

# Oxfordshire

## Children & Young People's Plan 2015 - 18

### Refresh 2017 -18



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# Foreword

## Welcome to the refreshed Oxfordshire Children and Young People's Plan 2017-18

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

This refreshed Plan has been developed through discussion with our partners – the main content of the plan for 2015-18 remains unchanged and the performance and progress has been updated. . Our responsibility as a Trust is to continue to play our part in delivering this Plan by highlighting the importance of these priorities to all partners across the county, monitoring the performance of agencies in delivering services that support the Plan and working to solve problems and find solutions collaboratively.

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

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

We look forward to making this refreshed Plan a reality and working with every child and young person to develop the skills, confidence and opportunities they need to achieve their full potential.

### **Cllr Melinda Tilley**

Chairman of the Children's Trust and Oxfordshire County Council Cabinet member for Children and Family Services

### **Lucy Butler**

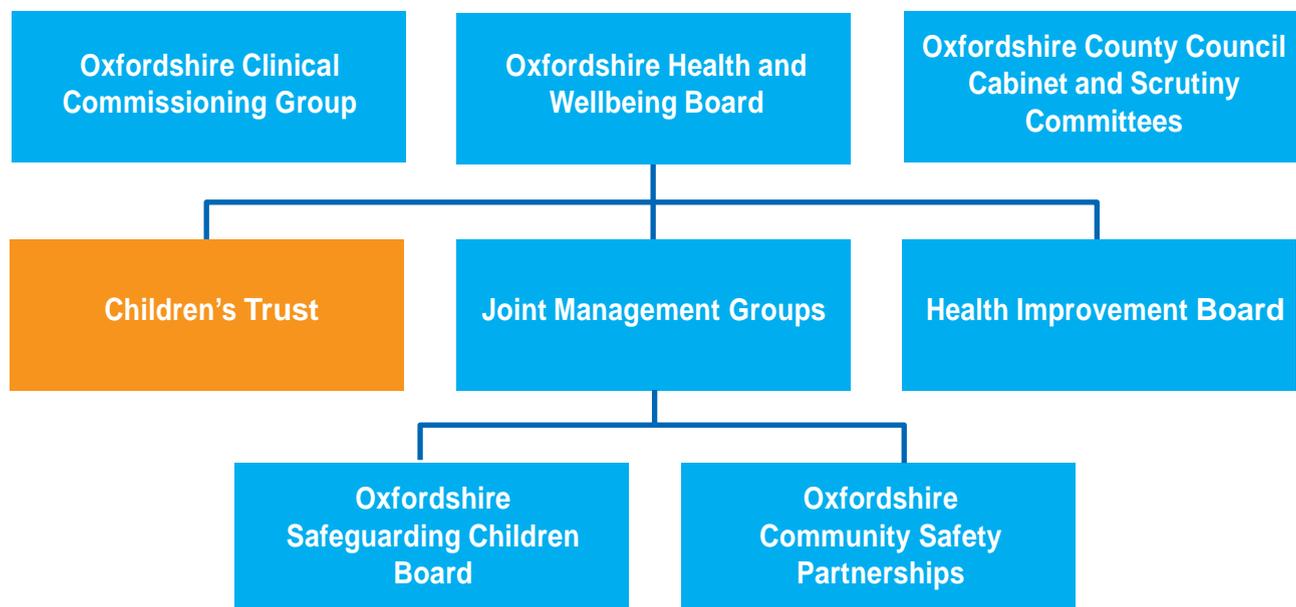
Director, Children Education and Families, Oxfordshire County Council

# Introduction

The Children and Young People’s Plan drives the work of the Children’s Trust and is jointly authored by all of the Trust’s members. It is based on evidence from the Oxfordshire Children’s Needs Analysis 2014, from the Joint Strategic Needs Analysis Annual Summary Report 2017 and the ongoing monitoring of the plan through the Performance, Audit and Quality Assurance Subgroup of the Trust.

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

## Our relationship with other partnership boards



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

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

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



## Our vision

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

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

To achieve this, the Trust is focused on four overarching priorities:

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

### **Our approach to achieving this vision**

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

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

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

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

## 2016 Review of role, purpose and key themes

In the last year, the Children’s Trust has reviewed and refreshed its role, purpose and governance. The Trust membership includes representation from the county council, city and district councils, Thames Valley Police, the NHS, schools, the voluntary sector, and parents. This puts us in an even stronger position to promote the value and importance of children and young people in the county. We are committed to realising our vision for Oxfordshire to be the best place in England for children and young people to grow up.

The Children’s Trust Board has supported many opportunities for the voice of children and young people to be heard and celebrated. VOXY (Voice of Oxfordshire Youth) is Oxfordshire’s new forum for young people to have a say on things that matter to them and to influence policies and practices. It represents and communicates the views of young people to decision makers and wider stakeholders it raises the profile of young people in a positive way and promotes active citizenship. VOXY is recognised by the County Council as the “local young voice vehicle” and is championed by the Children’s Trust Board. Partners across children and young peoples’ services consult and collaborate with VOXY on key strategies.

The trust has set three key themes for 2017 -18, which have been selected in the light of the progress made on the Board's four overarching priorities. The three themes are:

**1. Early Help and Early Intervention**

A multi-agency steering group has been set up to oversee this work and focus on parenting, school readiness, developing a centre of excellence and CAMHS accessibility. Research is also being undertaken to understand the pathway through early help and social care to manage demand on services better.

**2. Educational Attainment for vulnerable children and young people**

A multi-agency steering group has been set up to focus on sufficient, good quality local specialist provision; developing the skills, expertise and confidence in each locality to support children with lower levels of need; central support services; and to learn from other areas.

**3. Managing transitions into adulthood**

The existing Strategic Transitions Group will lead on this work and develop key improvements to the transition pathway for young people moving from children to adult services.

