **What success looks like**

- 1,800 new jobs every year for the next 15 years.
- A reduction in the proportion of children who live in relative low income to less than 10%.

- Providing increased training and work experiences for 14-16 year olds and developing apprenticeship opportunities.

**Objective 7: Ensure families in poverty are accessing all available financial assistance so that non-working families move from worklessness into work in the meantime accessing appropriate benefits**

**Actions**

- Promote the take-up of free school meals to alleviate pressure on family budgets which will also offer additional financial assistance to the school who can then work further with families living in poverty.
- Provide easily accessible high quality welfare advice and information services.

**What success looks like**

- Increased take up of free school meals.
- Easily accessible, high quality welfare advice and information services.

**Objective 8: To improve life chances of children and families by intervening early to prevent poor outcomes and raising educational achievements and aspirations with the outcome that children from poor households gain better qualifications to ensure their access to the labour market so that the cycle of intergenerational poverty is broken**

**Actions**

- Increase the employability and career potential of young people at greatest risk of not progressing into work.
- Endorse the importance of healthy lifestyles.
- Ensure high quality early years intervention and prevention services are in place through Children's Centres working with the parents of the very young on healthy diets, longer breastfeeding, sexual health, drugs and alcohol and stop smoking initiatives.
- Continue to offer limited provision of free places in care and education for two year olds with high levels of need.
- Ensure increased take up of free places in high quality provision for three and four year olds.
- Support parents and families through the parenting and family support strategy with clear pathways through to targeted parenting and family support where additional needs are identified.
- To ensure provision for specific groups of families and those 'experiencing particular challenges' or needs and to provide enhanced multi agency support for families at risk (2%) and those where children and young people have been identified as at risk of entering the care system.
- Develop a culture of learning based on high aspirations for all.
- Provide multi agency support to vulnerable families such as teenage parents where children have a 60% increased chance of being brought up in poverty.
- Raise awareness of sexually transmitted infections, including conception within a variety of settings i.e. schools, colleges and community settings.
- Promote a multi-agency approach to improve access to sexual health, Chlamydia screening and drug and alcohol services through training of professionals working with children and young people.
- Improve early access to psychological therapies for a range of difficulties, including eating disorders and self harm.

**What success looks like**

- % of parents reporting that the service helped them with their problems/needs.
- Reduction in the achievement gap between children eligible for Free School Meals and their peers.
- Improved attendance rates at school and a reduced exclusion rates.
- Reduction in the percentage of young people not in education, employment or training (NEET).
- Reduction in sexually transmitted infections.
- Reduction in the under 18 conception rate.

**Objective 9: Work with colleagues from all sectors and agencies to improve the environmental factors which exacerbate the effects of poverty and harness the resources of the third sector and services across the Council so that poor families develop healthier lifestyles to prolong life expectancy and live in an improved environment**

### **Actions**

- Reduce the number and rate of teenage pregnancies by ensuring key engagement of all organisations that can have an impact on reduction: health, education, youth services and the voluntary sector to target work on vulnerable groups of young people.
- Embed the 'think family' approach within all homelessness prevention activity and broader interventions to sustain families in permanent settled accommodation.
- Promote a multi-agency approach to improved ante, peri and post natal care along with improved levels of breastfeeding support and information on healthy eating.
- Work together to reduce the levels of crime and its impact on families in deprived areas.
- Support teenage parents through increasing their access to services to improve outcomes for them and their children to break the cycle of social deprivation and poverty.

### **What success looks like**

- Reduction in the under 18 conception rate.
- Reduction in crime in deprived areas (through the Community Safety Partnership).

### **Cross cutting priority: Develop an integrated workforce which is ambitious for all children and their families and expert in its practice**

- To understand the current and future workforce needs relating to sectors supporting this priority.
- To provide information, training and advice to all providers of early years education and deliver effective recruitment and retention strategies.
- Support the development of apprenticeships.
- Deliver inter-agency 'think family' awareness training to embed this approach to working.
- Deliver inter-agency Common Assessment Framework Training.
- Training for front line staff on understanding the benefits system.

