

**The Isle of Wight
Children & Young People's Plan
2014-2017**

Final draft for consultation

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FOREWORD

[To be inserted into final version]

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1. Executive Summary

[To be drafted following Consultation period]

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2. Our Plan on a Page

Our Vision

The vision of the Isle of Wight's Children's Trust for 2014-2017 remains:

“Working together to ensure high quality outcomes for all children, young people and their families and to enable them to access sustainable support and services.”

We will promote the Children's Trust vision with children and families, agencies and partners, including schools and academies. We will ensure that those who work with children and young people reflect the United Nations Convention on the Rights of the Child (UNCRC) (appendix x) in all that they do, aiming to help children become responsible citizens, achieve their potential and increase understanding of their rights and also their responsibility to respect the rights of others.

These are our five specific priorities, based on evidence about where extra help is needed:

	Priority	UNCRC articles:
1.	Securing children and young people's emotional, mental and physical health	12, 24, 27 and 29
2.	Helping children and young people to be safe and feel safe	12, 19 and 36
3.	Improving education to provide all children and young people with outstanding learning opportunities	12, 28 and 29
4.	Inspiring and providing equal opportunities for all children and young people to achieve their goals and dreams	13, 15 and 31
5.	Addressing the incidence and reducing the impact of poverty on the achievement and life chances of children and young people	26 and 27

We want to tackle poor lifestyle issues affecting children and young people. We want to tackle poverty, neglect and domestic abuse and protect and ensure the safety of children and young people. We want to ensure that young people in our community are given a high quality, supportive education enabling them to achieve good qualifications and develop as confident individuals well prepared for the world of work. These priorities are informed by comprehensive needs assessment and underpinned by the UNCRC.

We are committed to upholding and promoting the rights of children and young people, as set out in the United Nations Convention on the Rights of the Child (UNCRC) and affirmed by the Government. All those who work with, or for, children have a responsibility for respecting, protecting and fulfilling their rights.

3. A review of the last Plan period (2009-2012)

- 3.1 The purpose of this chapter is to give an overview of the period covered by the previous Plan period, and an account of the extent to which we achieved what we set out to do. It is not intended to be exhaustive, but rather to enable us to reflect on what went well, and what still needs to be done. It includes references to recent external inspections of children's services on the Isle of Wight.
- 3.2 The last Plan was structured around the five 'Every Child Matters' outcomes, plus an additional section on managing services/performance management. This chapter follows the same format. Although the priorities in the new Plan are not set out the same way, we believe that focussing on a few, well honed priorities, is a good basis for this plan.
- 3.3 For the purpose of this Plan, our definition of 'children' includes all children aged 0-18 years, who live on the Isle of Wight, care leavers up to the age of 25 who are entitled to support with their education and training, and a small number of young people aged 0-25 who have particularly complex health, education and care needs. These will be met through a single 'Education, Health and Care Plan' as proposed in the Children and Families Bill which was published in autumn of 2012.

Overview

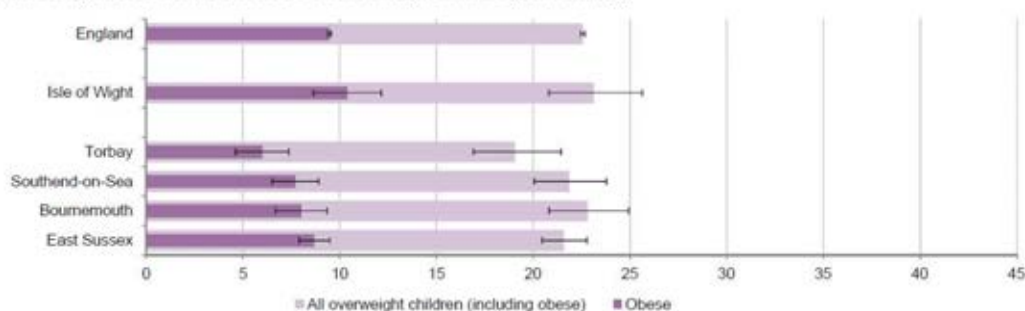
- 3.4 During the three years 2009-12 covered by our previous Plan, children's services have seen significant changes at both national and local levels. The coalition Government has focussed on new policies and priorities; the public sector has faced up to significant financial challenges; and there have been changes in organisational structures and in service delivery across the children's services partnership. More changes are on the horizon and these will be picked up in later sections of this Plan.
- 3.5 Even so, on the Isle of Wight we have made some good and sustained progress throughout this period, predominantly in Early Years provision. We are proud of the difference we are making to the lives of children and their families through the Children's Centres on the Island. However, we know that our child protection arrangements and education provision are inadequate and require significant improvement. We know where further action is required and where we must focus our collective efforts over the next three years. Strong, collaborative and creative partnership working, involving children, is how we will achieve our ambitions and improve outcomes for all.
- 3.6 This chapter sets out the headlines from the last period. All of the charts and references to performance data relate to the past three years covered by our previous Plan, unless otherwise stated.

Be Healthy

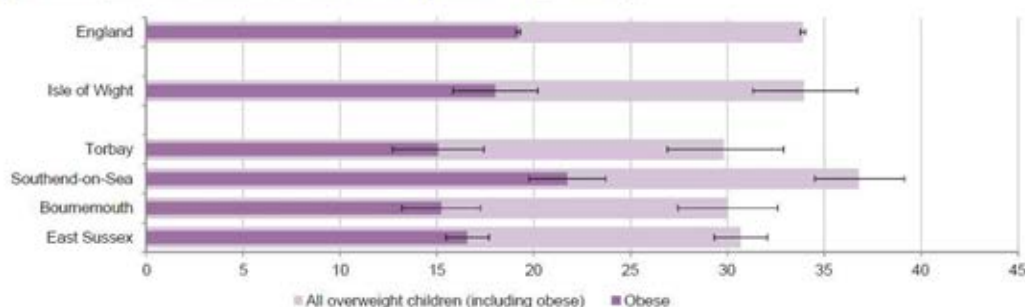
- 3.7 There have been many changes in this area over the past three years. Funding changes have meant that some health-related initiatives have ended or are being delivered and targeted in new ways. New legislation has abolished Primary Care Trusts and has set up groups of GPs who have become responsible for commissioning many areas of child health provision. Health and Wellbeing Boards have been established, along with a requirement for all areas to have a Health and Wellbeing Strategy covering the whole population. Local Authorities have taken over responsibility for public health. Many new opportunities come with these changes but there are risks of transitional distraction.
- 3.8 Throughout the period, however, health involvement in the Children's Trust/Children & Young People's partnership has remained strong, and focussed on achieving the best possible outcomes for children and young people. Over this period we have:
- published a new strategy for Community Child and Adolescent Mental Health which seeks to ensure that emotional health is everyone's responsibility;
 - Implemented a new Community CAMHS service;
 - Fully engaged with the Health Visitor Implementation plan including workforce growth and service re design;
 - Worked towards the delivery of the full Healthy Child Programme – Pregnancy & the first five years / 5 to 19 yrs;
 - Worked to reduce admissions to the Children's Ward including the redesign of the children's community nursing team to increase care in the family home;
 - Reduced the level of obesity in our Year R children;
 - Developed the virtual hospice to support children and young people in the community who require palliative care;
 - Relocated the Neonatal Intensive Care Unit next to the Maternity Unit to reduce the effects of separation after birth;
 - Aligned the Speech and Language Therapy services into one seamless service for children and young people;
 - The IOW NHS Trust has employed a full-time Children in Care Nurse to deliver individualised health interventions to this vulnerable group.
- 3.9 The charts below show the percentage of children classified as obese or overweight in Reception (aged 4-5 years and Year 6 (aged 10-11 years) by local authority compared to our statistical neighbours during the last year of the previous Plan. The Isle of Wight has a similar percentage in Reception and a similar percentage in Year 6 classified as obese or overweight compared to the England average.

3.10 [Figure 1: Childhood Obesity on the Isle of Wight](#)

Children aged 4-5 years classified as obese or overweight, 2011/12 (percentage)



Children aged 10-11 years classified as obese or overweight, 2011/12 (percentage)



Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese. I indicates 95% confidence interval.

(Data source: National Child Measurement Programme (NCMP), The Information Centre for Health & Social Care)

3.11 During the period of the last Plan, the rate of young people under 18 who are admitted to hospital as a result of self-harm has increased in the 2009-2012 period. Overall rates of admission in the 2009-2012 are higher than the England average.

3.12 [Figure 2: Young people aged under 18 admitted to hospital as a result self-harm \(rate per 100,000 population aged 0-17 years\)](#)

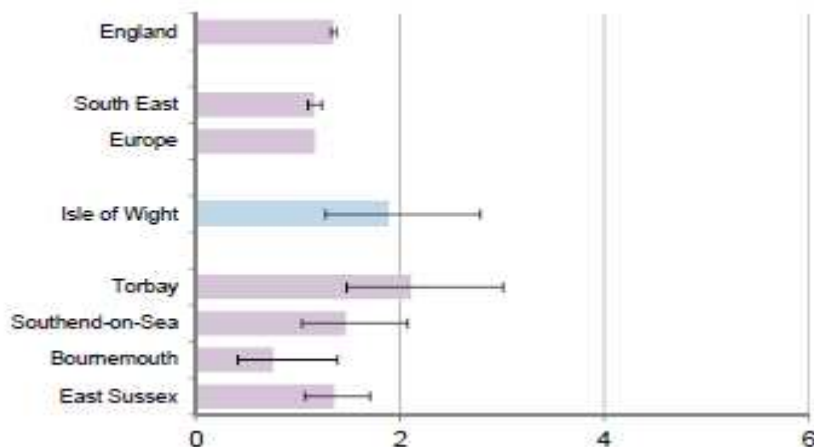


(Data source: Hospital Episode Statistics, The Information Centre for Health & Social Care)

3.13 In 2011-2012, the last year of the previous plan, 1.9% of women giving birth on the Isle of Wight were aged under 18 years. This is higher than the regional average. The Isle of Wight has a similar percentage of births to teenage girls compared to the

England average and a higher percentage compared to the European average of 1.2%*

3.14 Figure 3: Teenage mothers aged under 18 years 2011-2012 (percentage of all deliveries)



(Data source: Hospital Episode Statistics, The Information Centre for Health & Social Care)

3.15 Looking ahead, in the period covered by this Plan we will focus more closely on the following areas:

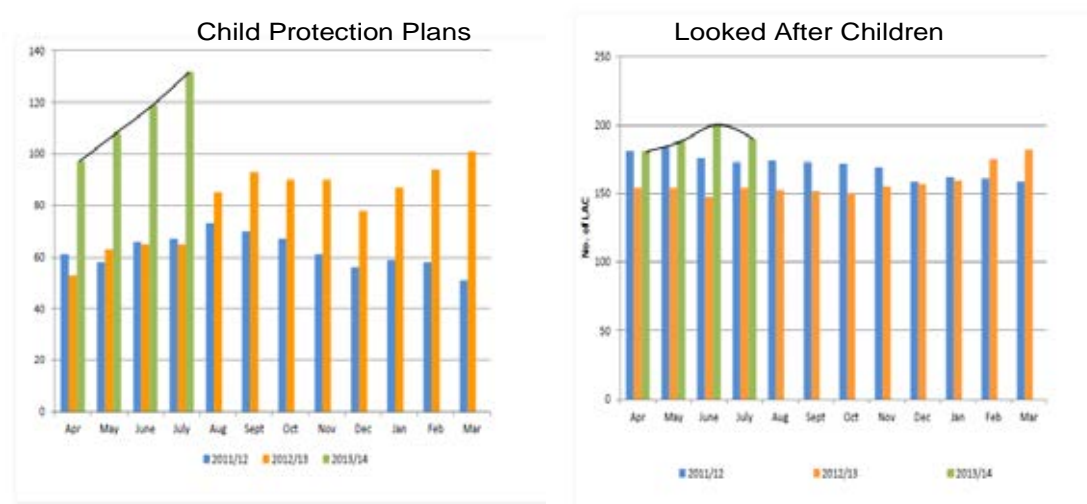
- equipping more practitioners to know how to identify and respond to the mental health needs of children and young people through workforce development programmes;
- continuing our joint work to tackle childhood obesity. Whilst our child obesity rates are slightly improving, they are still higher than we would wish;
- encouraging a higher take-up of school lunches. Take-up on the Island is low in both primary and secondary schools when compared regionally and nationally;
- providing more targeted opportunities for children and young people to take part in sports, including activities for disabled and Looked After Children;
- promoting the “Books on Prescription” reading well scheme working with our libraries;
- equipping more parents/carers to provide with knowledge and skills to provide their children with healthy lifestyles.

Stay Safe

3.16 Our safeguarding procedures have been externally scrutinised on several occasions. An unannounced OFSTED Inspection at the end of 2012 deemed the Local Authority’s child protection arrangements to be inadequate. Under a Government Statutory Direction, a multi-agency Children’s Improvement Board is in place which is focussed particularly on improvements to practice, systems and service quality along with a formal partnership arrangement with Hampshire County Council. This formal arrangement places the statutory responsibility for children’s services, including education with the Director of Children’s Services in Hampshire. The strategic partnership will be reviewing many areas of service in line with our priorities and aspirations and Hampshire’s. We are in the process of further strengthening individual case planning, safeguarding scrutiny arrangements and the collection of data.

3.18 In line with other areas of the country, the number of children who are looked after or subject to child protection plans on the Island has increased significantly over the past three years but most sharply after the most recent inspection. The number of Looked After Children has risen from 180 (2009-2010) to 190 (2013-2014) at the time of writing and the number of children subject to child protection plans has increased significantly from 77 (2009-2010) to 132 (2013-2014) at the time of writing.

3.17 Figure 4: Child Protection Plans & Looked After Children numbers



(Data source: Isle of Wight Children's Safeguarding Performance Report)

3.18 These trends are at least in part caused by a welcome increase in people's awareness of safeguarding matters, and of the risks facing some children and young people. Nevertheless, we start from the principle that children are best brought up within their own families, and that unnecessary statutory interventions should be avoided.

3.19 We have already started to address these issues by proposing to merge our children's social care 'front door' with Hants Direct. This integrated service provides a single point of contact to respond to the full range of enquiries and concerns about individual children.