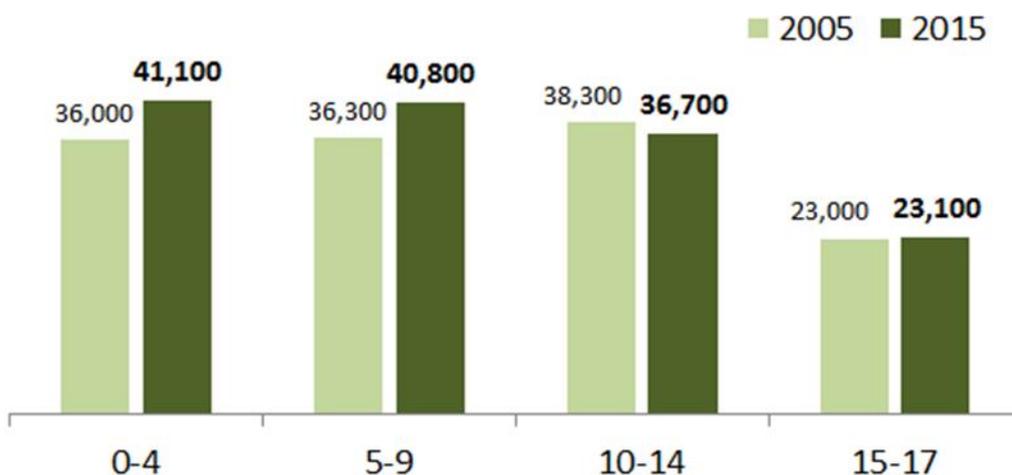
In addition, the Children's Trust Board is taking into account the findings of the recent 2016 Oxfordshire Health inequalities report, commissioned by the Health and Wellbeing Board, which emphasised the links between poverty and disadvantage leading to poorer health outcomes from birth to adulthood. Our underlying approach will be to mitigate the relationship between poverty and health by looking at every opportunity to reduce the impact of health inequalities, to ensure every child has the best start in life.



## Children and young people in Oxfordshire

As of mid-2015 there were 141,800 children and young people aged 0 to 17 in Oxfordshire, equivalent to 21% of the county's population. Between 2005 and 2015 the number of children and young people overall increased by 6%. The number of children in the age group 10-14 declined by 4%.

**Number of children and young people in Oxfordshire by age 2005 and 2015**



The birth rate (total fertility rate) in 2015 in Oxfordshire was 1.78; this was below the national (UK) average of 1.81. The Office for National Statistics (ONS) anticipates that national fertility rates will remain stable between now and the mid-2030s.

77% of our children and young people in Oxfordshire schools are from the White British ethnic background. There are differences across the county though; in Oxford City 51% of children are non-white British. The largest minority ethnic groups in the county are Mixed and Asian (both 6%), with most coming from Asian/white or Pakistani backgrounds. This rises to 17% for Asian backgrounds and 12% for mixed backgrounds in Oxford City.

The majority of children live in households where there are two parents, but 18.7% of all households with dependent children have single parents.

Between 2013 and 2014, the proportion of children aged 0-15 in poverty in Oxfordshire appears to have increased slightly (from 11.1% to 11.6%), remaining below the national average (20.1%). The highest rate of children in poverty was Oxford (19.2%) and the lowest was South Oxfordshire (8.3%).<sup>1</sup>

<sup>1</sup> HM Revenue and Customs (released Sept 2016)

# Progress across the county

<h2>Healthy Start</h2> <p>Our aspirational target for breastfeeding rates is 63%, current performance is 62.2%.</p> <p>High coverage rates for immunisations, including over 95% of children receiving their first dose of MMR vaccine, though some districts remained below 94%.</p> <p>There was a 34% increase in referrals to Children and Adult Mental Health Services (CAMHS). Waiting times improved in the year and are better than the national figure.</p> <p>All secondary schools have a health improvement plan covering smoking, drug and alcohol initiatives and access to school nurses.</p>	<h2>Narrowing the gap</h2> <p>The disadvantaged gap in the Early Years Foundation Stage and at the end of year 1 phonics screening has narrowed over the last year, but still remains wider than the national gap.</p> <p>Oxfordshire's free school meal gap in Early years has decreased steadily from 28%pts in 2013 to 21% points in 2016. This is still wider than that nationally.</p> <p>Between key stage 1 and 2 pupils for whom English is an additional language (EAL) make more progress than the same cohorts nationally.</p> <p>The number of young carers identified and worked with substantially increased.</p> <p>% of children with a disability accessing short breaks that are eligible for free school meals has increased.</p> <p>The City Council has a Trailblazer Bid to address these issues through partnership approaches, these include for example:</p> <p><i>Schools projects involving interventions into targeted schools in areas with higher homelessness than average.</i></p> <p><i>Working with partners to identify young people at risk of homelessness using triggers and referrals (e.g. school exclusions, domestic abuse safeguarding concerns.</i></p> <p><i>Initiatives to help mitigate the negative impact of welfare reform and changes to Universal Credit for those who are under 21 and under 35 years of age.</i></p> <p><i>Setting up a network of homeless champions</i></p>
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## Keeping Safe

Children's social care services are rated as "good" by OFSTED.

The OFSTED Joint Targeted Area Inspection (JTAI) of multi-agency response to abuse and neglect in Oxfordshire (2016), judged that Oxfordshire now has "a highly developed and well-functioning approach to tackling exploitation".

The Kingfisher team, which works with children vulnerable to child sexual exploitation, has won a number of national awards.

A new domestic abuse pathway for young people is being implemented.

The number of hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 years has remained stable.

More than 146 schools have received direct support to implement Anti-Bullying strategies.

Child Protection activity across all agencies including police, children's social care and health has increased in Oxfordshire as well as nationally.

## Raising achievement

At the end of March 2016, 87% of Oxfordshire schools were 'good' or 'outstanding' compared to 86% nationally. Over 76,500 young people attend good or outstanding schools, an increase of 9,000 since August 2013.

Early years outcomes are now above the national average.

In new performance measures for key stage 4, Oxfordshire performs above the national average.

3.9% of young people were not in education, employment or training (NEET), better than the 5% target. However the figure is not evenly spread throughout the county.



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

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

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

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

### What we know about getting a healthy start in life

#### Pregnancy and the first few months

Low birth weight increases the risk of childhood mortality and of developmental problems for the child, and is associated with poorer health in later life. The two main causes of Low Birth Weight are premature birth (67% of all low birth weight births) and intrauterine growth restrictions. Rates in Oxfordshire are higher than the South East average, but below England as a whole

In 2015/16, 8.0% of mothers in Oxfordshire were recorded as smokers at the time of delivery. This is significantly lower than England (10.6%) and the South East (9.7%).

