



A BRIGHT FUTURE 2021-2026

Making sure Plymouth
children and young
people have the best
possible start to life

CONTENTS

Foreword.....	3
Our Vision and Principles.....	6
Growing up in Plymouth.....	10
Ten Wishes.....	11
Growing up in Plymouth - If our city had 100 children.....	12
What difference do we want to make?.....	13
What our data tells us.....	16
Localities.....	19
Working together to support change: Governance.....	22
Annex A – National Context.....	23
Annex B – The language we use.....	24

A Bright Future is a partnership approach to meeting the needs of all children and young people in Plymouth.

Our partners include:



Devon & Cornwall Police



FOREWORD

Alison Botham - Director of Children's Services
Plymouth City Council

As partners, we want to make sure all children and young people in Plymouth have a Bright Future, supported by a system which works seamlessly to spot difficulties early, responds quickly and effectively, and makes sure that help is there for as long as it is needed. We are ambitious for all of our children to live full and happy lives; receiving good quality health services, attending high quality education, and having fun, while staying safe.

Everyone has their part to play in achieving this, whether they work directly with children and young people or not. We recognise the central role that parents and carers have in determining the best outcomes for their children and that supporting parents and carers alongside the children and young people will be key in determining our success.

We are making changes to how we work together to support children, young people and families; to be clearer about what we are doing, why we are doing it and the difference it is making to children's lives.

These begin with antenatal and early years services, continuing through all school ages and stage and into young adulthood. We know that if we have the right advice, services and provision in place, children stand the best possible chance of growing into resilient adults.

The COVID-19 pandemic has had an unprecedented impact on our population including of course all our children, young people and families. As a city, our people and services have risen to this challenge and there have been many positives and opportunities to build on; however we need to recognise and fully understand the impact for the children and young people most affected by the disruption to how their education and support services have been delivered. Our priorities and plans need to make sure that we build on the positives and address the impact of the challenges we have faced.

We have developed our thinking and work in regard to trauma informed approaches and we are recognised nationally for this. This supports our strengths based approach and ensures that as a system we understand how trauma impacts on individuals, families and communities and we apply this to inform how we deliver care, support and education in the most effective ways. Our services are underpinned by the iThrive model. This is driving transformation of service design to be more person centred and needs led.

We need to further empower and engage our communities and families so that they participate in and inform our services and recovery.

As we go forward we need to build on the experiences we have shared during the pandemic to come together as a city, strengthen the partnerships that have matured and the learning we have shared.

We are going to work together to address our shared priorities so that children and young people can Aspire, and Achieve, live Healthy and Happy lives, and are Safe: making our vision of a Bright Future for all children and young people in Plymouth a reality.

IMPACT OF COVID-19 ON CHILDREN AND FAMILIES

Plymouth has seen unprecedented times from March 2020, where many of the 'normal' things in the lives of our children and their families were disrupted as lockdown began. There are various challenges that adversely affected children and families, including the sudden closure of schools, reduced support services and remote online learning. Familiar social contact in person with friends and wider family became something which wasn't allowed, even something to fear. Children and young people were aware of the economic impact of job losses or uncertainty of furlough on their families and networks, and the concern about the legacy this would leave for their own prospects. Over all, was the fear of the threat of a highly contagious impact on the health of loved ones, leading to some children suffering a loss or bereavement due to Covid-19.

Yet through the turmoil there has been a great deal of innovation, truly collaborative partnership working and renewed commitment to improving the lives of children and young people in Plymouth. Multi-agency working has been effective in focusing on a collective understanding of those children we are all most concerned about, staff switched quickly to delivering services in a different way, and some of our children said they felt safe and supported, with less peer pressure. Initiatives and projects have had a positive impact, including:

- Regular exchange of information with schools about vulnerable children, enabling schools to better provide support and escalate concerns;
- Ensuring vulnerable children (including young carers) are digitally connected through the provision of laptops;
- The distribution of food vouchers and attempts to reduce fuel poverty via the Winter Support Grant;