3.20 Our children's centres and early help services are also focussed on providing targeted assistance to help deliver our strategic objectives in this area.

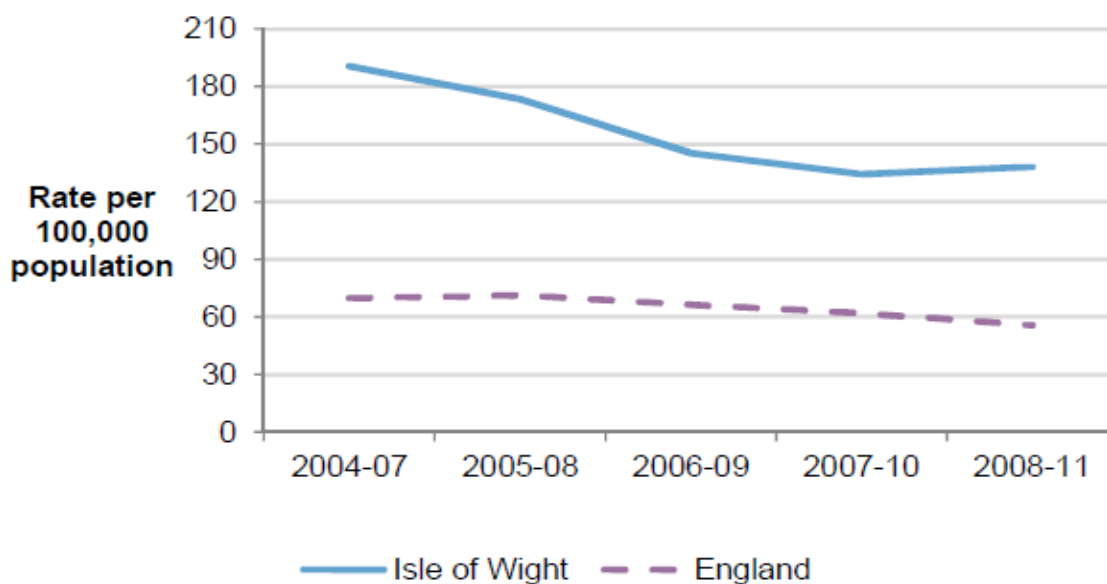
3.21 In addition, over the last Plan period we have:

- hosted events to celebrate the achievements of Looked After Children and Young People.
- listened to what young people are telling us about bullying and acting accordingly;
- encouraged the Children in Care Council to develop a publicised

- ‘pledge’ for Looked After Children;
- Young People report feeling safer in their local community compared to the national average.
- Supported Foster Carers through Family Learning

The chart below shows young people under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)

3.22 Figure 5: Young people and alcohol



(Data source: Local Alcohol Profiles for England, North West Public Health Observatory)

3.23 In comparison with the 2004-2007 period, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose has decreased in the 2008-2011 period. However, overall rates of admission in the 2008-2011 period are higher than the England average.

3.24 Looking ahead, in the period covered by this Plan we will focus even more closely on the following areas:

- Early Help – in order to prevent the need for children to become looked after or to require specialist child protection interventions;
- improving the stability of placements;
- dealing with the risks and challenges faced by young people more efficiently;
- auditing the data, process and care pathway associated with alcohol admissions to hospital;
- strengthening our ‘corporate parenting’ arrangements (the Council acting as a parent to a child in care).

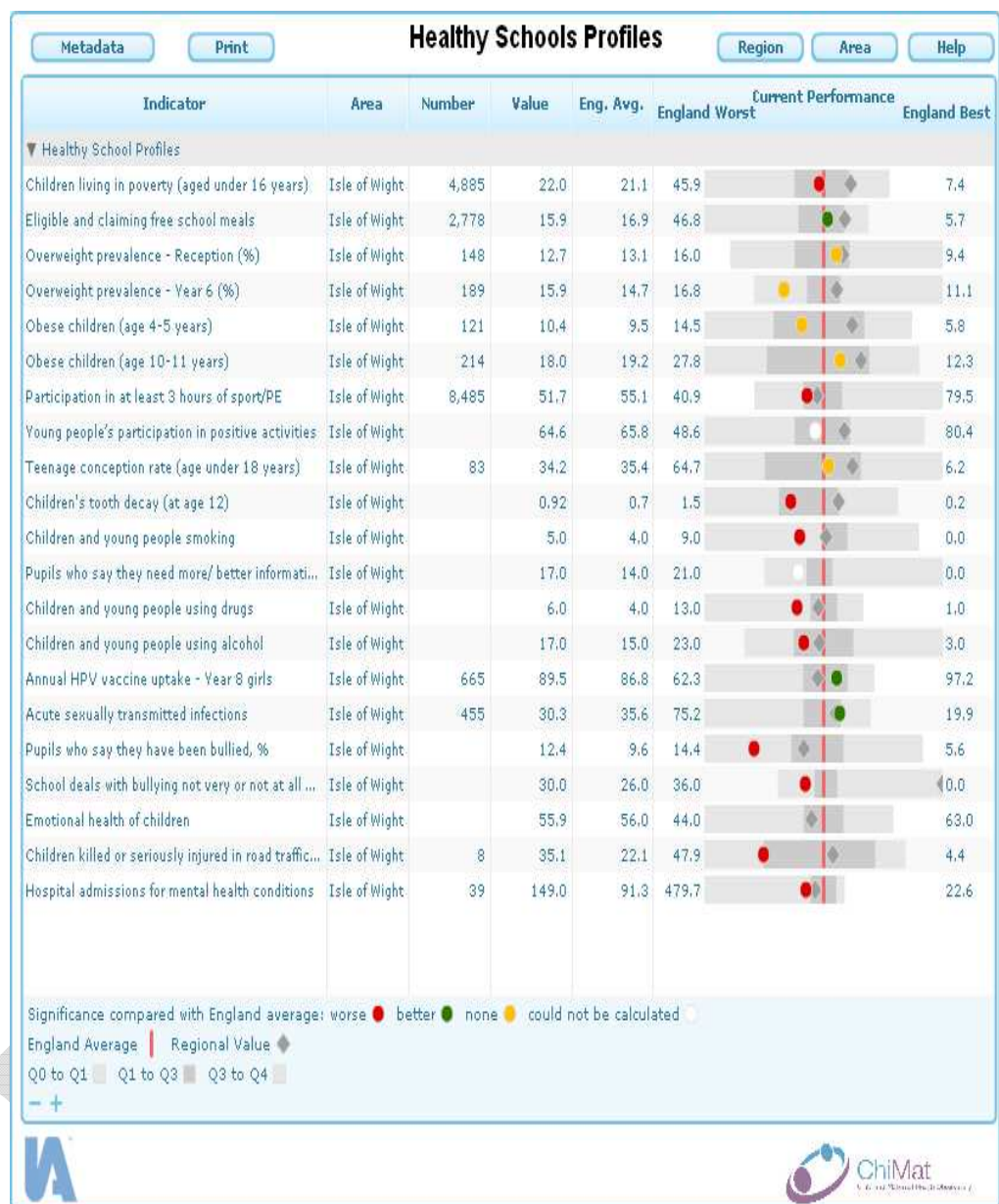
Enjoy and Achieve

3.25 Significant changes have also been taking place over the past three years in relation to schools and learning. We have seen the introduction of new types of schools such as Studio and Free Schools, schools becoming responsible for commissioning services, and responsibility for school improvement being increasingly shared

between the local authority and schools themselves. However, recent Ofsted findings have found the local authority's arrangements for School Improvement to be inadequate.

- 3.26 Over the past three years, our schools have transitioned from a three-tier system to a more traditional model of education; a two-tier system. The two-tier system went live in September 2012, however within the first year of the new model; we see 50% of secondary schools in special measures along with three of our primary schools.
- 3.27 All of our six secondary schools have now been inspected. Three of them are in special measures, one has serious weaknesses, one requires improvement and one is good. An estimated 11% of the Island's secondary aged children attend a good school.
- 3.28 We know the Island continues to be one of the worst performing areas in the UK for primary and secondary education, with 44.5% attaining five A*-C grades at GCSE including English and mathematics, this is in the region of 15 percentage points below the national average.
- 3.29 Standards at the end of Key Stage 2 were four points below the national average for English and mathematics at Level 4+ or better, combined, and although there has been a slight improvement in July 2013, we are still likely to be below England averages.
- 3.30 School attendance is slightly worse than the national average in primary schools but significantly worse in secondary schools and we know we are by far the worst in the country. On average, across our island schools, one in twelve days is missed. Communities, families and cultural opportunities play key roles in enabling children and young people to learn, achieve and thrive.
- 3.31 However, we have two post-16 providers on the Island, both of which are Outstanding.
- 3.32 The Healthy Schools Profile below includes key current local data about children and young people's health and wellbeing on the Isle of Wight. This information will help schools on the Island to prioritise actions.

3.33 [Figure 6: Healthy Schools Profile for the Isle of Wight; March 2013.](#)



(Data source: www.chimat.org.uk)

- 3.34 Through our libraries we have developed several schemes to support additional learning and development on the Island. The Summer Reading Challenge (SRC) challenges children to read six books - any six books - over the summer holidays, and research has demonstrated that it has a big impact on literacy levels. This year, 2547 signed up for the challenge, which is an 18% increase on last year. 1706 children successfully read six books over the summer, and received a certificate and a medal. This finishing rate of 67% is the highest one we have ever achieved on the island. Last year, the national completion rate was 57%. 299 children joined the library specifically to take part in the challenge.
- 3.35 The SRC also offers young people a chance to volunteer in their local community. SRC Champions are young people aged 14 to 21 who work alongside library staff

over the summer holidays, to encourage children in their reading, hand out rewards, and help with events and displays.

3.36 Every year, libraries deliver the Booktime scheme, which gives a bag containing 2 free books to every child who has just started school. All Reception class children on the island receive this pack; most of them through a class visit to the library and the rest by having a member of library staff visit their class. The Booktime scheme is designed to encourage parents to share books with their children, and to continue to enjoy the pleasures of reading aloud, even after their child has started school.

3.37 Seven Rhyme Time events are held every week, some of them attended by up to 30 or 40 babies and toddlers who enjoy nursery rhymes and songs and music making. Early exposure to songs and rhymes has been shown to help children when they come to learn to read.

3.38 Bookstart is a national scheme that gives free books to babies and pre-schoolers, in order to promote the message that you're never too young for books. The Bookstart Baby pack is given out on the island by Health Visitors and the Bookstart Treasure pack by pre-schools and other Early Years settings. However, the entire Bookstart scheme is administered by the Library Service. All libraries also run the Bookstart Bear Club, by which under-fives collect a stamp whenever they visit the library, and receive a range of certificates after every six stamps.

3.39 In addition, over the last Plan period we have:

- strengthened our 'virtual school' arrangements through the appointment of a senior leadership team
- made some progress in narrowing the gap in educational outcomes for children who receive free school meals, compared with their peers,
- reviewed our Early Years Service so as to focus more sharply on standards and service quality;
- provided Family Learning Provision in the areas most in need.
- ensured that births are now registered with our children's centres, enabling us to improve our reach across local communities and improve our ability to offer additional help to vulnerable families;
- provided 188 two-year old funded childcare places to disadvantaged families and supported parenting and training to parents on the programme through Children's Centres.

3.40 Looking ahead, in the period covered by this Plan we will focus more closely on the following areas:

- improving the educational attainment and outcomes for all children & young people on the Isle of Wight;
- Increasing pupil attendance across the Isle of Wight.
- raising the aspirations of schools and families. The recent survey of the Island's children, undertaken by the Children's Society, shows that the children themselves have high aspirations. It is those of many of the schools that are too low;
- further narrowing the gap in educational outcomes for other vulnerable pupils on the Island, including those who have special educational needs and those who are in receipt of free school meals;

- increasing the number of free child care places for vulnerable two-year olds from 188 to 518;
- having a sharper focus on the education and attainment of the 0-5s, children who are at risk of being excluded from school and pupils in mainstream schools who need specialist support;
- continuing to provide Family Learning Programmes to support parents to support their children and gain qualifications themselves;
- developing school-to-school support and improving arrangements to support leadership across the school community on the Island utilising Hampshire's Leadership & Learning Partner Programme.