Breast milk provides the ideal nutrition for infants. Increases in breastfeeding are expected to reduce illness in young children and have health benefits for the infant and the mother. The county's breastfeeding initiation rate in 2014/15 was higher than the national figure, as was the breastfeeding rate at six to eight weeks.

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

Teenage mothers are more likely to suffer from Postnatal Depression, and to smoke during pregnancy. They are less likely to breastfeed, and likely to struggle to complete their education and find it difficult to gain employment.

The under-18 conception rate in Oxfordshire is significantly lower than the national one and is decreasing broadly in line with the trend for England.

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

## Into childhood

As of 2015-16, around 1524 (19.6%) reception children, aged 4 or 5, in Oxfordshire were overweight or obese. In year 6, aged 10 or 11, there were around 1935 (30.5%) children overweight or obese.

Between 2014-15 and 2015-16, the prevalence of obesity in Oxfordshire increased in reception year (from 6.6% to 7%) and declined slightly in year 6 (from 16.2% to 16%).

The change in obesity in Oxfordshire's districts varied, with some increasing and some reducing:

- In Cherwell obesity in reception aged children increased to from 6.9% to 7.3% and Year 6 reduced from 19.7% to 17.4%;
- In Oxford both reception and Year 6 have increased (reception increased from 8.0% to 8.8% and Year 6 increased from 19.2% to 20.2%);
- For South Oxfordshire there has been an increase in reception aged children from 5.7% to 6.6% and a decrease in Year 6 children from 12.8% to 11.8%;
- In Vale of White Horse there has been a decrease in reception aged children from 6.6% to 5.1% and an increase in Year 6 from 13.9% to 14.5%;
- For West Oxfordshire there has been an increase in both years – from 5.4% to 6.7% in reception and from 14.8% to 15.6% in Year 6.

There is good scientific evidence that being physically active can help us lead healthier lives, whatever our age. According to the 2015 Health Survey for England, excluding school-based activities, 22% of children aged 5 to 15 met the physical activity guidelines of being at least moderately active for at least 60 minutes every day.

The group that has seen the greatest decline in physical activity (2008 to 2015) was boys aged 13-15. The decline for this group was from 28% to 15% (England wide statistics).

Engagement in culture, as well as sport, has a positive effect on wellbeing, and a higher frequency of engagement is generally associated with a higher level of wellbeing. Similarly there are also direct benefits of green space to both physical and mental health and wellbeing. Using 2015, mid-year population estimates, based on population density, (people per hectare). Oxfordshire is the most rural county in the South East and 52% of Oxford City's area is open space (not including the colleges).

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) in Oxfordshire remained stable between 2013-14 and 2014-15 (statistically) above the England average, however, data for 2015 -16 shows a decrease to 106.8.

Between 2013-14 and 2014-15, emergency admissions to hospital of young children with lower respiratory tract infections decreased. This is significantly lower than the England average.

Tooth decay is a predominantly preventable disease. Significant levels remain, resulting in pain, sleep loss, time off school and treatment under general anesthetic, in some cases.

Data from Public Health England shows that in Oxfordshire, 77.3% of 5 year olds were free of dental decay in 2014-15, similar to the national average. This is an improvement on the rate in 2011-12 when Oxfordshire was significantly lower (worse than) the national average. The rate was lowest in Oxford where 67% of 5 year olds were free from dental decay in 2014-15 (worse than national average).

According to the latest schools census (January 2016), 1,220 school age children with autism were supported in Oxfordshire.

### **Moving towards adulthood**

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

According to the Public Health England report on Promoting children and young people's emotional health and wellbeing, in an average class of 30 15-year-old pupils:

- Three could have a mental disorder
- Ten are likely to have witnessed their parents separate
- One could have experienced the death of a parent
- Seven are likely to have been bullied
- Six may be self-harming

The latest (2015), Health Survey for England found that:

- The majority of 13 to 15 year olds had high or very high scores on the (office of National Statistics (ONS) measures of life satisfaction (81%) feeling that the things they did were worthwhile (78%) and feeling happy yesterday (74%). More than half, 61% also reported low or very low ratings for feeling anxious yesterday.
- The ONS measures showed some variation by age and sex, but these were not consistent. In general, older children and girls recorded lower levels of well-being than younger children and boys.
- Well-being was associated with whether or not 13 to 15 year olds had ever smoked or ever drunk alcohol. Children who had never smoked reported higher levels of well-being than those who had ever done so. Similarly, children who had not drunk alcohol reported higher levels of well-being than those who had drunk alcohol.

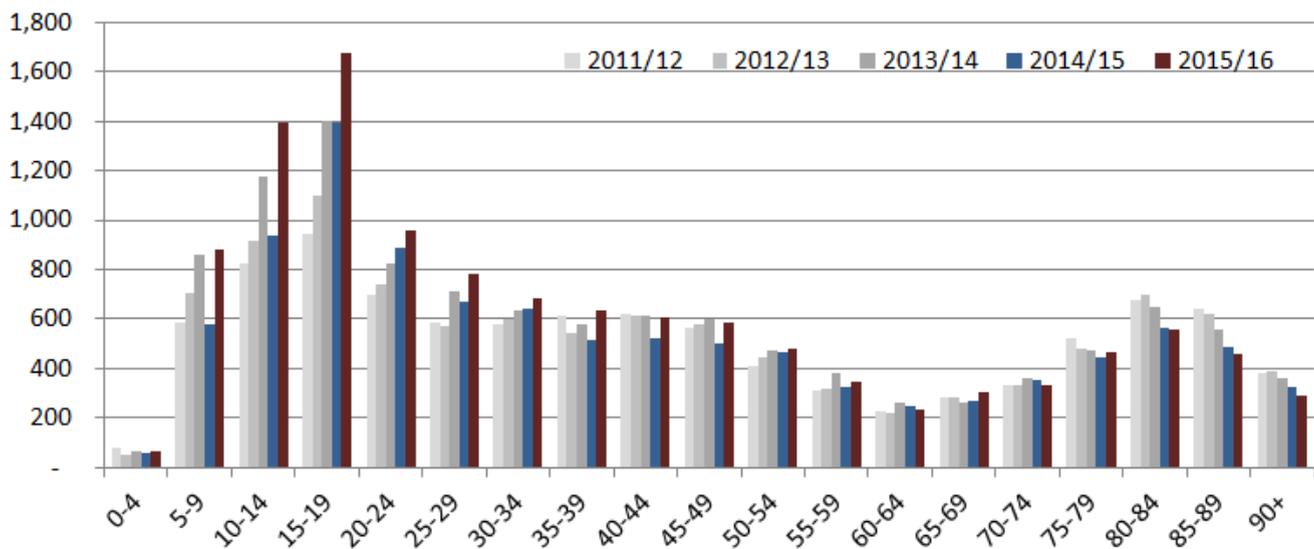
There has been an increase in the number of young people referred to mental health services in Oxfordshire.