- Midwifery services formally co-located in Children's Centres to support the 0-5 offer;
- Links with the Skills4Plymouth agenda to give children and young people hope for their careers and aspirations;
- Police initiatives with youth workers joining response officers on duty to identify those at risk of anti-social behaviour earlier;
- A 24 hour mental health support phone line for children and young people;
- The creation of a multi-agency Young Carers Hub, across commissioned and in-house services;
- Better local collaboration in sharing good practice among schools to ensure high quality remote learning is provided to children and young people who are not able to access school based education

The longer-term impact of Covid-19 on Plymouth's children and young people is yet to be fully known. For those children whose lives were already more difficult or risky, whether through SEND, caring responsibilities, poor attainment, the impact of living in poverty or in challenging home environments with substance misuse and domestic abuse, the legacy is likely to be significant, and detrimental. The impact of extensive home schooling with sites closed to all but vulnerable and critical worker children is likely to be significant, particularly for children who have struggled to engage with education under normal circumstances.

Work is ongoing to gather qualitative evidence and track data trends so that we have the fullest possible understanding of the longer-term effects of Covid-19 on children, young people and their families.



OUR VISION AND PRINCIPLES



We have a duty to help our children and young people to have a Bright Future. Our vision is that children and young people in Plymouth grow up **healthy and happy, safe and able to aspire and achieve**; living in resilient families and communities, able to take advantage of a broad range of opportunities. Our aim is that no Plymouth child should find that their life chances are defined or limited by the circumstances of their birth or early childhood experiences. If problems emerge we will step in and seek to work effectively alongside families to improve outcomes.

We need to do this better and faster; across our local authority, schools, and health providers, community sector and statutory services, to ensure that we shift resource and focus to be able to benefit more of our children, more of the time focusing on prevention and earlier identification of need. Over time we want to be able to reduce the need for intensive crisis management for a minority. We are aspirational about tackling the corrosive root causes and impact of deprivation.

The following principles drive our approach:

We are strengths based:

- Promotion of wellbeing and prevention is a fundamental aspect of provision;
- Early help will be embedded across the system;
- Innovation and evidence informs our interventions with families;
- Systems should be responsive and accessible, not waiting for crisis to happen before help is offered;
- Engagement and empowerment of families and communities is key to what we do, building on individual and collective resilience.

We support the reduction of the impact of disadvantage:

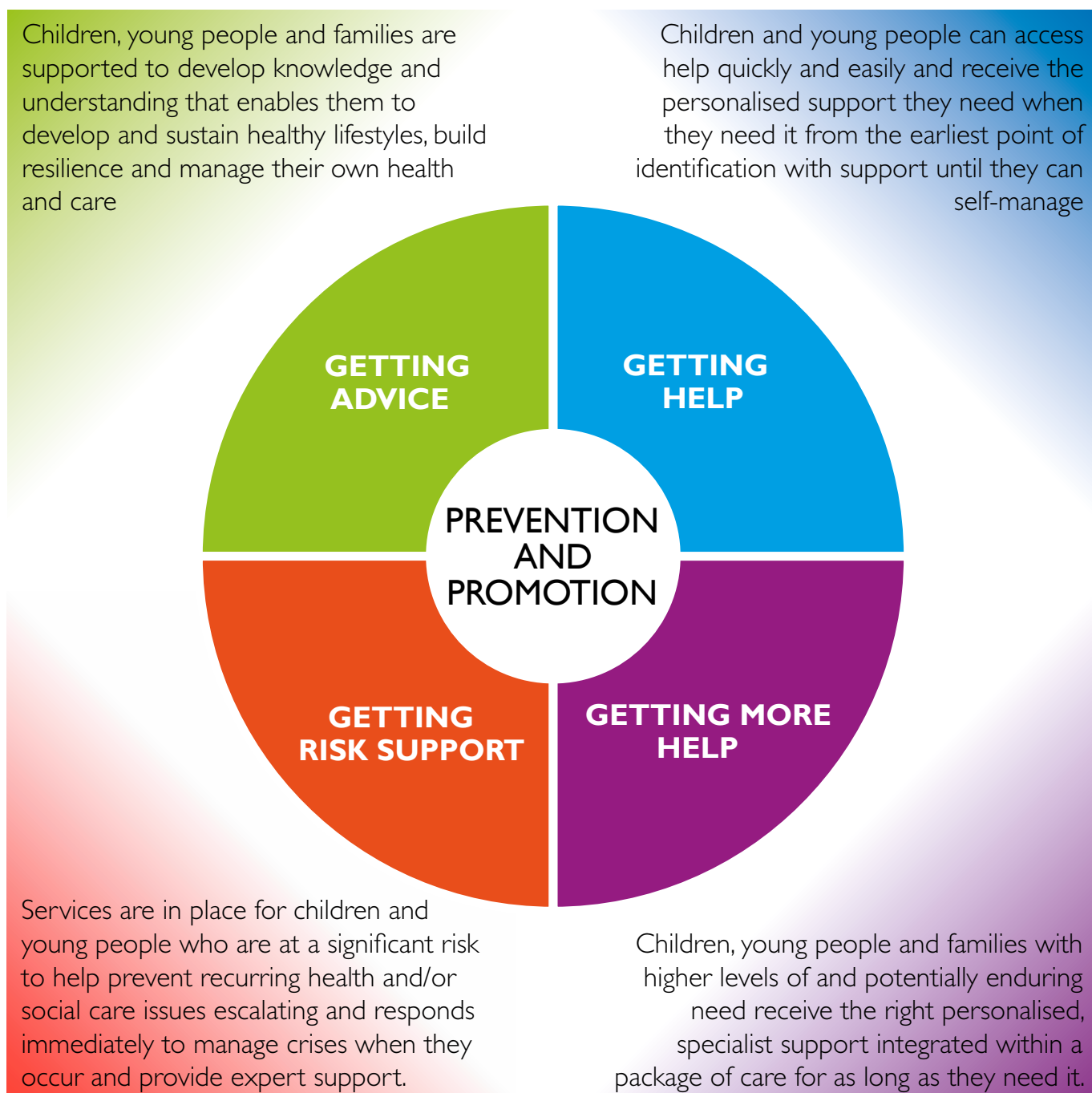
- Improving the quality of education for all will support improved life chances;
- We explore the root causes of disadvantage and improve inclusion and improve opportunities for inclusion
- Raising attainment is critical to reducing the impact of poverty;
- Services are designed to tackle inequalities.