Make a Positive Contribution

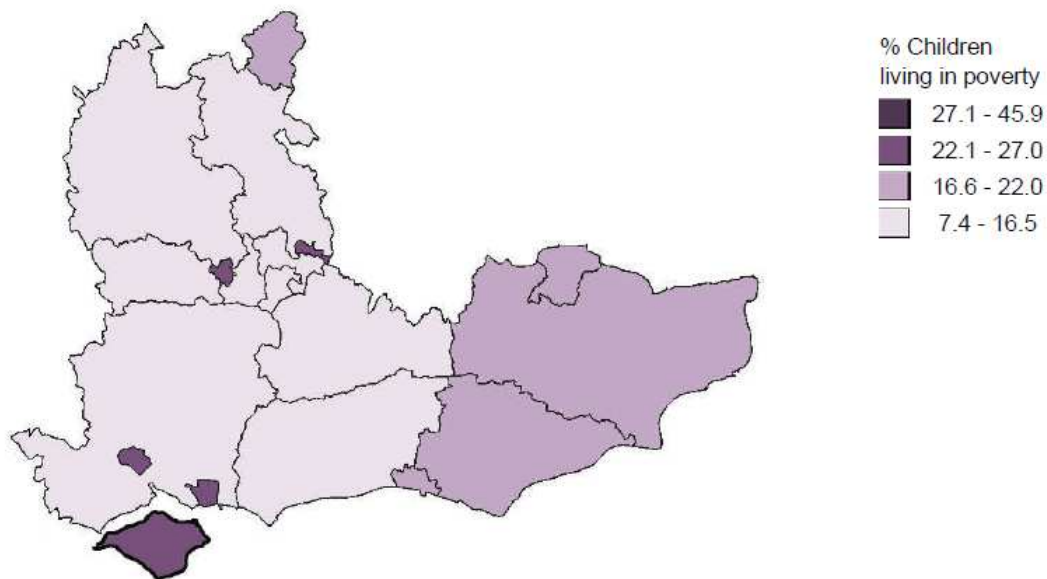
- 3.41 We have continued to make progress in strengthening the voice and influence of children and young people on the Island. Planned changes to our Children and Young People's Strategic Partnership (CYPSP) Board will further strengthen the reach and impact of children and young people in relation to strategy, commissioning and service provision.
- 3.42 Children and young people have expressed positive views about living on the Isle of Wight with plenty of things to do and places to go on the Isle of Wight, although they would like more shops and better parks and playgrounds.
- 3.43 However, Youth Offending is seeing an increase on the Island. Data for the latest period (Jan 2012- Dec 2012) demonstrates a 14.6% increase in comparison to the baseline (Jan 2011-December 2011). This is significantly higher than the national figure (-24.5%), the South East (-22.5%) and Hampshire PCC Area (-9.2%).
- 3.44 Re-offending is also increasing with data for the latest period (July 10 – Jun 11) demonstrating an increase from 36% to 39% (3%) compared to the baseline period (Jul 9 to Jun 10). This is in comparison to a national increase of 1.9%, regional increase of 2.4% and Hampshire PCC Area of 1.1%.
- 3.45 In addition, over the last Plan period we have:
- Developed a Children in Care pledge;
 - Worked with our Youth Council and Youth Parliament as ways of engaging and listening to the voice of young people;
 - Celebrated the achievements of our Looked After Children through the Star Awards, an annual event of celebrating success;
 - Regularly listened to what our children and young people had to say about the Isle of Wight through various consultation forums;
 - Developed 'Check It Out', an online resource for children and young people which has been highlighted as a success and received recognition through the local NHS Awards;
- 3.46 Looking ahead, in the period covered by this Plan we will focus more closely on the following areas:
- tackling further youth crime and antisocial behaviour through close partnership working across all of our early help services;
 - placing children and young people at the heart of our community development plans;

- further improving our use of green spaces, parks and playgrounds, including school grounds;
- developing initiatives such as Young Researchers and Young Inspectors, and encourage young people to lead on several future campaigns about child poverty, travel, anti-bullying and health care;
- Running specific forums to enable us to hear the views of Looked After Children and disabled children.

Achieving Economic Wellbeing

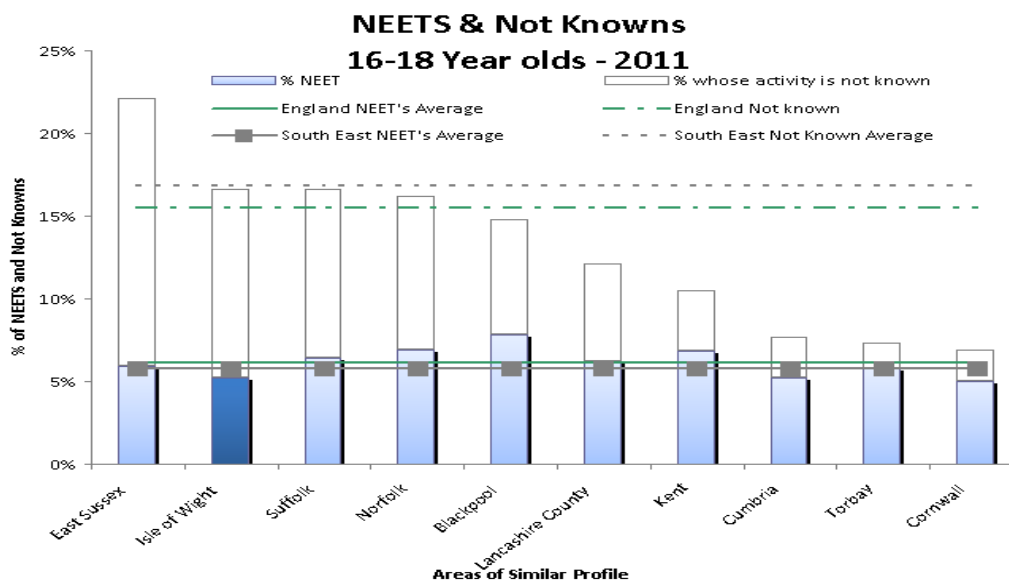
3.47 In 2008, 5,280 children lived in poverty on the Isle of Wight - 4,690 of which were under 16. The recently released 2009 data indicates that this has increased by 475 to a total of 5755 children in poverty. 5025 are under 16 – an increase of 335 children. The total number of children equates to 21.5%. Unemployment has steadily risen since 2008 and 2010 – 2011, the figure stood at 8.9 %, higher than both the regional and national average, with 4,075 claiming Job seekers Allowance in February 2012. Between January and December 2010 the Isle of Wight had the highest percentage of workless households across the south east region at 26.6% with Southampton second with 19.8% and Oxfordshire the lowest at 11.2%.

3.48 Figure 7: Map of the South East, with Isle of Wight outlined, showing the relative levels of children living in poverty



(Data source: South East Public Health Observatory (SEPHO))

3.49 Figure 8: Isle of Wight 'Not in Education Employment or Training' (NEET) figures, 2011



(Data source: Isle of Wight Public Health Team)

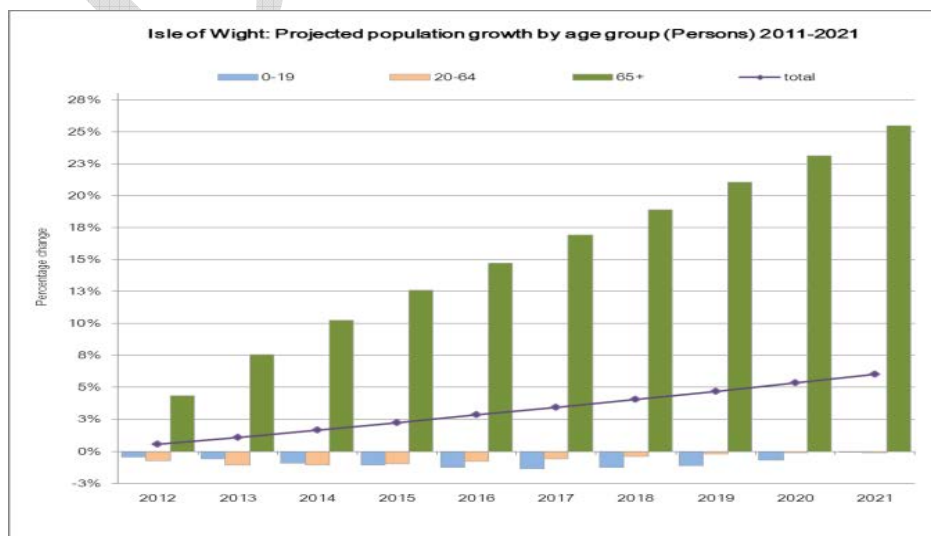
3.50 Following a change in 2011/12 to the methodology for measuring the rate of young people not in education, employment or training (NEET), our rates rose from the previous year. The Council has launched its pre apprentice programme (November 2011), and is offering support to small to medium enterprises (SME's) through the Work Based Learning Providers for 16-18 year olds who are registered as NEET. This programme has had a lot of interest from our young people and employers. The programme so far has attracted 499 (230 placements) young people of which 57 are still on programme (including Traineeships); 67 have converted to an apprentice; 17 are employed and 50 have gone back to education or training representing an 80% success for this programme.

3.51 In July 2012, we saw the launch of the local apprentice scheme to support over 120 young people. This scheme supports local SME's and mirrors the national scheme to provide additional funds to support to local employers, in 2013, there are over 203 (total applications) local employers that have taken up the offer with more applications being processed.

3.52 Our NEET Youth Contract work with Student Training UK (STUK) is running well with over 85 sign-ups with some of these young people still to be engaged. This has now been running for a year and the DfE have recently carried out a case study of good practice that will be published in 2014

3.53 The RPA (Raised Participation Age) began in September 2013 and the participation team have communicated this to schools, parents, young people and employers across the island. This has been carried out by mail shots to all Yr 11, flyers to our NEET's and brochures including our recent "Education Guide" which was in the County Press and is in our Choices Brochure

- 3.54 Further engagement programmes are being developed linked to our RPA (Raised Participation Age) and include a volunteering pathway linked with Community Action IW and work to support SEN/LLDD young people with the introduction of the Cup & Saucer and a trolley service (Flying Saucer) within county hall and expanding this work into pre internships.
- 3.55 Family Learning has also played a significant role in supporting families in developing skills for the future;
- Number of enrolments with families accessing learning and opportunities through Family Learning = 693 enrolments on Family Literacy;
 - No. of participants with families accessing learning opportunities through Family learning = 447 participants with families accessing opportunities through Family Literacy, Language and Numeracy;
 - % participants completing course;
 - 98.8%
 - 51% of learners were new to the Service
 - 16.9% disabled or LD
 - Average attendance 95%
 - 35.2% enrolled from deprived wards;
 - % achievement of accredited outcome = 58 learners (13%);
 - % enrolled with qualifications below Level = 177 skills below L2 (33%)
- 3.56 For more information on all our engagement activities please visit our Choices web page (<http://www.iwight.com/council/OtherServices/Choices/Choices-Centre>)
- 3.57 The Island population is projected to increase by 8.5% over the next ten years which is in line with England and the south east. The largest increase (25.4%) is in the 65+ age group, which will grow from 25% of the population to 28%. The number of under 20s will fall by 1% to 20%. A similar picture is seen with the 20 to 64 age groups, which will fall to 52% of our population. These trends are similar across England and the south east. We need to ensure the focus on children and young people is not lost and that resources do not become overwhelmed by an aging population.
- 3.58 Figure 9: Projected population growth by age



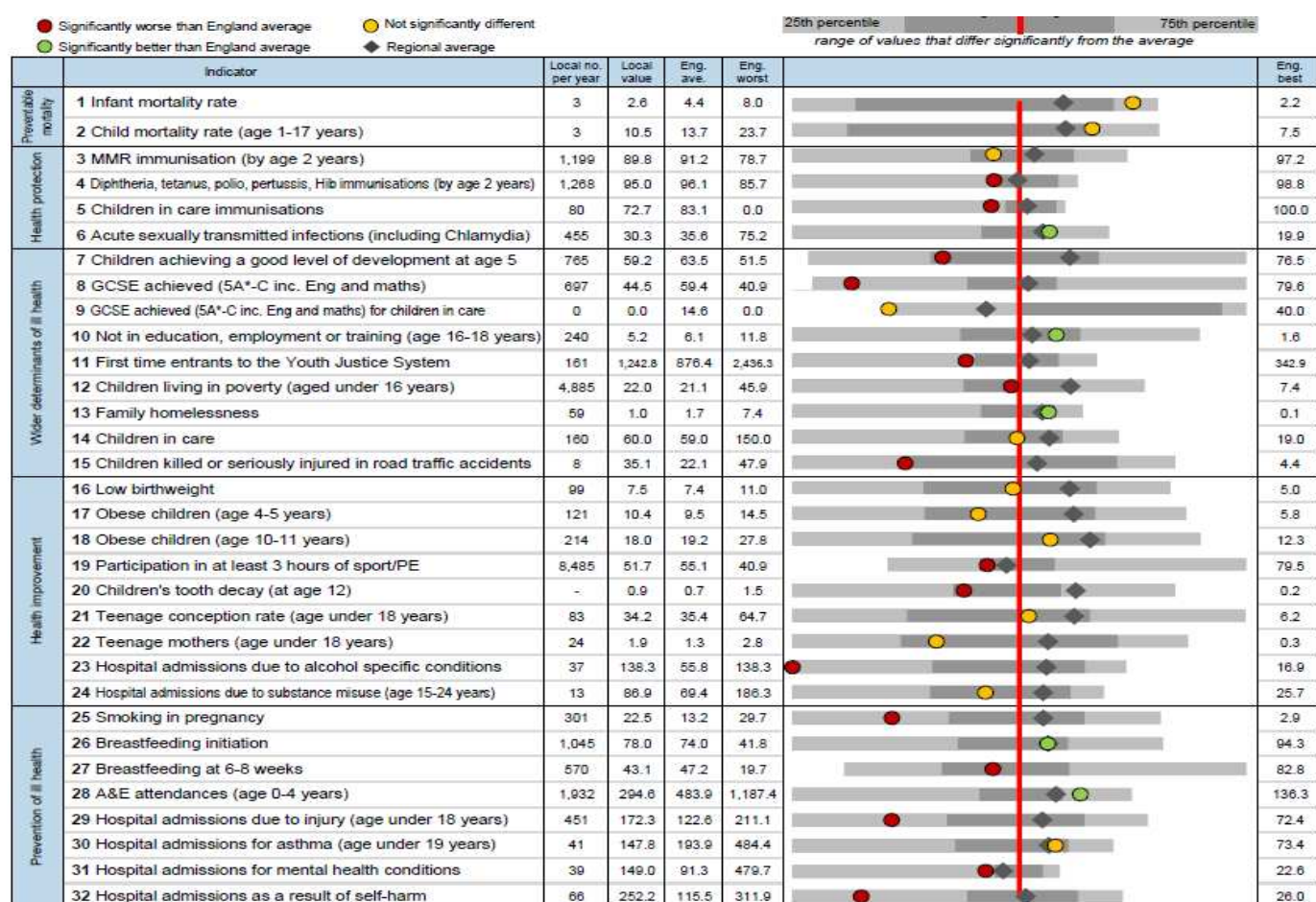
(Data source: Isle of Wight Joint Strategic Needs Assessment 2011-2012)

- 3.59 In addition, over the last Plan period we have:
- developed all 8 of our children’s centres, reaching across the whole of the Island. All of which have either Good or Outstanding Ofsted inspections. This has been a key element in addressing child poverty and improving economic wellbeing by ensuring access to appropriate benefits and support to access training and childcare;
 - developed and implemented our Child Poverty Strategy with an action group dedicated to achieving outcomes
 - developed careers advice to help guide young people with complex needs through the options and processes available;
 - successfully developed flexible provision for pupils aged 14-19 whose attainment is low;
- 3.60 Looking ahead, in the period covered by this Plan we will focus more closely on the following areas:
- within a council-wide Economic Strategy, improving employment opportunities for young people with learning disabilities, and securing more employment opportunities for all young people aged 18-25;
 - introducing new facilities on the Island in areas such as maritime studies through the proposed Studio School;
 - strengthening arrangements that support the transition of young people who have mental health needs from children’s to adults’ services;
 - helping young children with complex needs and learning disabilities make the transition to and from primary school;
 - working with schools, other partners and employers to meet current and future workforce needs and promote entrepreneurship;
 - Improving access to childcare provision will enable young parents and adult learners to take advantage of the training and development opportunities available;
 - Ensure care leavers are appropriately supported;
 - Supporting parents/carers to access training to improve employment opportunities.