In 2015-16, 4,020 Oxfordshire residents aged 0 to 19 were referred to Oxford Health NHS Foundation Trust mental health services and seen at least once. This represents an increase of around 1,056 (36%) since 2014-15.

As a result of this increase in the younger age group, the mental health speciality with the greatest increase in referrals was Child and Adolescent Mental Health services (CAMHS Oxfordshire). Between the 2011-12 and 2015-16 patient referrals to CAMHS increased from 2,600 to 4,600 (+2000, 74%).

**Figure 1: Number of Oxfordshire residents referred to Oxford Health mental health services (2011-12 to 2015-15)**

Source: Oxford Health NHS Foundation Trust



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

Analysis of national surveys suggests that peak onset of mental ill health is between 8 and 15 years and half of lifetime mental ill health starts by age 14.

Self-harm is a manifestation of emotional distress and a behavioral indication that something is wrong rather than a primary disorder. For each person the contributing circumstances are unique.

An act of self-harm is not necessarily a suicide attempt or even an indicator of suicide but people who self-harm are statistically at a high and persistent risk of suicide.

Common reasons for self-harm are: difficult personal circumstances; past trauma and social/economic deprivation together with some level of mental disorder. Self-harm can be associated with the misuse of drugs or alcohol.

Nationally, hospital admissions for self-harm in children have increased in recent years, with admissions for young women being much higher than admissions for young men. With links to other mental health conditions such as depression, the emotional causes of self-harm may require psychological assessment and treatment.

For 2015-16, the rate of hospital admissions for young people (aged 10 to 24) due to self-harm in Oxfordshire was 426.7 per 100,000. This is similar to the national average (430.5).

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

In the three year period, 2012/13 to 2014/15 there were 172 young people (aged under 18) in Oxfordshire admitted to hospital for alcohol-related conditions, a rate of 40.9 per 100,000 which was similar to the England average. In three of the districts (Cherwell, South Oxfordshire and Vale of White Horse) there has been a downward trend. However in Oxford, in particular, rates have been increasing. Overall, in Oxfordshire the figure has levelled off but not decreased.

Nationally, fewer young people are smoking, but in 2014/15 an estimated 10.4% of 15 year olds in Oxfordshire were smokers. This figure is lower than the national average (8.2% in England) and similar to the regional figure for the South East (9.0%)<sup>2</sup>. Smoking affects lung growth and can lead to lung function decline which may cause an increased risk of lung disease later in life. 75% of young people who smoke say they want to give up.

Public Health England estimates that the rate of hospital admissions due to substance misuse among 15 to 24 year-olds in Oxfordshire was 77.0 per 100,000 people (2013/14 to 2015/16). The England average is 95.4.

Teenage pregnancies in Oxfordshire remain comparatively low. The latest data published by the Office for National Statistics shows that between July to September 2015 the rate of conceptions to women aged under 18 per thousand women aged 15 to 17 was consistently below the national rate and the south east rate. In the quarter July - September 2015 there were 11.3 conceptions per 1000 women aged 15 to 17 in Oxfordshire, compared to 16 in the south east and 19.5 nationally. The Family Nurse Partnership has supported teenage mothers in ensuring their children have a healthy start in a supportive environment.

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

## **Areas of focus for the Trust**

### **Mental Health, including:**

- Maternal and peri-natal (the period immediately before and after birth)
- Self-harm and suicide
- Wellbeing, confidence and body image

### **Substance misuse (including drugs, alcohol and tobacco), including:**

- Education and prevention
- Treatments for substance misuse, including those for parents

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

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<sup>2</sup> Data is not available to illustrate an analysis of trends.

The Health Improvement Board will lead on the following issues:

- Promoting breastfeeding
- Halting the increase in childhood obesity, including monitoring the Healthy Weight Strategy and Action Plan and for physical activity for children and young people.
- Preventing infectious disease through immunisation
- The Stop Smoking Service and the percentage of woman smoking in pregnancy.

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

In addition, the Oxfordshire Community Safety Partnership is engaged in related work to divert young people away from crime and anti-social behaviour including Mental Health and the Alcohol and Drug Strategy.

As the Trust's focus is on children and young people, we will coordinate with the work of the Partnership to avoid duplication and ensure children and young people are properly considered in its work.

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

We want to make sure things are moving in the right direction within our areas of focus, so we will measure progress wherever we can.

To do this, we have a set of measurable outcomes that we want Oxfordshire to aim for.