### **Supporting plans**

- Sustainable Community Strategy
- Child Poverty Strategy
- Economic Development Strategy
- Community Safety Strategy
- Skills Strategy
- Workforce Development Strategy
- NHS Bedfordshire: A Healthier Bedfordshire Strategy
- Bedfordshire Teenage Pregnancy Strategy
- NHS Bedfordshire's Sexual Health Strategy
- Public Health Improvement Plans



## **Priority 4: Targeting the most deprived areas and vulnerable groups to improve children's emotional and physical health**

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### **What we know**

- Local arrangements to encourage children and young people to live healthy lives are almost always successful.
- Improvements have been made to the provision of mental health services and more young people report they have good relationships with friends and family than is found nationally.
- More children say they enjoy access to parks and play areas than found elsewhere.
- Levels of obesity among five and 11 year olds are low; however local data show that obesity rates are rising for the older group.
- Fewer 16 year olds reported that they had recently been drunk or taken drugs in 2010 than in 2009.
- Teenage conception targets of 50% have not been met locally or nationally although performance across Central Bedfordshire is slightly better than for England and the Eastern Region. However there are six wards where teenage pregnancy is significantly higher than both the National and Regional average: these are Houghton Hall (79.9), Manshead (78.2) Tithe Farm (74), Parkside (66.7), Stanbridge (60.8) and Dunstable Central (52) have much higher rates of teenage conception than the national average of 40.5 per 1,000.

### **What we are going to do**

#### **Objective 10: Focus on early intervention including children's mental health services, childhood obesity, drugs and alcohol and sexual health**

#### **Actions**

- Further develop and integrate early intervention services to ensure prompt and timely support for children and young people with emerging mental health problems.
- Develop services for children and young people with complex mental health needs, including eating disorders and self harm.
- Support the delivery of parenting support programmes with a focus on improving the emotional wellbeing of young people.
- Develop and deliver new childhood obesity prevention programmes and support the continuation and development of high quality physical activity for children and young people.
- Reduce drugs and alcohol misuse and continue to improve the quality of specialist drugs and alcohol treatment and planned discharges.
- Enhance family services, particularly services for young parents and those affected by drugs and alcohol issues and support the delivery of parenting programmes which address harmful and risky behaviours.
- Develop the children's workforce understanding of their role in increasing young people's access to sexual health and contraceptive services.
- Reduce the rate of teenage pregnancies by ensuring key engagement of all organisations that can have an impact on reduction: health, education, youth services, the voluntary sector and target work at vulnerable groups of young people.
- Build on the achievements and quality standards of the Healthy Schools Programme, to extend across all settings for children and young people.
- Supporting all settings for children and young people to meet specific health and education priorities, through an outcome based approach.
- Provide appropriate guidance, support and training in each of the key areas of children's emotional and physical health, for all staff working with children and young people.

#### **What success looks like**

- Reduction in obesity rates among primary school aged children in Reception and Year 6.
- Reduction in teenage conception rates.
- Reduction in diagnosis rates of sexually transmitted infections.
- Reduction in hospital admissions caused by unintentional and deliberate injuries to 5-18 year olds.

## **Objective 11: Transform services for disabled children**

### **Actions**

- Ensure the delivery of the programme, in particular the transformation of short break services.
- Ensure the strategic objectives of Better Care, Better Lives are implemented.
- Improve data available on numbers of disabled children and types of disability.
- Implement the new short break duty
- Improve the access to universal services for disabled children
- Agree integrated approaches with partner agencies
- Deliver the Transition Improvement Plan to provide a smooth transition into adulthood.
- Ensure parents, disabled children and young people are fully involved in the shaping and delivery of services.

### **What success looks like**

- Effective implementation and monitoring of short breaks.

### **Cross cutting priority: Develop an integrated workforce which is ambitious for all children and their families and expert in its practice**