4. Where we are now

- 4.1 This section of our Plan provides a high level snapshot of children, young people and families on the Isle of Wight in 2013, and especially those aspects of their lives that relate to their health and wellbeing. We are very aware that whilst most people on the Isle of Wight experience good standards of health and wellbeing, there are nonetheless some areas of the Island and some groups of children and young people for whom outcomes are comparatively poor. Tackling such inequalities is a high priority for us.
- 4.2 The chart below shows how children’s health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

4.3 Figure 10: Summary of child health and wellbeing on the Isle of Wight at March 2013



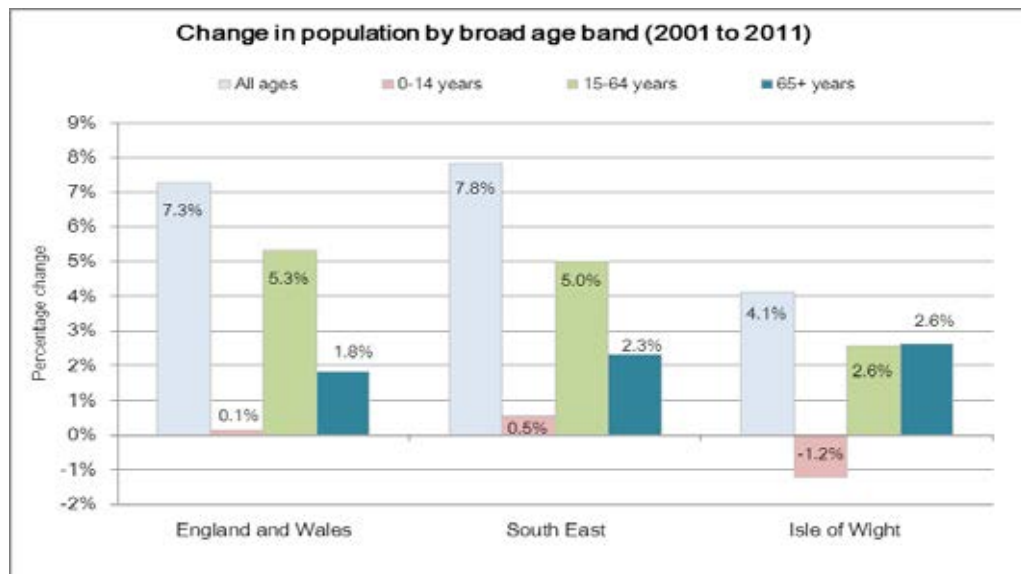
(Data source: www.chimat.org.uk)

4.4 Our Children and Young People's Plan is one of many plans that will deliver the long term vision for the Island. This chapter also presents a stock take of other local plans and strategies that have a bearing on this one.

About children, young people and families

4.5 Our [Joint Strategic Needs Assessment](#) has provided us with a broad profile of our population, including groups of children and young people. In 2010, the total population of the Isle of Wight was 140,500, having increased by approximately 9% since 2001. Growth is driven by net inward migration, with inward migrants predominantly of working age or newly retired, and net outward migration among young people aged 15 to 19.

4.6 [Figure 11: Change in population by broad age band](#)

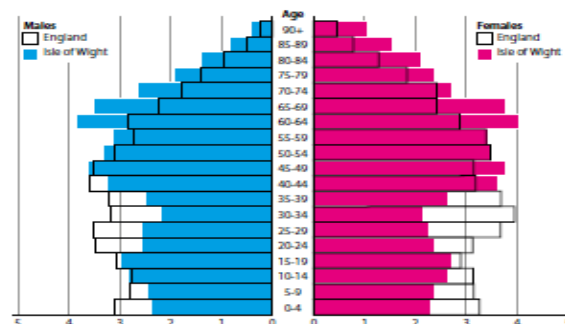


(Data Source: Office for National Statistics – Mid-2001 and Mid-2011 population Estimates)

4.7 Overall growth in the number of people resident on the Isle of Wight from 2001 to 2011 is less than that at both national and regional levels. The increase in the proportion of those aged 65+ was slightly higher locally than for the South East region as a whole. Growth in the 15-64 age group was about half the rate for the South East, and there was a reduction in the number of children under 14.

4.8 The population pyramid below shows the difference between the Island population and the rest of England – the Isle of Wight population presents a ‘narrow waist’ and is top heavy in contrast to the England pyramid which bulges out in the middle.

4.9 [Figure 12: Population pyramid: IW age and gender as % of total population \(140,500\) compared to England.](#)



(Data source: ONS 2010 Mid-Year estimates)

4.10 It is sometimes easier to think about children and young people in terms of smaller numbers. In this Plan we will set this out as '1 in 100', i.e. if the Isle of Wight had just 100 children then:

- 48 would be girls, 52 would be boys;
- 90 would be White British and 10 would be from ethnic minorities, most probably White European, Asian or mixed heritage;
- most would grow up in stable, loving households; however, 5 would have been allocated a social worker, out of which 1 would be in care or have a child protection plan;
- a significant number would live in families of modest or affluent means; however, 21 would be living in poverty;
- 18 would have a special education need, 4 of whom would have a formal statement, most probably for behavioural, emotional or social difficulties;
- most would be happy at school, but 34 would be bullied at least once a year and 16 pupils would experience more than three episodes of bullying a year. The most common type of bullying experience would be verbal bullying in the playground or classrooms;
- the majority would have good emotional wellbeing but 10 children would have a mental health problem;
- most would be healthier than their parents but 14 would be classified as obese;
- most young people would make a positive contribution to their community. Only 1 would get into trouble to be supported by the Youth Offending Team;
- 99 would leave school at 16 achieving at least 1 qualification and 45 would leave school with 5 or more A*-C GCSEs (including English and mathematics). 28 would go on to further education but 5 would not be in any form of education, employment or training at 16.

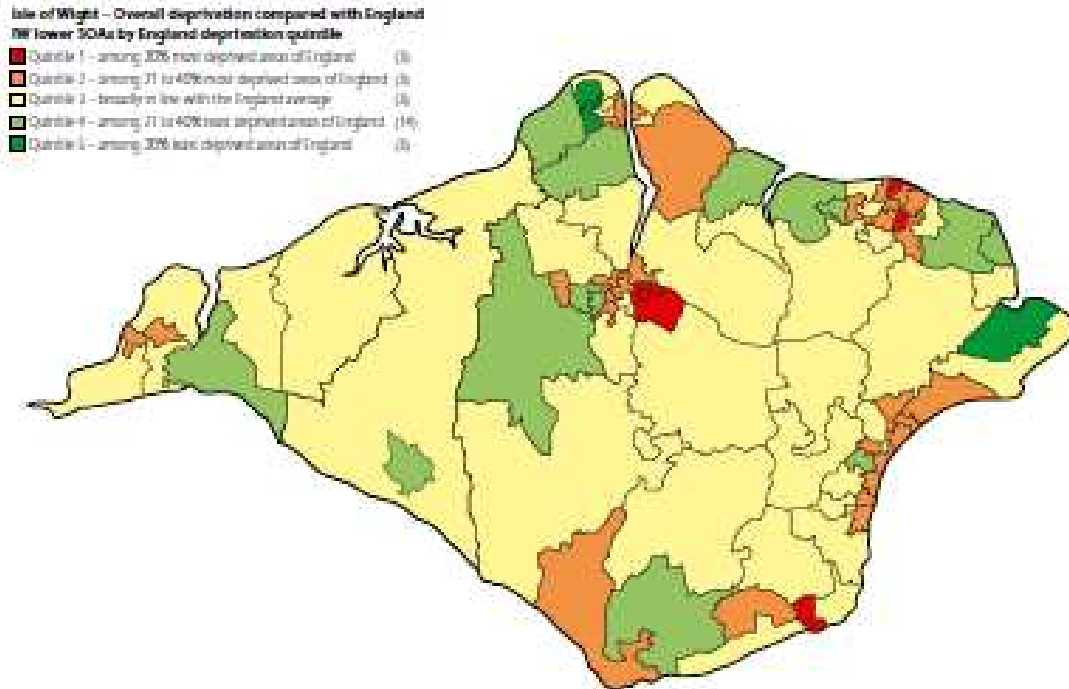
About living and working on the Isle of Wight

4.11 The Island's economic performance is generally worse compared with national and regional figures. Gross Value Added, which measures economic activity, is lower; income and earnings are lower; the employment rate is lower; and measures of job vacancies are worse. Long-term Job Seekers Allowance claimants are concentrated in the 25 to 49 age group. This data suggests structural problems and constraints on business growth, including skills gaps. Claim rates for other working age benefits are also comparatively higher, notably Employment Support Allowance/ Incapacity Benefit, which are paid to people for health-related inability to work.

4.12 The map below shows overall deprivation among the Island's Lower Super Output Areas (LSOAs) in relation to England. Five of the Island's 89 LSOAs are among the most deprived 20% in England: they are in Newport, Ryde and Ventnor. A further 53

of the Island's LSOAs are among the most deprived 50% in England. In contrast two Island LSOAs were amongst the least deprived 20% in England: they are in Bembridge and Cowes.

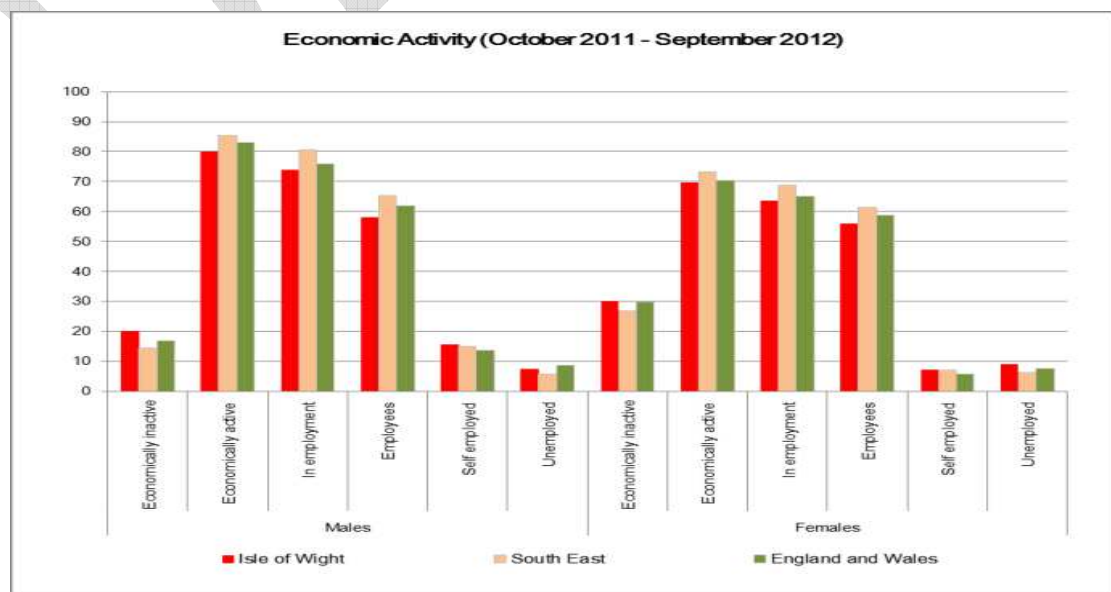
4.13 [Figure 13: Isle of Wight overall deprivation by Lower Super Output Areas](#)



(Data source: IW Joint Strategic Needs Assessment 2011-2012)

4.14 Reflecting on the period October 2011 to September 2012, there were more men than women in employment on the Isle of Wight. This trend was broadly similar to that seen both across the South East region and across England and Wales.

4.15 [Figure 14: Isle of Wight economic activity 2011-2012](#)



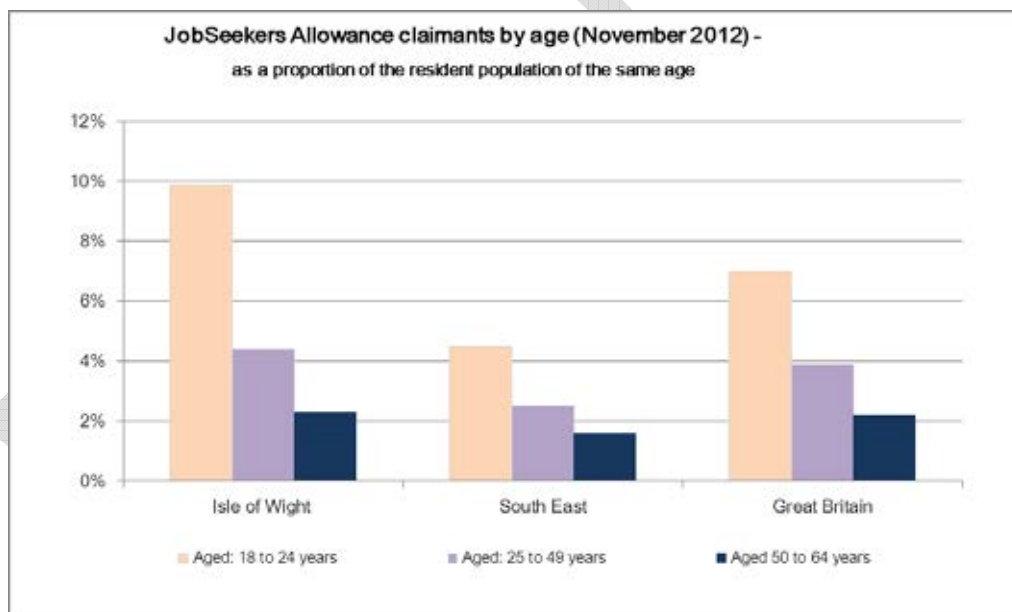
(Data source: ONS, Annual Population Survey (% for those aged 16-64))

- 4.16 The proportion of economically inactive women (30%) is higher than men (20%). This is mainly due to the number of women staying home looking after children. A larger proportion of men are self-employed (8.3%), but the rates for 'Employees' on the Island are broadly similar between men (58.0%) and women (56.0%).
- 4.17 Of the total JSA claimants registered at December 2012 (as a proportion of resident population aged 16-64 years), the greater proportion, approximately double the percentage rate, were males. This had been broadly the same ratio at each quarter end throughout 2012.