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

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

Area of focus	Measure	Performance
Mental Health, including: <ul style="list-style-type: none"> <li>• Maternal and perinatal (the period immediately before and after birth)</li> <li>• Self-harm</li> <li>• Suicide</li> <li>• Wellbeing, confidence, and body image</li> </ul>	Waiting times for first appointment with Child and Adolescent Mental Health Services (CAMHS). 75% of children will receive their first appointment within 12 weeks of referral by the end 2016/17.	By the end of quarter 3 2016/17 performance had increased from a baseline of 54% to 70% being seen on time.  The CAMHS Transformation board is undertaking work to investigate why referral rates have increased and approaches to try to reduce referral rates.
Substance misuse (including drugs, alcohol and tobacco), including: <ul style="list-style-type: none"> <li>• Education and prevention</li> <li>• Treatments for substance misuse, including those for parents</li> </ul>	Support all secondary schools to have a school health improvement plan which includes smoking, drug and alcohol, mental wellbeing and healthy eating initiatives.	All secondary schools have a school health improvement plan which is submitted on an annual basis and includes smoking, drug and alcohol, mental wellbeing and healthy eating initiatives.
<b>Plus monitoring relevant Health Improvement Board measures, including:</b>		
Area of focus	Measure	
Promoting breastfeeding	63% of babies are breastfed at 6-8 weeks of age (currently 60.4%) and no CCG locality should have a rate of less than 50%.	Figure at December 2016 was 61.8%. Remains above the national average but below the ambitious target.
Halting the increase in childhood obesity	Ensure that the obesity level in Year 6 children is held at no more than 16% (in 2014 this was 16.9%) No district population should record more than 19%.	Latest figure for 2015 - 16 was 16. % District level data shows Oxford is 19.2%, Cherwell is 19.7% and the remaining three districts are lower than 15%

<p>Preventing infectious disease through immunization.</p>	<p>At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 and no Clinical Commissioning Group locality should perform below 94%.  At least 95% children receive dose 2 of MMR vaccination by age 5 and no Clinical Commissioning Group locality should perform below 94%.</p>	<p>Latest figures for September 2016 were 94.5%. Data were not available at CCG locality levels.</p>
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## Priority two: Narrowing the gap for our most disadvantaged and vulnerable groups

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

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

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

### What we know about our disadvantaged and vulnerable groups

#### Poverty and deprivation

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

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

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

## Vulnerable groups

### Young Carers

The Oxfordshire Young Carers Service has identified and supported over 2,600 children and young adults (aged 0 -25 years) who provide unpaid care to a family member.

Young Carers within the county, and nationally, are more likely to have mental health problems, poorer school attendance than average, and are more likely to:

- Be eligible for Free School Meals;
- Be identified as having Special Educational Needs;
- Have poor educational attainment and be Not in Education, Employment or Training (NEET);
- Be at greater risk of child exploitation

Oxfordshire's GCSE's results in 2016, revealed that only 52% of the identified young carers left school without GCSE English and mathematics- compared to 37% of Oxfordshire's

### Looked After Children

Looked After Children, children in the care of Children's Social Care, experience significantly worse mental health than their peers, and a high proportion experience poor health and poor educational and social outcomes after leaving care. In Oxfordshire, 10% of Looked After Children have a substance misuse problem, more than double the national average of 4%. The emotional and behavioural health of children who have been looked after continuously for 12 months or more in the county, is classified as borderline but leaning towards 'cause for concern'. The educational outcomes for Looked After Children are significantly lower than those of other children at all key stages.

As of March 2016, there were 590 children looked after by the local authority in Oxfordshire. The majority (69%) are in a foster placement.

Nearly 57% of Looked After Children are in care because of abuse or neglect. Neglect is the ongoing failure to meet a child's needs. A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care. The National Society of Prevention of Cruelty to Children (NSPCC) estimates that 1 in 10 children in the UK have suffered neglect. Family dysfunction is the next most common reason for a child being taken into care at 13%.

### Disabled children

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

Estimates from 2010 suggest that around 3,600 children in the county had a learning disability. In January 2016 around 2,233 (2.4%) of pupils in Oxfordshire schools had statements of Special Educational Needs (SEN) or an Educational Health and Care Plan (EHCP). This proportion has remained broadly similar in the years since 2007. Oxfordshire's rate of was a little lower than in the South East (3.0%) and England overall (2.8%). In the same year around 10,210 (11.1% of) pupils in Oxfordshire schools were recorded as having SEN but not having statements or EHCPs slightly above the rate for the South East (10.9%) but below the national figure (11.5%).

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

Primary school pupils with Special Educational Needs are twice as likely as other children to suffer from persistent bullying.

Over 90% of parents of children with Asperger's have reported their child has been bullied in the previous year.

### **Young Offenders**

Oxfordshire has lower offending rates than the national average, as well as custody, reoffending and first-time entrants to the youth justice system. 93% of offences were committed by males in 2015/16 and 58% of all offences by 16 and 17 year olds. However, 95% of young offenders who are imprisoned have a mental health disorder and young people in prison are 18 times more likely to take their own lives than others of the same age.

### **Troubled Families**

Oxfordshire's *Troubled Families – Think Families* programme identifies families most in need of intensive support through a combination of measures including:

- Parents or children involved in crime or anti-social behaviour.
- Children who have not been attending school regularly.
- Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan.
- Adults out of work or at risk of financial exclusion or young people at risk of worklessness.
- Families affected by domestic violence and abuse.
- Parents or children with a range of health problems.

As of October 2016 there was a total of 1,154 families identified in Oxfordshire, 80% of which met the national criteria on worklessness, 57% met the criteria on education and 50% were families where children need help (in need or subject to a child protection plan).

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

## Areas of focus for the Trust

### Services in deprived areas, including:

- The Breaking the Cycle of Deprivation programme – which targets the wards in
- Oxford City with worst outcomes across a range of indicators
- The Brighter Futures in Banbury programme

### Looked after children, including:

- Oxfordshire's Placement Strategy – for children in and on the edge of care – which aims, for example, to keep children with their families wherever possible, and increase in-house fostering for harder to place children

### Care Leavers

Be highly aspirational in the ambition for care leavers to be in education, employment or training by co-ordinating and influencing the provision of a range of high quality options.

### Young Carers

Encouraging more school to be aware of young carers and work towards the Young Carers quality mark.

Raising the attainment levels and supporting more young carers to go to higher or further education.

### Children with special educational needs and disabilities

- Improving attendance and reducing exclusions
- Raising aspirations
- Increasing the attainment levels of children at SEN Support

There is a refreshed strategy for [vulnerable learners 2016 – 2010](#) which supports the priorities within the Education Strategy 2015-18.