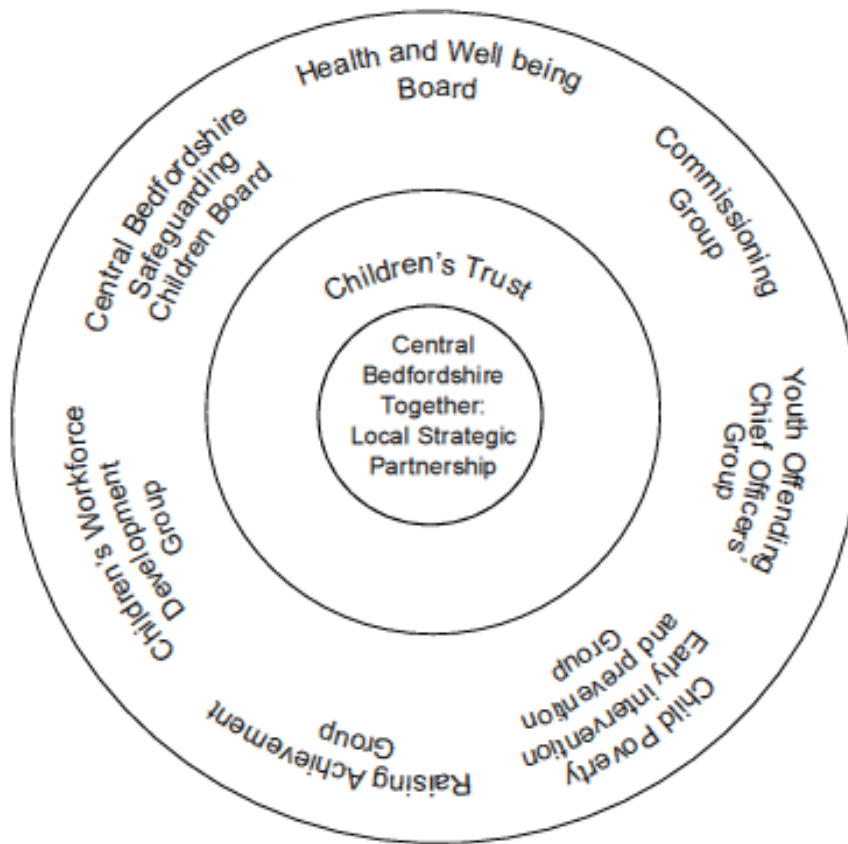
- To understand the current and future workforce needs relating to sectors supporting this priority.
- Continue to develop the knowledge and skills of all those working with children, young people and families.
- Continue to provide develop and embed the 'Think Family' approach.
- Develop the workforce to deliver the transformation of services for disabled children.

### **Supporting plans**

- A Healthier Bedfordshire
- An Alcohol Strategy for Central Bedfordshire
- Child poverty strategy
- Economic strategy
- Workforce Development Strategy
- Bedfordshire Teenage Pregnancy Strategy
- NHS Bedfordshire's Sexual Health Strategy
- Public Health Improvement Plans

## Managing our delivery, performance and resources

The following diagram represents the Children's Trust arrangements and relationships:



Delivery plans for each of the priorities in the Children and Young People's Plan will be developed, managed and delivered through Delivery Groups. These will set out the lead partner, strategic actions, the milestones and deliverables, the resource requirements (financial and human) the risks, the performance measures and targets. All activities will be developed and delivered within partners' existing resource envelopes. Commissioned activities and the identification of the resource envelope to deliver the plan will be overseen by Commissioning Group.

Every quarter the Delivery Groups will review progress and the Leads of the Delivery Groups will report on their performance to the Trust Board. A basket of critical success measures has been identified to form the basis of the quarterly reporting. These may have to be revised and changed to reflect the changes to the emerging national policy and performance framework. Targets for these success measures will also be agreed through Delivery Groups as the developing national picture becomes clearer.

The Children's Trust will report quarterly on the following key indicators to the Central Bedfordshire Together, the Local Strategic Partnership, to demonstrate progress against the following priorities and outcomes in the Sustainable Community Strategy:

### **Sustainable Community Strategy Priority: Educating, protecting and providing opportunities for children and young people**

#### **Outcome: Educational attainment is raised**

- % of pupils achieving Level 4 or above in English and Maths at KS2
- % of pupils achieving A-C including English and Maths at GCSE
- Year on year improvement in the percentage of pupils achieving the English Baccalaureate

**Outcome: Truly vulnerable children are protected**

- % of initial assessments within seven working days of referral
- % of children looked after at 31 March with three or more placements during the year
- Ensure that 100% of child protection cases which should have been reviewed during the year were reviewed
- % of referrals of children in need that led to initial assessments

The Children's Trust Board will monitor quarterly the following critical key indicators in order to assess progress against the four priorities in the plan:

**Priority 1: Helping children and young people achieve more and transforming our relationship with schools**

- % of pupils achieving Level 4 or above in English and Maths at KS2
- % of pupils achieving A-C including English and Maths at GCSE
- Year on year improvement in the percentage of pupils achieving the English Baccalaureate

**Priority 2: Protecting children and keeping them safe**

- % of initial assessments within seven working days of referral
- % of children looked after at 31 March with three or more placements during the year
- Ensure that 100% of child protection cases which should have been reviewed during the year were reviewed
- % of referrals of children in need that led to initial assessments
- Reduction in re-offending rates amongst young people
- Reduction in number of first time entrants to the youth justice system aged 10-17

**Priority 3: Reducing child poverty and the effects for those living in poverty and improve early intervention and prevention**

- Reduction in the proportion of children who live in relative low income to less than 10%
- Reduction in the percentage of young people not in education, employment or training

**Priority 4: Targeting the most deprived area and vulnerable groups to improve children's emotional and physical health**

- Reduction in obesity among primary school aged children in Reception and Year 6
- Reduction in the under 18 conception rates.