Proportion of 16-24 year olds claiming JSA for over 1 year

4.18 Historically, rates for the number of people claiming Job Seekers Allowance (JSA) on the Island have a seasonal pattern due to the additional job opportunities associated with tourism, falling during the summer season before rising again over the winter months. The chart below offers a snapshot of the overall rates by age group for individuals claiming JSA at November 2011 (*shown as a proportion of resident population of the same age group*).

4.19 Figure 15: Job Seekers Allowance Claimants by age 2012



(Data source: ONS claimant count - age and duration (via NOMIS))

- 4.20 Clearly, the highest ratio of JSA claimants at November 2011 occurred for those Islanders aged between 18 and 24 years, being three percentage points greater than the national average and around five percentage points higher than that experienced across the SE region.
- 4.21 Further investigation suggests that this same age group are currently experiencing the greatest challenge to find work. The 18-24 age group on the Island have the highest claimant rates of any age group for both short (up to 6 months) and long term (12 months plus) receipt of JSA.

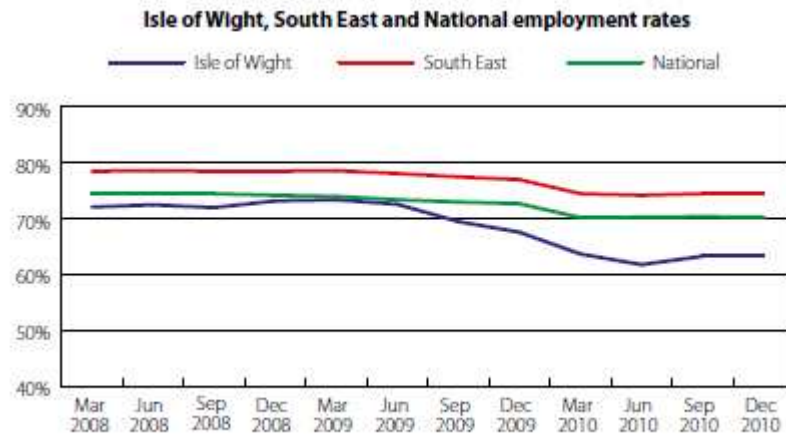
Income

- 4.22 In 2010 the median gross weekly earnings of Island residents working full-time was £460, a 5.4% increase compared with 2009. However the Island figure represented only 92% of the equivalent national figure and 84% of the equivalent figure in the south east region. The 2010 median gross hourly earnings for Island residents working full-time was £11.54, again lower compared with the south east region (£13.98) and Great Britain (£12.65).

Employment

- 4.23 The Island's employment rate in 2010 was 63.3%, lower (worse) than the south east and the national average. The rate has declined over the past five years but had levelled off towards the end of 2010. The recent economic downturn may not yet be fully reflected in the figures.

- 4.24 Figure 16: Isle of Wight employment rates



(Data source: IW Joint Strategic Needs Assessment 2011-2012)

Health and well-being profile – children and young people

- 4.25 Approximately 1,200 babies are born each year on the Island. The health and wellbeing of these children at birth, and as they grow older, is influenced by many factors. These include their family circumstances; social determinants of health as discussed earlier, such as parents' income, employment and education status; and the lifestyle behaviours of their parents and of the children themselves. Specific groups of vulnerable children, such as those living in poverty or in care are at higher risk of poor health and other outcomes such as poor educational attainment and poverty in adult life. All of these factors will interact to influence the health and well-being of this age group.
- 4.26 Our Joint Strategic Needs Assessment confirmed that for most children, young people and their families, the Isle of Wight is a great place in which to live and grow up, and that most experience good health and wellbeing. Average life expectancy continues to rise and is higher than the England average. The infant mortality rate and percentage of low-weight babies are low and comparable with national levels.

However, we are one of the lowest performing areas in the country for primary and secondary education with high levels of pupil absenteeism and exclusion, and majority of secondary school pupils feel unsafe in school.

Crime

- 4.27 Offence levels have continued to show marked reductions year-on-year, decreasing by 11% overall in the last year. Violence with injury continues to account for the greatest proportion of all violence offences, but this figure has continued to fall.
- 4.28 The key drivers are alcohol and public place related violence and youth-related violence. Alcohol and public place related violence is invariably linked to the Night Time Economy (NTE) and occurs across the island's main entertainment areas, but is notably higher in Ryde and Newport. Alcohol has been found to either be the sole motivation for offending (in NTE violence) or a significant contribution in violent crime.
- 4.29 Youth-related violence has shown a slight rise of 16% in the last year and is mainly perpetrated by 16 and 17 year old, mostly male youths living in socially deprived areas with limited educational prospects. There are patterns of repeat offending and apparent retaliation with repeat offenders also being recorded as an aggrieved in one or more separate incident/s. This is evident within groups of youths from these areas and to a much lesser extent Ryde. This suggests that there is a possibility for youth gangs to be formed, which often increases the level of associated violence and disorder.
- 4.30 Despite reductions, violent crime remains a key issue for the district, and alcohol, drug and youth-related violence remain key themes.
- 4.31 Domestic violence (DV) continues to reduce year on year, although detection rates have also dropped. Studies have shown a decline in engagement from victims and this was hindering the investigative process. This could account for the continued decrease and efforts by police and partner agencies may be required to encourage reporting, particularly in areas with a high incidence of this type of crime. Domestic violence remains the biggest contributor to violence on the Isle of Wight, however the percentage of DV reports verses all violent crime has continued the decline highlighted in the last period, which is supportive of the hypothesis that reporting of DV offences may be in decline.
- 4.32 As of March 2013, the Home Office definition for DV will extend to cover young people aged 16 and 17 years. The aim is to increase awareness of domestic abuse. This will bring police recording in line with partnership agencies and undoubtedly represent an increase in the commission rate.
- 4.33 Repeat victimisation figures for DV (excluding missing person reports) have risen slightly to 18% of all victims on the island in this period. Although only 5.5% of those victims were subject to more than two occurrences in the period, this will require further analysis in the coming year to ensure that incidents are being appropriately managed and victims/offenders are signposted to relevant services that will reduce offending. Overall, DV is most prevalent in areas of high social deprivation, between young couples where alcohol is likely to be an aggravating factor.

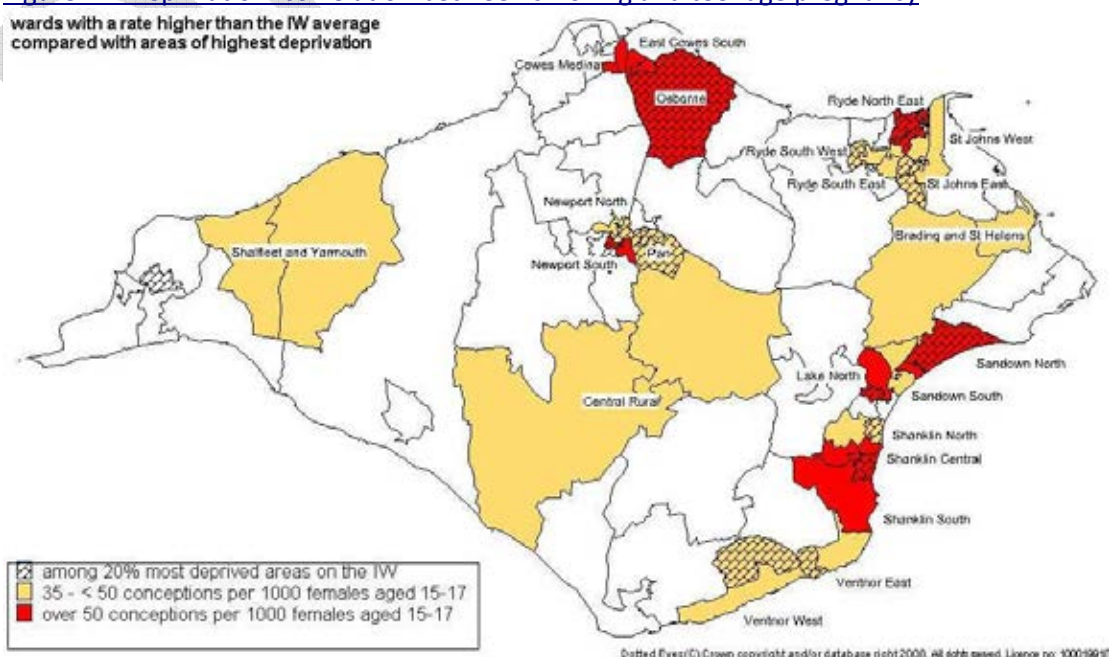
4.34 Some areas of the Island, however, are in the 20% most deprived parts of the country and people living in these areas experience higher levels of inequality in health, wellbeing and opportunity. The level of child poverty is worse than the England average with 22.0% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average.

4.35 Some specific local examples of how deprivation is linked to health and wellbeing outcomes are given below:

- There are higher rates of under-18 conception rates in deprived wards. Teenage mothers have three times the rate of post-natal depression of older mothers;
- Younger women from more deprived areas are more likely to smoke during pregnancy than women from less deprived areas and are less likely to breastfeed. Smoking is associated with delivering a low birth-weight baby and can increase the risk of infant mortality by 40%. Recent efforts show this is reducing.

4.36 The Office for National Statistics releases to Local Authorities the number and rate of teenage conceptions by electoral ward for 3-year pooled periods. However numbers under 5 are withheld by ONS, and publication of exact ward numbers and rates is not permitted. So the map below shows the wards with rates higher than the Island average for 2006-08, the most recent period available from ONS. The highest rates (shaded red) are found in parts of Cowes, East Cowes, Newport, Ryde, Sandown, Lake and Shanklin. The map shows the correlation between high teenage conception rates and areas of high deprivation, which are represented by the patterned areas on the map. There is also a strong correlation between smoking prevalence at time of maternity booking and high levels of deprivation.

4.37 Figure 17: Deprivation: correlation between smoking and teenage pregnancy



(Data source: IW Public Health Team)

Health and Wellbeing Board and Strategy

- 4.38 In common with other areas, the Isle of Wight has established a Health and Wellbeing Board in response to the health reforms that came into effect in 2013. This Board, and its relationship to the Children's Trust/Children's Strategic Partnership Board, is explained in more detail in chapter 7.
- 4.39 The Health and Wellbeing Board's first task was to review the Joint Strategic Needs Assessment which has already been mentioned several times in this chapter. Its next task was to commission the Isle of Wight's first Health and Wellbeing Strategy. The Health and Wellbeing Strategy will focus on the following five priority areas:
- Early intervention to lay the foundations for strong parenting
 - Ensuring families are confident in reaching out for support and help
 - Ensuring parents, children and young people are able to make healthy choices for a healthy lifestyle
 - Children and young people are confident in themselves and their relationships with others
 - Young people succeed at school and into work

These priorities have informed the priorities outlined in this Plan, as set out with our own five priorities in chapter 6.

Other local policy drivers

- 4.40 Although the Health and Wellbeing Strategy is one of the local policy drivers that have influenced the formation of this Plan, there is a range of others that have also had an impact. These include:
- The Isle of Wight NHS Trust Integrated Business Plan 2012/2013-2017/2018
 - The Isle of Wight CCG Commissioning Strategy 2012-2014
 - Children's Safeguarding Improvement Plan
 - Education Improvement Plan
 - Healthwatch work plan
 - LSCB Annual Business plan
- 4.41 Within the Council Plan there are more detailed pledges, including the creation of communities where young people can flourish, and extra help to support families who may be struggling;
- local core strategies will be produced that seek to tackle particular aspects of health and inequality, including the Child Poverty Strategy, Looked after Children Strategy, Adult Learning Plan and the CAMHS Strategy;
 - the programme for helping families with multiple problems will play a critical role in raising aspirations, addressing worklessness and antisocial behaviour, and limiting the need for statutory interventions;
 - a range of Island-wide strategies aim to enhance growth and opportunity for all, including:
 - Isle of Wight Economic Strategy 2008-2020
 - Economic Development Plan 2011-2014
 - Business Plan for Economic Development, Tourism & Leisure
 - Isle of Wight Economic Assessment

- Solent Local Economic Partnership (LEP) action plan

National policy drivers

- 4.42 At the same time, the Isle of Wight has had to take account of a range of national policy initiatives and legislative changes, some of which have been alluded to in chapter 3. It is worth restating that the Children's Trust Board continues to believe that the principles of the 'Every Child Matters' agenda continues to represent the best holistic framework for addressing all the interests and needs of all children and young people.
- 4.43 Space does not permit us to list all of the other national policy drivers. Some of the more significant ones in drawing up this Plan have included:
- Coalition policies to reduce the national financial deficit and the costs of the public sector;
 - The Welfare Reform Act 2012: the impact on families and young people has yet to be felt in the light of changes to tax credits, child benefit and housing benefit;
 - Changes to education policy including the creation of Free Schools and Academies. At the time of writing, the Island has two secondary Academies and no Free Schools, although there is one planned along with a Studio School;
 - Changes to the health system including the abolition of Primary Care Trusts, the creation of consortia of GPs to undertake commissioning (Clinical Commissioning Groups), and the transfer of public health responsibilities to local authorities;
 - The Children and Families Bill which proposes the reform of Special Educational Needs statements and Learning Disability Assessments with a single Education, Health & Care Plan from 2014. This Bill also proposes quicker timescales for adoption and care proceedings;
 - Continuing work to reform child protection following the Munro Review of Child Protection 2010. This report emphasised the importance of early intervention and effective joint working, systems and processes. The review also highlighted the need to reduce bureaucracy and for a more child-centred child protection system. New Working Together Guidance was published earlier this year (2013) along with revisions to the assessment framework.
- 4.44 We are already starting implementing a number of local changes in anticipation of this;
- Recommendations from the Marmot Review, Fair Society, Healthy Lives (2010);
 - The public health White Paper 'Healthy Lives, Healthy People' gives equal weight to both mental and physical health and has helped to shape our Child

and Adolescent Mental Health Strategy and its focus on workforce development, destigmatisation and access to provision;

- The Government's Sexual Health Policy (2012) focuses on improving the health and wellbeing of all and reducing health inequality. Preventing teenage pregnancy will be a key issue;
- Raising the 'Participation Age', i.e. the age to which all young people in England will continue in education or training, requiring them to continue until their 18th birthday from 2015. Young people can choose from options including full-time education, such as school, college or home education, an apprenticeship, part-time education or training if they are employed, self-employed or volunteering full-time;
- Positive for Youth 2011 brings together the Government's policies for young people aged 13 to 19, covering a wide range of issues including education, youth services, health, crime and housing. The aim is that all parts of society can work together in partnership to support families and improve the lives of young people, particularly those who are most disadvantaged or vulnerable;
- Narrowing the Gap: Providing for All Children 2007 – a key Department for Education publication that recognised that every child is born with great potential and deserves to be given every chance to fulfil it; however, children living in poverty and disadvantage are still less likely to do well at school and beyond;
- More free early education places for two-year olds who are looked after or who are entitled to receive free school meals;
- The Schools White Paper, The Importance of Teaching 2010 sets out a reform programme for the schools system, with schools freed from the constraints of central Government direction and teachers placed at the heart of school improvement.
- The Healthy Child Programme is a clinical and public health programme led by health professionals and is multi agency. It is offered to all children and young people aged 0-19 and describes the health offer at different levels of need. It does not generally state the specific staff who should deliver it but health visitors are identified to co-ordinate and lead it for 0-5s.