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

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

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

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

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

Area of focus	Measure	Performance
<p>Services in deprived areas, including:</p> <ul style="list-style-type: none"> <li>• The Breaking the Cycle of Deprivation programme – which targets the wards in Oxford City with worst outcomes across a range of indicators.</li> <li>• The Banbury Brighter Futures Programme.</li> </ul>	<p>Reducing inequalities as measured by Public Health measure 1.01i – Children in poverty (all dependent children under 20) – such that the gap between the wards with most poverty and least poverty is reduced.</p>	<p>In 2014 the percentage of dependent children aged under 20 in relative poverty (living in households where income is less than 60 % of median household income before housing costs) increased (8.6%).</p>
<p>Looked after children, including:</p> <ul style="list-style-type: none"> <li>• Oxfordshire’s Placement Strategy – for children in and on the edge of care – which aims, for example, to keep children with their families wherever possible, and increase in-house fostering for harder to place children</li> </ul>	<p>Reduce the number of children and young people placed out of county and not in neighbouring authorities from 74 to 50.</p>	<p>At the end of December the number had risen to 104. This was driven by an increasing number of children looked after. The placement strategy has delivered more in county care homes and foster carers but not enough to accommodate all the new placements.</p>
Care Leavers	<p>Reduce the level of care leavers ‘Not in Employment, Education or Training’ (NEETs) from 50% (measured at 19th, 20th and 21st birthday of care leaver).</p>	<p>The level of NEETs continues to fall. Last year 45% were in employment, education and training compared to 38% in the previous year.</p>
Young carers	<p>Increase the number of young carers identified and worked with by 20% from 1,825 at 1st April 2015 to 2,190.</p>	<p>480 new young carers identified in 15/16. 2281 on record at the end of 15/16.</p>
Disabled children	<p>Reduce the number of children with SEN who have at least one fixed term exclusion in the academic year (down from 5.1% in the academic year 2013/14).</p> <p>Increase the proportion of children with a disability and are eligible for Free School Meals who are accessing short breaks services from 24% in 2014/15.</p>	<p>This fell from 5.1% in 13/14 to 4.1% in 14/15.</p> <p>This increased from 24% to 42%.</p>

<b>Plus monitoring relevant Health Improvement Board measures, including:</b>		
Controlling the number of households in temporary accommodation.	The number of households in temporary accommodation as at 31 March 2016 should be no greater than the level reported in March 2015.	At March 2015 there were 192 households in temporary accommodation; this remained at 192 in September 2016.
Preventing households from becoming homeless.	<p>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.</p> <p>Through the work of the Affordable Warmth Network, 1430 residents will receive help, support or information to improve fuel poverty, with an aspiration that, by 2020, 25% of the interventions will be building based improvements to energy efficiency.</p>	<p>Figure rose to 86% in September 2016 being prevented.</p> <p>Number of households receiving information rose from 700 to 1427 (2015-16).</p>
<b>Plus monitoring relevant Oxfordshire Safer Communities Partnership measures, including:</b>		
Prevent youth offending.	<p>Reduce the number of first time entrants to the Youth Justice Service from 208 in the calendar year 2014.</p> <p>Reduce the rate of custodial sentencing per 1,000 of the 10-17 year old population.</p>	In 2015 the number fell to 175 or a rate of 293 per 100,000 of 10-17 population.



## Priority three: Keeping children and young people safe

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

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

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

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

### What we know about keeping children and young people safe

#### Child sexual exploitation

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

Factors linked to heightened risk of child sexual exploitation include children going missing, children with a history of abuse and children in care. The number of children with more than 2 missing episodes has actually reduced across the year (2015 - 16).

#### Domestic abuse

In Oxfordshire in 2016, Thames Valley Police recorded a total of:

- 3,148 domestic abuse crimes (+1% compared with 2015)
- 8,576 domestic abuse incidents (+7% compared with 2015)
- 11,186 victims of domestic abuse crimes and incidents (+3% compared with 2015)
- Of the 11,186 victims of domestic abuse in Oxfordshire, 2,570 were aged under 25.

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

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

## **Female Genital Mutilation (FGM)**

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM is illegal in the UK and violates treaty provisions in the Universal Declaration of Human Rights, the Convention on the Rights of the Child, and the Convention on the Elimination of all Forms of Discrimination against Women.

Statutory guidance published in April 2016 introduced a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18s, which they identify in the course of their professional work, to the police.

The Health and Social Care Information Centre's FGM enhanced dataset for 2015-16 shows that, in the South of England Commissioning region, there were:

- 620 newly recorded cases of FGM reported, and 1,055 attendances where FGM was identified or a procedure for FGM was undertaken
- For NHS Oxfordshire Clinical Commissioning Group (CCG) there is no data in this calendar year (which implies less than 5 cases)

Nationally:

- The majority (87%) of FGM cases of women with a known pregnancy status were pregnant at the point of attendance
- The majority (90%) of women and girls with a known country of birth were born in an Eastern, Northern or Western African country, and 6 % were born in Asia
- Somalia in Eastern Africa accounted for more than one third of all newly recorded women and girls with a known country of birth (37 %). Other countries with a large volume of cases include Eritrea in Eastern Africa, the Sudan in Northern Africa and Nigeria and the Gambia in Western Africa
- 43 newly recorded cases of FGM involved women and girls reported to have been born in the United Kingdom. Of those with a known FGM type, more than 40 % were reported with FGM Type 4 – Piercing
- The most frequent age range at which the FGM was carried out was between 5 and 9 years old, involving 43 % of cases where the age was known

In Oxfordshire for the three year period Jan 2014 to Dec 2016, Thames Valley Police recorded a total of 9 victims of Female Genital Mutilation (crime and non-crime), of which 5 were in Oxford, 2 in Cherwell, 1 in each of South Oxfordshire and Vale of White Horse and none in West Oxfordshire.

## Bullying

A Department for Education (DfE) report (2010) showed a clear link between bullying and lower attainment and increased likelihood of being NEET. A recent report from the Anti-Bullying Alliance (2015) which reviewed evidence on the link between bullying and mental health reported that “Young people are much more likely to have symptoms of depression and anxiety if they have either been bullied or engaged in bullying others”.