5. What consultation has told us

- 5.1 This chapter outlines some of the consultation that has taken place in developing this Plan, and how it has influenced our thinking. The emphasis is on consultation with children and young people themselves, although the views of their families, and of the professionals who work with them, are also important.

Background

- 5.2 The Isle of Wight has always taken consultation very seriously. The previous Plan was informed by the following consultation events:
- Children & Young People's Consultation event (2009)
 - 'Have your say' days (2008)
 - 'Hear by right' day (2008)
 - Tellus3 Survey (2008)
 - Wight 2b Heard (2008)
 - Big Day Out (2007,2008)
- 5.3 However, recently the voice of the child and young person has not been as high profiled as it should be. We need to ensure it is a regular and influential part of the work we do. We need to use multiple techniques and methods to ensure we are reaching out to children, young people and their families, as well as to professionals and other stakeholders. We will make extra efforts to ensure that we listen to the views of those who might otherwise not be so easily heard, including disabled children, those in receipt of free school meals, and those from minority ethnic communities. Our involvement work will be overseen by a dedicated Children's Trust sub-group/locality.
- 5.4 During the period of the last Plan, we continued to develop a vocal, robust Youth Council and Children in Care Council on the Island which have now become firmly established and are increasingly influential. These councils give us a new way to consult with older young people (11+), but it is of course not the only way we do so.

Messages from children and young people

- 5.5 The Isle of Wight Children's Society Survey for Children & Young People 2012 for children aged eight to 17 living on the Island. Almost 5000 children & young people in 38 primary schools and six secondary schools participated in the survey. The report contains a comprehensive analysis of the results of this consultation, with many useful charts and diagrams. This is a short summary of the findings:
- Most children on the Island (around 90%) aged nine to 15 are relatively happy with their lives while around 8% to 10% of children have low overall well-being. These proportions are very similar to the national average.
 - Children's well-being declines with age and children who are from minority ethnic backgrounds and those not living with their family are more likely to have low well-being.
 - Children's satisfaction with different aspects of their lives such as the home that they live in and their health is very similar on the Isle of Wight to the national average. Children on the Island are a little happier than average with their family life and a little less happy than average with their school and their appearance.
 - In terms of school and learning, children on the Island have high aspirations to do well and to go on to further education, very much in line with the national average. There were some aspects of school life with which they were less happy, including feeling safe at school.

- Many children nationally are unhappy with their appearance, particularly in the secondary school age group. However, on the Isle of Wight, teenage girls had lower levels of happiness with their appearance than their peers nationally.
- Children on the Island generally expressed positive views about their local area, on or above the national average. They were more likely than average to say that nothing about their area needed to be improved and, in particular, they were happier than average with local facilities.
- Around a third of the children surveyed said that they had been bullied in the last year. This included bullying in school and going to and from school, but also bullying online and through texting, particularly amongst the older age range. Experiences of being bullied were linked with much lower than average overall well-being. However, because these bullying questions were devised locally for this survey, there is no national data with which to compare the findings.
- Finally older children (aged 13 and over) were asked about whether they thought that it was OK for someone of their age to engage in a range of health-related behaviours. Most young people disagreed that smoking and taking drugs were OK but having sex and drinking alcohol were seen as more acceptable behaviours, particularly among 15- and 16-year-olds. As these health-related behaviour questions were devised locally for this survey, there is no national data with which to compare the findings.

5.6 The Health-Related Behaviour Survey, developed by the Schools Health Education Unit (SHEU), is designed for young people of primary and secondary school age. The surveys have been developed over 30 years by health and education professionals, and over a million school children have taken part. In the last ten years, over four thousand schools and colleges have participated. Data arising from the survey can be used to inform planning decisions as well being used in the classroom as the stimulus for discussion with young people.

5.7 The survey was previously commissioned in 1994 by IoW Public Health to undertake a school health behaviour survey. We are now able to make comparisons with 2013 and title this consultation exercise – ‘Nearly 20 Years On’. All secondary education providers on the Island were invited to take part across years 8, 10 and 12. Four schools and 1 Pupil Referral Unit took up the opportunity with 860 pupils taking part. The focus of the survey was on: Nutrition, physical activity, smoking, alcohol, drugs, safety and sexual health related behaviours. A summary of findings is presented in the table below.

5.8 [Figure 18: Summary of findings from the SHEU survey](#)

Summary of findings from the 1994 and 2013 School Health behaviour Surveys

General Information

Fewer children live with their natural mother and father

Food and diet

Fewer children are eating fresh fruit and vegetables

Fewer fizzy drinks, crisps and sweets are being consumed

Fewer children consider their health when choosing what to eat

More children wish to lose weight

Fewer are happy with their weight

The percentage (10%) of children not eating breakfast is similar to 1994 (11%)

More are eating fruit at breakfast

Less cereal is being consumed

Fewer children are having a school produced lunch, more are eating a packed lunch

There is a large increase in those not having lunch

Physical Activity

There are significant downward changes in percentages of children taking part in the listed physical activities

More children believe they are unfit, more feel they they moderately fit

There is a large downward change in those believing they are fit or very fit

Smoking

More children have never smoked.

The percentage of regular smokers is similar

More children have not smoked during the 7 days leading up to the survey

More children live in smoke free homes.

20% of children still live in a home with 1 regular smoker

Alcohol

Fewer children are consuming alcoholic drink

Fewer children are purchasing alcoholic drink

Fewer children are drinking at home, in others' homes and in pubs and clubs

Fewer children drink at home and of those that do fewer parents are aware

Sexual Health

More children know where to get condoms free of charge

Tooth care and doctor visits

More children are cleaning their teeth twice a day, fewer three times a day

There is a large increase in the number of children visiting the dentist within the past month

Very similar percentages of children are visiting the doctor at the time intervals given

More children feel at ease during doctor visits, but more also feel a little uneasy

Drugs

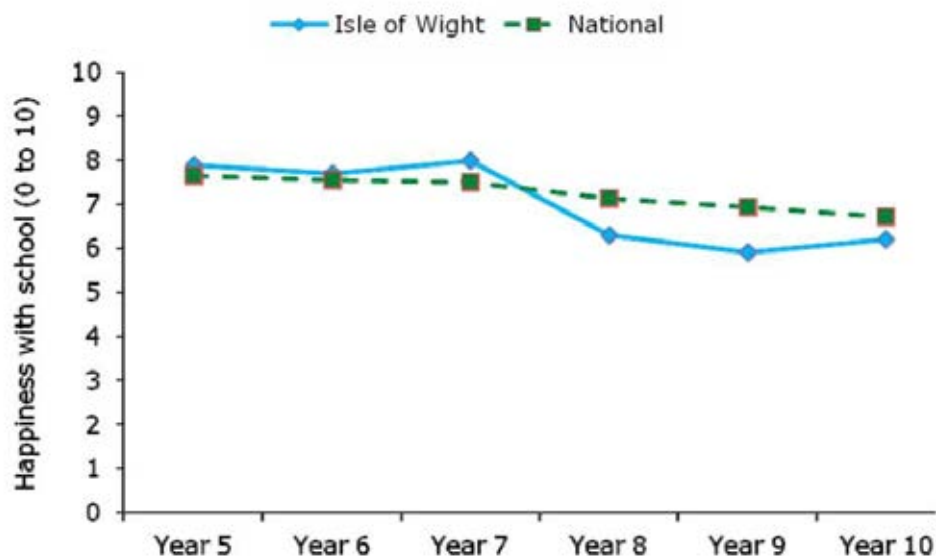
A greater percentage of children have not taken illegal drugs

A very similar percentage of children have been offered cannabis

A greater percentage of children do not know someone who takes illegal drugs

(Data source: IW Public Health Team)

5.9 Figure 19: How happy are children and young people on the Isle of Wight compared to the rest of the UK?



Data: Years 5 to 10, weighted by gender

(Data source: The Isle of Wight Children's Society Survey 2012)

Impact on this Plan

- 5.10 All of these messages have contributed to this Plan, to the accompanying Action Plan, and to a range of more detailed service and project plans. Those that relate particularly to schools have been drawn particularly to the attention of head teachers on the Island.
- 5.11 The Children's Trust values these important messages from children and young people. We want the Isle of Wight to be the best place in England in which to grow up, but we know we have significant work to do towards this goal.

6. Our new principles and priorities in more detail

- 6.1 Previous chapters have reviewed our progress since the last Children and Young People's Plan in 2009, provided a snapshot of where things stand today, indicated the key national and local policy drivers, and set out the results of the consultation exercises that have preceded this Plan. All of these elements have been blended together in drawing up our new principles and priorities for the period 2014-2017.
- 6.2 A key issue for us has been how to ensure that this Plan is relevant to all children, young people and their families on the Isle of Wight, while at the same time focussing on a small number of key priorities for particular targeted groups. We have approached this as follows: first of all by the Health & Wellbeing Board setting out five principles that underpin all of our work, with all children, young people and their families, all of the time. And second, by the Children's Trust/Children & Young People's Strategic Partnership expressing five specific and targeted priorities for particular groups that the evidence suggests need extra attention.

- 6.3 Both the principles and priorities are accompanied by some explanatory notes. As chapter 7 explains, a separate Action Plan will be published alongside this Plan, outlining the immediate steps we will be taking to make progress under all of the headings below. There are five specific priorities for the period 2013-2016, based on evidence about where extra help is needed:

Securing children & young people's mental, emotional and physical health

- 6.4 Whilst we have a range of services to support children and young people's health and wellbeing, through consultation and needs analysis we understand we need a more complete picture of local need across all the possible dimensions of young people's mental and emotional health. The United Nations Convention on the Rights of the Child, Article 24, states that children have the right to the best health care possible.
- 6.5 Looking ahead, in the period covered by this Plan we will focus more closely on the following areas:
- Ensuring that the best universal services are available for all children and families;
 - Supporting parents through universal, high quality maternity care from early pregnancy, with targeted interventions for vulnerable women and families;
 - Offering preventative care through the Healthy Child Programme (0-19 years) including Health Visiting, School Nursing, promoting breastfeeding and immunisations for children;
 - Providing a range of targeted services in the community to meet local need and reduce health inequalities e.g. through children's centres;
 - Providing information, advice and support to enable parents, children and young people to make healthy choices (e.g. healthy eating, being smoke free and increasing physical activity);
 - Developing and implementing a children and young people's care pathway for substance misuse inline with the draft Substance Misuse Strategy;
 - Ensuring sexual health services remain easily accessible;
 - Preventing unintended teenage conceptions and deliver a targeted approach to improving outcomes for the most vulnerable first time teenage mothers;
 - Developing a joint emotional health and wellbeing strategy in order to improve support for children and young people's emotional health and wellbeing which will build upon information gained through the HealthWatch Report;
 - increasing community health services for children working with primary care;
 - implementing the Education, Health & Social Care Plan for September 2014;
 - developing and implementing a children and young people's care pathway for the diagnosis of Autistic Spectrum Disorder and Attention Deficit Disorder with colleagues across Education and Social Care;
 - The Local Authority and the Clinical Commissioning Group will continue to jointly commission services to ensure seamless pathways of care;
 - Supporting schools to develop spiritual, social, emotional and cultural work in line with new Ofsted framework.

- 6.6 We will know we have succeeded when we have better information about what services are needed, have been able to successfully deliver them and know that they are making a difference. We also need to continue to pay particular attention to what young people are telling us in this area, through our resources such as the award winning 'check it out' website.

Helping children & young people to be safe and feel safe

- 6.7 We recognise that children are best brought up in their own family and where this is not always possible we will always seek to ensure alternative high quality care arrangements. For most, and when appropriate, this will be in local family placements. So we need to ensure we give extra help to any family experiencing particular difficulties and those parents who may be vulnerable. We will continue to support our foster families, adoptive parents and extended family members who take on the care of vulnerable children. The United Nations Convention on the Rights of the Child, Article 36, states that children should be protected from any activity which takes advantage of them or could harm their welfare and development.
- 6.8 Looking ahead, in the period covered by this Plan we will focus more closely on the following areas:
- Reviewing and redesigning children's social work services in line with national changes in the framework for safeguarding and local partnership arrangements with Hampshire County Council, with an emphasis on promoting direct work with children to run a safe service in which children are protected;
 - Engaging with the development of a Multi-Agency Safeguarding Hub with Hampshire;
 - Ensuring there is sufficient provision of 'early help', with improved access to information and services including parenting and family support and the development and implementation of the Early Help Strategy;
 - Continuing to improve the quality of training, supervision and support for social workers;
 - Providing targeted support for families with multiple problems through our Strengthening Families programme;
 - Promoting child safety with parents/carers, and helping children and young people understand how to keep themselves safe, thereby reducing the possibility of children entering risky behaviour;
 - Supporting our children and young people to feel safe at school and to understand the consequences of anti-social behaviour through developing the Anti-Bullying Strategy and delivery plan.
- 6.9 We will know we have succeeded when we have reduced the number of children who are looked after on the Isle of Wight, reduced the number of children who are subject to protection plans and reduced the number of those who participate in risk-taking behaviour.

Improving education to provide all children and young people with outstanding learning opportunities

- 6.10 We already have evidence of differences in educational and health outcomes for looked after children compared with their peers and in the attainment of pupils eligible for free school meals. However, we need to do more to help young people, and especially those with a learning difficulty or disability, to find employment after school or university. For all our children and young people, we need imaginative programmes of support and challenge. The United Nations Convention of the Rights of the Child, Article 29, states that children's education should develop their personality, talents and ability to the full.
- 6.11 Looking ahead, in the period covered by this Plan we will focus more closely on the following areas:
- Improving the educational attainment and outcomes for all children and young people with further narrowing the gap in educational outcomes for other vulnerable pupils on the Island, including those who have special educational needs and those who are in receipt of free school meals;
 - Focusing on learning, progress, standards, teaching and leadership – including governance through Hampshire's 'Leadership and Learning Partner' programme;
 - Implementing a development programme for school governors;
 - There will be information/data sharing, beginning with the Ofsted 'dashboard' on each school, which will allow families of schools to work together to determine what those which are successful in particular areas are doing, that others are not;
 - Undertaking extensive work with existing academy sponsors and new ones, as they emerge, to ensure that they are fully engaged in the Island's enterprise and taking part in the system wide improvement we seek;
 - Introducing a suite of service level agreements which will be available to our Island's primary schools from April 2014, in line with services offered to Hampshire schools;
 - Increasing the number of free child care places for vulnerable two-year olds from 189 to 518 and deliver family support through the Children's Centres;
 - Developing school-to-school support and improving arrangements to support leadership across the school community;
 - Identifying, and further responding to the needs of Young Carers;
 - Developing a coherent system for promoting educational excellence for all children and young people and being intolerant of under performance;
 - Building on opportunities available to promote aspiration, resilience and develop self-esteem for every child;
 - Providing opportunities for children to learn how to play a musical instrument within their school setting;
 - Supporting early education and childcare settings to implement changes to the Early Years Foundation Stage;
 - Enhancing early language development, literacy and social skills so that young children are ready for school;
 - Championing an understanding of the individual needs of vulnerable children, or those who may need extra support, including ensuring that the pupil premium is used effectively to support learning and personal development;

- Implementing changes to the National Curriculum; and strengthening teacher subject knowledge and expertise, especially in the core subjects of English and maths;
- Developing whole system and specific school solutions to improve the attendance and attainment of children in care;
- Reducing persistent absence and fixed term exclusions;
- Working together to support young people to remain in education, in line with increases in the participation age;
- Developing a protocol with our Clinical Commissioning Group to address school non-attendance due to medical reasons;
- Working with the wider community, including parental involvement, to influence the improvements required in educational attainment on the Island. There are opportunities and more will be discovered as more intelligence is gathered.

6.12 We will know we have succeeded when we have narrowed the gap in outcomes, through the statistics we collect, and when we ask young people to tell us honestly about their experiences and they say things have improved. The recent Children’s Society Survey and the Public Health SHUE survey conducted across Island schools will inform our planning.

Inspiring and providing equal opportunities for all children and young people to achieve their goals and dreams

6.13 This priority recognises some particular uncertainties that we know we are going to have to face during the period of this Plan, for which we need to prepare effectively. We also face unprecedented pressures on our budgets, putting an added premium on ensuring that we spend every penny wisely, and that we work together imaginatively and innovatively to prioritise effectively and to ensure that the total impact of our combined budgets is greater than the sum of the parts. However, there are also positives – the health reforms, and the changes to the education system, represent opportunities we should seize. The United Nations Convention on the Rights of the Child, Article 31, recognises the right of children and young people to engage in play, leisure and cultural activities appropriate to their age.

6.14 Looking ahead, in the period covered by this Plan we will focus more closely on the following areas:

- Tackling further youth crime and antisocial behaviour through close partnership working across all of our early intervention and prevention services;
- Placing children and young people at the heart of our community development plans;
- Further improving our use of green spaces, including school grounds.
- Providing targeted youth support, focused on defined groups of young people most in need;
- Working with the voluntary and community sectors to develop the range of local activities they provide;

- Supporting care leavers in the transition to adulthood and independence;
- Preventing young people entering the Youth Justice System, or reoffending;
- Promoting the positive contributions and ‘voice’ of all children and young people through involvement in surveys and focus groups, including those with learning difficulties and/or disabilities;
- Helping young people access opportunities that give them a role in the community e.g. volunteering and youth councils – and promoting rights, respect and responsibilities;
- Providing positive activities for children and young people with disabilities, which give families a short break;
- Ensure that young carers receive ‘time out’ from their caring duties to take part in recreational and fun activities;
- Promoting play;
- Improving access to services for vulnerable children and young people living in rural areas.

6.15 We will know we have succeeded when we have an improvement in results of surveys such as the Child Wellbeing and the Students Health Education Unit survey. All pupils will access to great, local places and schools

Addressing the incidence and reducing the impact of poverty on the achievement and life chances of children and young people.

6.16 There are two particular areas where the needs of young people interact with the economic health of the Island: child poverty, and young people not in education, training or employment (NEET). We need to expand our multi-agency, multi-faceted programme to tackle child poverty and to increase the number of apprenticeships across the Island. The raising of the ‘participation age’ during the lifetime of the Plan will help to address NEET young people under 18, but as a partnership, the Children’s Trust is just as concerned about young adults aged 18-25 who are without work or purposeful activity and those young people ‘not known’ who are NEET. We need to help all young people to be ‘work ready’ and to actively encourage and support young entrepreneurs. The United Nations Convention on the Rights of the Child, Article 27, recognises the right of children and young people to a standard of living that is good enough to meet their physical and mental needs.

6.17 Looking ahead, in the period covered by this Plan we will focus more closely on the following areas:

- Helping families to access a range of employment and training services in their communities, including adult & community learning, careers advice, volunteering and employment support, and job clubs run in libraries and communities;
- Increasing awareness of local services and targeting health, parenting and family support services (inc through children’s centres and libraries);
- Ensuring there is sufficient flexible and affordable childcare, as far as is reasonably practicable;

- Increasing take up of free early years education in the most disadvantaged areas and extending free early years education to all eligible two year olds;
- Raising the quality of early years education in disadvantaged areas;
- Promoting and supporting a relentless focus on improving education outcomes of children from low income families across the Isle of Wight school system;
- Identifying and supporting schools in greatest need to promote educational aspiration and the belief that all children can and will succeed ;
- Creating opportunities and supporting young people to find employment, helping to break intergenerational cycles of poverty;
- Ensuring there is sufficient, affordable, quality (including warm) housing for families and vulnerable young people, as far as is reasonably practicable;
- Maximising use of resources across agencies to support families, including co-ordinated assessment processes.

6.18 We will know we have succeeded when we have reduced child poverty as defined and measured by the accepted national measures. We need to enhance further our understanding of the reasons for youth unemployment and work with partners to address it. We will ask employers about the work readiness of new starters, and would like to see more young people starting up their own businesses and receiving appropriate support. The Isle of Wight Child Poverty Strategy will help us define our plans.

6.19 How we will deliver what we say we will deliver, is within our Children & Young People’s Action Plan where we identify explicitly who leads these actions and by when.

7. How we will take this plan forward

7.1 This chapter explains how the Children’s Trust actually works, and how it relates to the other partnerships and organisations on the Isle of Wight. It explains how services are funded and commissioned, and how we will set targets and monitor progress against the principles and priorities set out in the preceding chapter.

7.2 By redoubling our efforts to enable young people to have more of a say about our strategic and commissioning plans, improving data collection and how we share information across the partnership and identifying children and families most in need, through careful analysis and a partnership approach are key components that will make this plan a success. The United Nations Convention on the Rights of the Child, article 12, states that children have the right to say what they think should happen when adults are making decisions that affect them and to have their opinions taken into account.

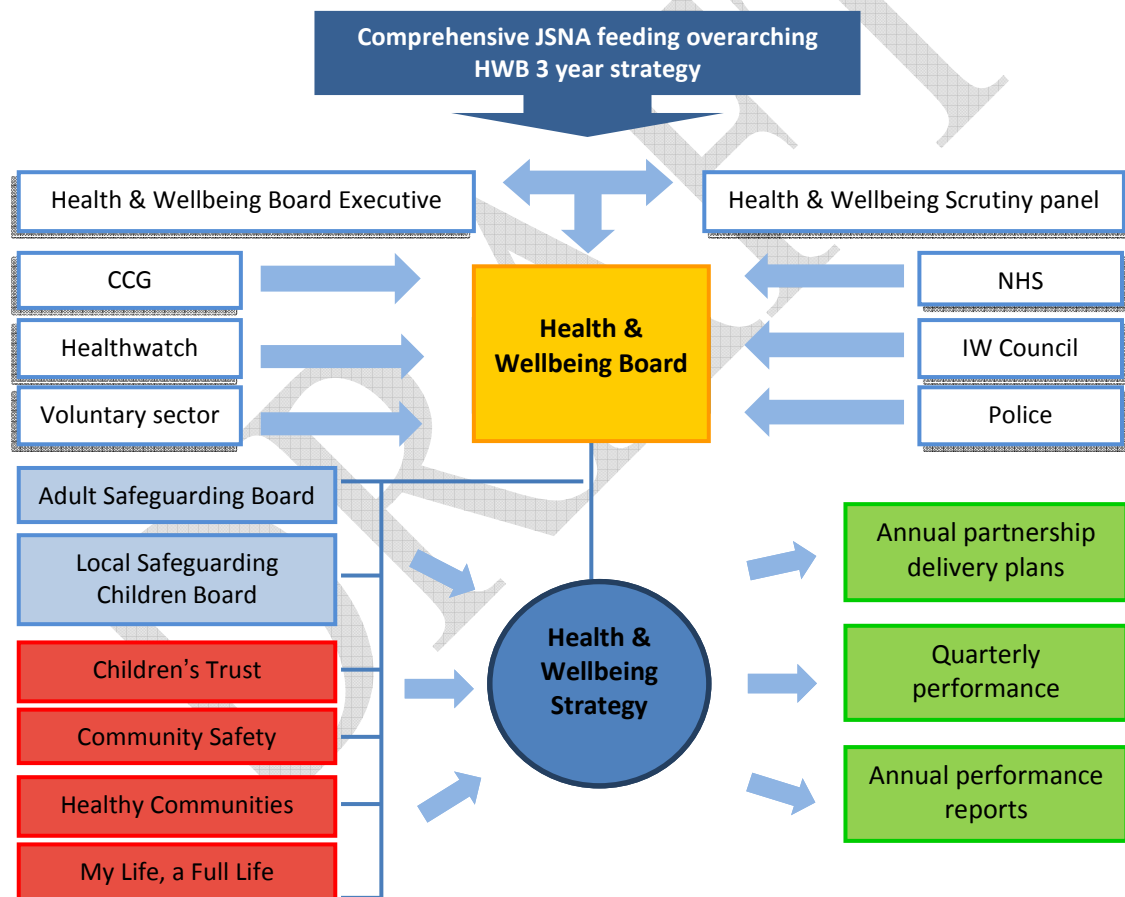
The ‘Planning Cycle’

7.3 The Isle of Wight has had a Children’s Trust since 2006. It has been a statutory requirement to have such a Trust, representing all of the key partners who work with children, young people and their families. In 2010, it reformed itself into the Children & Young People’s Strategic Partnership (CYPSP) but with the same level of commitment from partners and agencies. For the purpose of this plan and under new leadership, the CYPSP will revert back to a Children’s Trust.

7.4 The Isle of Wight umbrella of Children’s Services embraces every single organisation, in the public, private and voluntary sectors, working with children, young people and families on the Island. It is steered by the Children’s Trust Board: a list of the membership of that Board is at Appendix X [tbc]. The Board will meet xxxxxx [tbd]

7.5 The Children’s Trust Board works within the Island’s broader strategic partnership arrangements. Overarching all of these is the Health and Wellbeing Board which has been established as part of the new health arrangements. The Health and Wellbeing Board brings together the Council, the Isle of Wight Clinical Commissioning Group (the new body responsible for commissioning a range of NHS services in the area) and a number of other health and social care providers. This Board became fully functional from April 2013. You can find out more about the Health and Wellbeing Board at www.iwight.com and about the Isle of Wight Clinical Commissioning Group at www.isleofwightccg.nhs.uk