The DfE Longitudinal study (2014) (131,000 Year 9 students) found compelling evidence for the link between bullying and truancy, exclusion and being kept off school and an interim report on the 2015 data states that “tackling bullying remains a priority of the DfE”

Oxfordshire online bullying survey 2015-16 (6,457 children from 9 secondary and 15 primary schools) found that 15% of pupils responding said they had been bullied every month or more frequently (12% every week or more frequently, 9% most days or every day). In line with national trends, the survey also showed that those young people who are “different” from the majority in terms of race, religion, sexuality or experience of long term illness are likely to experience increased frequency of bullying and feeling unsafe. Oxfordshire cyber safety survey (2015) shows that cyberbullying is a growing concern with about 25% of 10 & 11 year olds who responded saying that had been cyberbullied.

Tackling bullying therefore remain a priority for Oxfordshire with a dedicated Anti-Bullying Officer coordinating a strategy which is refreshed each year based on the survey results and that aims to:

- To prevent bullying and reduce the numbers of young people who are bullied
- To ensure that bullying is responded to effectively in order to mitigate the impact on those affected and to reduce the likelihood of further bullying

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

## Risky behavior among adolescents

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

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

The number of young people (aged under 18 years) in specialist substance misuse services in Oxfordshire in 2015-16 was 71 (up from 58 in 2014-15).

- 41 began using their main substance before they reached 15 years of age (42 in 2014-15)
- 20 were using more than one substance (34 in 2014-15)
- 10 reported being affected by others' substance misuse (14 in 2014-15)

## Vulnerable parents

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

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

## Looked After Children

As of March 2016, there were 590 children looked after by the local authority in Oxfordshire. The majority (69%) are in a foster placement.

Nearly 57% of Looked After Children are in care because of abuse or neglect. Neglect is the ongoing failure to meet a child's needs. A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care.

The NSPCC estimates that 1 in 10 children in the UK have suffered neglect. Family dysfunction is the next most common reason for a child being taken into care at 13%.

The number of children subject to a Child Protection Plan in Oxfordshire is rising year on year. There were 571 in March 2016 which is an increase of 115% on 2010. The increase in Oxfordshire has been much higher than the national average for the same period.

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

## **Areas of focus for the Trust**

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

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

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

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

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

## Outcomes for keeping children and young people safe

Area of focus	Measure	Performance
Mental Health, including: <ul style="list-style-type: none"> <li>• Maternal and perinatal (the period immediately before and after birth)</li> <li>• Self-harm</li> <li>• Suicide</li> <li>• Wellbeing, confidence, and body image</li> </ul>	Waiting times for first appointment with Child and Adolescent Mental Health Services (CAMHS). 75% of children will receive their first appointment within 12 weeks of referral by the end 2016/17.	By the end of quarter 3 2016/17 performance had increased from a baseline of 54% to 70% being seen on time.

Area of focus	Measure	Performance
Neglect	<p>Set a baseline for and then increase the amount of times the Independent Chair overseeing a child protection plan is satisfied that the objectives of the plans are being progressed by the Core Group. (The Core Group is the group of partners - which can include schools, health, police and social workers etc. - who carry out the work required by the child protection plan).</p> <p>Set a baseline for and then increase the proportion of specified outcomes that have been achieved in the child protection plan.</p> <p>Increase the proportion of neglect cases where the neglect toolkit is used. (The neglect toolkit is a checklist that professionals use to identify whether a child is being neglected and whether to refer them to children's services.)</p>	<p>These measures have been dropped as it was difficult to interpret the results.</p> <p>Progress to be identified in future by appropriate audits.</p>
Risky behaviours among adolescents; including abuse within teenage relationships.	Reduce the number of hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 (Public Health measure number 2.07ii).	The number of admissions fell from a rate of 152 to 120 by January 2016.

Bullying	More than 70 schools receive direct support to implement effective Anti-Bullying strategies as evidenced by school action plans to tackle and reduce bullying.	98 primary & 48 secondary schools supported by March 31st 2016.
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**Plus monitoring relevant Oxfordshire Safer Communities Partnership measures, including:**

Domestic Abuse	Reduce the assessed level of risk for high risk domestic abuse victims managed through the MARAC (Multi-Agency Referral Risk Assessment Conference).	The level of risk fell from 80% to 77% by the end of 15/16.
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## Priority four: Raising achievement for all children and young people

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

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

### What we know about raising achievement

#### Early years

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

The Early Years Foundation Stage Profile (EYFSP) is a teacher assessment of children's development at the end of the academic year in which the child turns five.

The latest release of data shows that the proportion of children in Oxfordshire reaching a good level of development has risen steadily over the last four years and is now above the national average. In 2016, 70% of children in Oxfordshire reached a good level of development. Girls continue to outperform boys in this stage, with 78% of girls reaching a good level of development compared with 63% of boys. The gap between girls and boys in Oxfordshire was 16.5 in 2013 and 15.8 in 2016.

Oxfordshire's Free School Meal gap has narrowed year on year from 28 percentage points in 2013 to 21 percentage points in 2016. This gap still remains wider than that nationally (18 percentage points). This wider gap is predominantly due to the fact that pupils eligible for Free School Meals in Oxfordshire have lower attainment than those nationally.

## Attainment

The key stage 2 headline performance measure changed in 2016 to reflect the new curriculum.

In 2016 just over half of the pupils in Oxfordshire (52%) reached the expected standard in reading, writing and maths in the new assessment; this is lower than the national figure (54%)

A new secondary school accountability system was implemented in 2016, with the new headline accountability measures now being Attainment 8 and Progress 8.

The Attainment 8<sup>3</sup> score for Oxfordshire is 50.3 (broadly equivalent to 8 C grades). This is higher than the national figure (49.8) but remains the lowest of the statistical neighbour group.

Progress 8 captures the progress a pupil makes from the end of key stage 2 to the end of key stage 4. It compares pupils' achievement (their Attainment 8 score) with the average Attainment 8 score of all pupils nationally who had a similar starting point (or 'prior' attainment). "Progress 8" is a relative measure; therefore the national average "Progress 8" score for mainstream schools is zero.

A positive "Progress 8" score indicates that on average pupils within a school (or group) have made more progress than similar pupils nationally.