7.6 Figure 20: The Isle of Wight’s broader strategic partnership arrangements

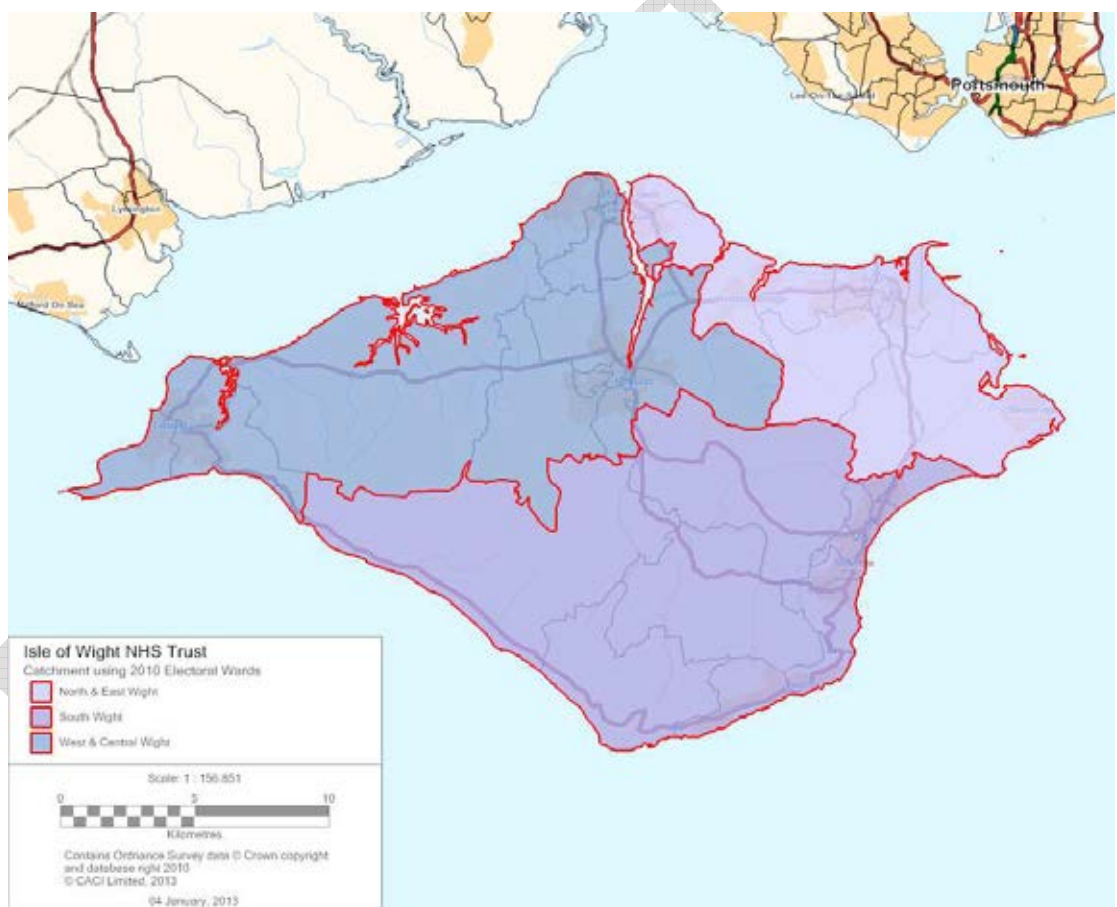


7.7 It has been agreed that the Children’s Trust Board is a key delivery partnership of the Health and Wellbeing Board. There will be four key delivery partnerships in total, all of them responsible for a key strategic area. The other three are: My life a Full Life (Older People and Long Term Conditions); Healthy Communities; and Community Safety. It is likely that the three Boards will from time to time consider issues that are relevant to children, young people and their families; however this will remain the main responsibility of the Children’s Trust Board. The Chair of the Children’s Trust Board is also a member of the Health and Wellbeing Board, as is the

Director of Children’s Services: this will ensure that strategic decisions are kept in alignment. In addition, the Children’s Trust Board will produce an annual report for the Health and Wellbeing Board.

7.8 The Children’s Trust has already established a number of sub-groups to support and enable the delivery of our strategic objectives. These sub-groups, which may change in accordance with priorities, are formally accountable to the Children’s Trust Board and will report at least annually to it. The Board expects that the views and involvement of children, young people and families will influence the work of all Children’s Trust forums and will itself ensure it allows interactive dialogue with children and young people at least twice a year.

7.9 Figure 21: The Locality Model



7.10 As part of the Early Help agenda, we are proposing to establish three locality teams across the Island known as Early Help Hubs whose locality boundaries match those of the Isle of Wight CCG and Isle of Wight Trust. Core locality team members will be co-located within these hubs in order to pool knowledge and resources, as well as to share information and expertise to best support children and families from 0-19 and beyond.

7.11 This combined multi-agency service is inclusive to all children and young people but is particularly important for children who have additional needs or may be at risk from significant harm.

- 7.12 The Early Help Hub model expands on the concept of the locality team's 'team around the family'. In other words, each locality team becomes a resource to support coordinated early intervention as required.
- 7.13 The Early Help Hub locality team will co-exist with a partnership network of professionals from both statutory and voluntary sectors.

Commissioning and finances

- 7.14 There is no doubt that the impact of the Government's deficit reduction programme is now being felt across the public sector and in specific areas of provision including services for children, young people and families. Councils have faced particularly tough spending cuts with significant reductions to their grants, resulting in a range of savings programmes. Government policy will also impact on individuals and families as changes to the welfare benefit system are implemented. The implications of the current financial situation are many: there is less money for commissioning services; it becomes even more important to focus on our priorities and those things that we know make a difference; challenge, creativity, innovation and finding new ways of meeting needs become increasingly important; and it is imperative that we work together in partnership to achieve this. Partnerships must involve young people and families directly, focus on the coproduction of solutions and actively consider new solutions such as models of social enterprises and public service mutuals. At times of financial challenge we should not simply protect statutory and acute provision but should make far greater use of early intervention, preventative measures and community based care.
- 7.15 It is in this context that we work together to agree our priorities and use our collective funds to make the maximum difference possible to the lives, experiences and aspirations of children, young people and families on the Isle of Wight. During the last Plan period we took steps to strengthen the way in which we plan and buy services – or 'commission' them. The Children's Trust Board started to establish an Integrated Commissioning Group to ensure that resources were effectively targeted and that the joint ambitions of our strategic Plan were supported by resources. A Joint Commissioning Framework was also established to benefit from the national Commissioning Support Programme. However, during the reorganisation of Children's Services and the restructuring of the Children's Trust in 2010, this momentum was lost.
- 7.16 During the period covered by this new Plan, we will strengthen the commissioning culture across the Children's Trust, ensuring that it includes support where necessary and challenge where appropriate. The Children's Trust Board itself will assume oversight of all the commissioning arrangements for children, young people and their families, and its constitution will be amended accordingly.

Setting targets and monitoring progress

- 7.17 A specific responsibility of the Children's Trust Board is to oversee the production, delivery and review of this Children and Young People's Plan. In discharging this responsibility the Board will formally monitor performance and progress on a quarterly basis, and review annually the extent to which partners have acted in accordance with the Plan. A proposed scorecard for the new Plan is provided at

annex X. This scorecard can be amended in light of changing national reporting requirements and local priorities.

7.18 In addition to this strategic monitoring, the Children's Trust will oversee production of a more immediate Action Plan which will be reviewed and refreshed as necessary over the next three years. This recognises that many of the aims and objectives in this document are relatively long-term in nature, but that shorter-term steps will also need to be taken. The first such Action Plan, covering the period until March 2015, will be published alongside this Plan. It will contain complementary targets and milestones, and will be monitored on the same cycle as that described above.

7.19 Children's Trust sub-groups will also be required to monitor in more detail the performance and progress of particular work streams for which they are responsible. Where concerns exist or arise in relation to performance or progress, the Children's Trust Board will adopt a 'challenge and support' approach to help understand the reasons behind this and establish on a partnership basis how improvement and progress can be achieved.

8. A confident and skilled workforce

8.1 Our success as a partnership relies very heavily upon our Children & Young People's workforce: those people who work with and for children, young people and families in whatever capacity. We recognise and celebrate their dedication and professionalism across the paid and unpaid sectors. As a partnership we remain committed to supporting them at all points – to enable them, in turn, to help every child and young person on the Island to live their dreams.

8.2 During the period covered by the last Plan, we produced a separate Workforce Development Strategy. It makes sense this time to produce a single document. This chapter therefore represents the Workforce Development Strategy that complements all of the previous chapters within this Plan.

8.3 The Isle of Wight Council Learning and Development Service develops, brokers and monitors a core learning and development offer across the children and young people's workforce including Isle of Wight Council, Health Service, schools, early years settings (including VCS), childminders, youth workers and children's social care providers (including VCS). The Service provides direction on procedures related to learning and development; information, guidance and advice on career and personal development and signposting to expert advice.

8.4 This includes the identification of need in the organisation, identification and commissioning of appropriate provision and quality assurance of core training, all staff and volunteers who work with children and young people aged between 0 -19 years of age in both formal and informal educational settings, support and training and development opportunities for School Governors and Clerks to Governors including a resource centre for professionals working with children and families, Children's Social Care and Adult & Community Learning.

- Deliver the strategic action plan for Learning and Development across the CYP workforce: Schools and Governing Bodies supporting school improvement

- Deliver the strategic plan for Learning and Development across the organisation and partners: Children’s Social Care workforce development
- To ensure every child on the Isle of Wight has access to a good or outstanding Early Years setting
- To develop a holistic approach to behaviour, emotional and social well-being of children & young people through the professional delivery of behaviour management and parenting support for schools, social care, parents and pupils across all sectors

Achievements since last plan

- 8.5 During the three years of the last Plan, we have made some progress in raising the profile of workforce development, promoting early intervention and supporting more people to work in new and increasingly integrated ways.
- 8.6 In addition, over the last Plan period we have;
- Secured a dedicated IWC Safeguarding Training Officer to deliver Group 2 and Group 3 Safeguarding Training across the whole of the Children’s Trust workforce;
 - Secured 100% buy in from Early Years providers to a Service Level Agreement to deliver Early Years Training & Development;
 - Secured 70% buy in from Primary Schools to a Service Level Agreement to deliver Schools and Governance Workforce Development;
 - Ensured that 80% of day-care settings (private and voluntary Early Years sector workforce) have been up-skilled to graduate level by adequate funding;
 - Commissioned by CWDC to deliver training nationally of new Level 4 Award in Work With Parents (Intense support for families with Multiple & complex Needs);
 - Commissioned by a range of Local Authorities to Quality Assure assessment and accreditation processes of new Award WWP;
 - Trained IOW practitioners in the New Award (Strengthening Families)
 - Provided ongoing training and accreditation of practitioners in WWP suite of qualifications (Level 2, 3, 4 Award, Certificate, Diploma)
 - Developed an accredited training delivered locally to support children’s workforce in supporting teaching and learning (including behaviour management skills, inclusion, SEN, children’s well-being) Playwork (5-16’s in play settings)
 - Developed a programme of training to support schools workforce in
 - Behaviour management (understanding, observing, managing & challenging behaviour)
 - Social and Emotional Aspects of Learning
 - Anti Bullying Awareness & programmes
 - Support for unstructured times in school (for MSAs)
 - Developed a programme of training & support for schools’ governors
 - Behaviour (& attendance) in schools & exclusions
 - Behaviour & anti bullying policies
 - Developed bespoke programmes:
 - Packages of holistic support to include working with/training/CPD:

- Direct work with children, parents and schools' staff as a consistent/wrap-around package.
- Early intervention/prevention

Parenting workforce

- 8.7 The parenting workforce on the Isle of Wight has consistently led this area of development at a national level, from participating in the pilot of Parent Educator Training (PET - Train the Trainer) to the embedded Training for Work With Parents (WWP), up to the most recent Level 4 Award WWP (Intense). Practitioners working with parents from a range of agencies and services across the Isle of Wight have accessed the training to encourage and promote interagency networking and co-working.
- 8.8 The current workforce consist of workers from the Behaviour and Parenting Support Team, Barnardo's, and a range of practitioners based in relevant parenting support venues, such as Children's Centres, Extended Schools Services, Family Learning, Voluntary, Community and Private Sector, Youth Offending Team and Island Drug and Alcohol Service.
- 8.9 To best implement the appropriate levels of support at the earliest opportunity the Isle of Wight Strategy Implementation Plan has developed the Lead Professional Role across the sector, developed and implemented CAF in conjunction with other appropriate agencies and services and attended and participated in all relevant and appropriate panels to support parents.

Looking ahead

- 8.10 Figure 22: The Children's Trust Workforce Development Vision 2009-2012



(Source: IW children & Young People's Plan 2009-2012)

- 8.11 During the period covered by this Plan, we will continue to promote the Children's Trust workforce agenda on a partnership basis and explore creative approaches to using the skill and asset base that exists across the Children's Trust and beyond. In support of the five principles in this Plan we will also:

- respond to the workforce implications of the Public Sector Equality Duty;
- help people to learn more about the roles of others;
- improve how we identify and analyse Children's Trust workforce development needs, working increasingly alongside regional colleagues to provide quality, cost effective training packages;
- work with partners to improve our knowledge of the profile of our workforce;
- Continue to explore ways of measuring the impact of workforce development on improved outcomes for children and young people;
- To develop a safeguarding training pathway and ensure that 100% of children's social care staff are trained to the required level in child protection;
- Deliver integrated workforce development with partner agencies in relation to early help services.

8.12 The parenting workforce will continue to liaise with agencies working with parents to identify specific identified needs - i.e. young parents; IDAS; EWS attendance/behaviour; Early Help services and to provide services or shared working to best meet this need for parents, this will include:

- Individual support/home visits for parents as appropriate to meet their needs;
- Ongoing groups & surgeries on a regular basis;
- Evidence based programmes where appropriate (Incredible Years & Triple P);
- The EWS will commission appropriate services to parents whether attendance/engagement is voluntary or as required by Parenting Orders.

8.13 In support of the five more specific priorities within this Plan, we will, in relation to the workforce, also:

Secure children and young people's mental, emotional and physical health

Support the delivery of our community Child and Adolescent Mental Health Strategy by helping to equip the workforce to better recognise and respond to issues of emotional and mental ill-health;

Help children and young people to be safe and feel safe

Continue to provide training and other opportunities that will strengthen our approach to early help and help to reduce the need for children and young people to become looked after and subject to child protection plans;

Continue to deliver learning and development programmes through the

Safeguarding Board, meeting local needs and national requirements;

Improving education to provide all children and young people with outstanding learning opportunities

Maintain strong links with partners, national lead organisations and regional networks to ensure that local workforce and professional development activities are informed by emerging policy and strategy and best practice and offer value for money.

Inspire and provide equal opportunities for all children and young people to achieve their goals and dreams

Actively promote the 'Strengthening Families' and Early Help approach when commissioning training and through our work with adults' services.

Addressing the incidence and reducing the impact of poverty on the achievement and life chances of children and young people

Support the delivery of the Child Poverty Strategy by creating workforce development opportunities, e-learning packages and awareness sessions, including training with governing bodies in relation to use of pupil premium.

Work with partners on the Isle of Wight to increase the provision of development and career progression opportunities for young people in the 18 to 25 age range. This will involve supporting apprenticeship programmes; helping to meet the needs of employers, promoting lifelong learning opportunities and improving our approach to commissioning learning and development opportunities.