Oxfordshire's "Progress 8" figure of 0.02 means that on average pupils in the county are making slightly more progress than pupils with the same prior attainment nationally

Specific groups of pupils in Oxfordshire continue to achieve less well than their peers. In particular:

### Children known to be eligible for Free School Meals

There are large gaps in attainment between pupils known to be eligible for free school meals and their peers in Oxfordshire and these gaps continue to be amongst the widest in the country. In 2016 26% of pupils known to be eligible for free school meals achieved at least the new expected standard in reading, writing and mathematics at key stage 2 (year 6). This compares with 55% of children without free school meals. 66% of pupils known to be eligible for free school meals left secondary school without A\*-Cs in English and mathematics compared with 32% of their peers.

### Children with Special Educational Needs (SEN)

The attainment gap is even greater for children with Special Educational Needs (SEN), 9% of Oxfordshire pupils with SEN Support achieved at least the expected standard in reading, writing and mathematics. In 2016, compared with 62% of pupils with no identified SEN. 76% of pupils with SEN Support in Oxfordshire leave secondary school without A\*-Cs in English and mathematics, compared with 26% of their peers.

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

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<sup>3</sup> Progress 8 and attainment 8 are new national measures to capture the progress a pupil makes from the end of primary school to the end of secondary school.

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

## **Attendance**

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

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

Persistent absence rates<sup>4</sup> from both primary and secondary schools were lower in 2014-15 than in 2012-13, this pattern can also be seen nationally. However the persistent absence rate across Oxfordshire Secondary schools is above that recorded nationally and remains an area of focus.

Fixed period exclusions rates have remained relatively constant over the past 3 years, with the Oxfordshire rate being below that reported nationally. The number of young people permanently excluded from Oxfordshire schools has noticeably increased over the last two years.

At the end of March 2016 only 3.9% of young people were not in education, employment or training (NEET), below the ambitious target of 5%. However, the proportion of NEETs is not evenly spread throughout the county with low numbers in the South East Oxfordshire Hub area and higher numbers in Littlemore Hub area.

The proportion of young people for whom their NEET status is not known only narrowly missed the target of 5% and represents a much lower proportion than at March 2014 when it was 11%.

## **Quality of provision, including special schools**

At end of 2016 in excess of 55% of Oxfordshire pupils (including post 16 and Early Years) were attending academies.

As at December 2016<sup>5</sup>, 93% of LA maintained schools and 80% of academies were judged to be good or outstanding by Ofsted. This equates to 89% of all schools in Oxfordshire being good or outstanding, a significant increase from 68% of schools in 2012.

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

<sup>4</sup> Last 3 academic years available from the DfE 2012/13, 2013/14, 2014/15

<sup>5</sup> <https://www.gov.uk/government/statistical-data-sets/monthly-management-information-ofsted-school-inspections-outcomes>

## Areas of focus for the Trust

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

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

### Early Years, including:

- Foundation stage outcomes (for children aged 5)
- The quality of childcare settings
- Levels of attainment and quality across all primary and secondary schools

### Closing the attainment gap, including:

- Children eligible for Free School Meals
- Children with Special Educational Needs

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

Its priorities include:

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

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

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

The Trust will coordinate with this monitoring work wherever possible to limit duplication.

## Outcomes for raising achievement for all children and young people

Area of focus	Measure	Performance
Early years, foundation stage outcomes.	68% of children in early years and foundation stage reach a good level of development.	70% of children in Oxfordshire reached a good level of development in 2016, above the national average of 69%
Closing the attainment gap, including: <ul style="list-style-type: none"> <li>• Children eligible for Free School Meals</li> <li>• Special schools</li> <li>• Children with Special Educational Needs</li> </ul>	<p>Improve the Free School Meals attainment gap at all key stages and aim to be in line with the national average by 2015:</p> <p>a) Key Stage 2: 21% points b) Key Stage 4: 12.7% points</p> <p>Ensure that the proportion of pupils with Special Educational Needs and Disability (SEND) but no statement or Education Health and Care Plan is in line with the national average.</p>	<p>Free school meal attainment gap remains amongst the widest in the country.</p> <p>In 2016:</p> <p>a) Key Stage 2 Gap was 31% points b) Key Stage 4 Gap was 15.2% points.(equivalent to 1.5 GCSE grades)</p> <p>SEN support performance: Key stage 2 – 9% compared with 16% nationally. Key stage 4 – 32.6 points compared with 36.2 points nationally</p>

### Plus monitoring relevant Oxfordshire Skills Board measures, including:

Area of focus	Measure	Performance
Up-skilling and improving the chances of young people.	<p>Work place experiences and accredited employability skills training will be widely available to young people.</p> <p>By 2020, 35% of businesses in Oxfordshire will be working with schools and colleges to support young people in their transition into work (up from 12%).</p>	<p>The work experience team currently engages with almost 15% of employers (almost 5000) who are supportive of work experience – an increase of 3%.</p>

<p>Increasing the number of apprenticeship opportunities.</p>	<p>By 2020, an additional 1,150 apprenticeship places for 16-24 year olds will be created (up from 2,600 in 2012/13).</p>	<p>The number of 16-24 year old apprenticeships in 15/16 academic year was 2,580 (rounded to nearest 10). In 14/15 academic year it was 2,530.</p>
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## How the Children's Trust will use this Plan

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

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

## Glossary

**ADHD** Attention Deficit Hyperactivity Disorder

**CAMHS** Children and Adult Mental Health Services

**CSE** Child Sexual Exploitation

**DfE** Department for Education

**EAP** Educational Action Plan

**ELG** Early Learning Goals

**EYFSP** The Early Years Foundation Stage Profile

**FGM** Female Genital Mutilation

**FSM** Free School Meals

**JSNA** Joint Strategic Needs Assessment

**JTAI** Joint Targeted Area Inspection

**KS** Key Stage

**NEET** Not in education, employment or training

**NHS** National Health Service

**NSPCC** The National Society of Prevention of Cruelty to Children

**OCCG** Oxfordshire Clinical Commissioning Group

**OFSTED** Office for Standards in Education, Children's Services and Skills

**ONS** Office for National Statistics

**OSCB** Oxfordshire Safeguarding Children Board

**PAQA** Performance Audit and Quality Assurance Group

**SEN** Special Educational Needs

**STEM** Science, Technology, Engineering and Manufacturing subjects