We are restorative and reflective:

- We listen to what children, young people and families tell us and use this to drive change;
- We use a range of participation groups, surveys and face-to-face conversations and develop new ways to engage;
- We challenge ourselves to make sure we have the right support available at the right time and in the right place to support families;
- We ask ourselves whether we are working together as well as we can;
- We consider whether we are taking into account all the factors/context in the life of a child, including both resilience and risk;
- We test ourselves to align our system, services and practice to a Trauma Informed Approach.

One of the models driving our aspirations is iThrive, an approach which focuses on resilience and recognising when needs may change and how the system can respond.

The iTHRIVE framework is increasingly used in Plymouth as part of the design of service. This is based on a model of service delivery used in mental health provision for young people, which aims to provide the right support at the right time to enable young people to manage their needs.



A key driver for truly understanding the experiences of our children and young people, and their families is a Trauma Informed Approach.

Plymouth is committed to embedding a Trauma Informed approach across children’s and adult services; this is a grass-roots movement which has the support of senior leaders and aims to look at complexity through a trauma informed lens, to fully understand lived experience and the impact of Adverse Childhood Experiences. The focus of a Trauma Informed Approach is on the 5Rs:

REALISE - what trauma is and how it can have wide spread impact for individuals, families and communities.

RECOGNISE – the signs and effects of trauma in individual people, families, groups, and communities. This includes the workforce within organisations that deliver services.

RESPOND – by integrating knowledge regarding trauma informed approach into policies, procedures and practice.

RESIST - re-traumatising people and communities by actively seeking to avoid situations where traumatic memories might be re-triggered, and seeking to de-escalate and diffuse potentially traumatic interactions when they occur.

RESILIENCE – is promoted in supporting individuals and communities to cope with and adapt to adversity, and have the strength to challenge situations where it might occur.





Partnership working

Our partnership working is key to being able to deliver change. Examples of this include the partnership working with the Plymouth Education Board, leading our ambition to support children to aspire and achieve. This is chaired by the Chief Executive of Plymouth City Council with the Regional Schools Commissioner as the Vice Chair. It has cohesive and strategic oversight of all aspects of education learning and skills for the whole city. In order to focus on ensuring the highest levels of achievement in the city the Board has established a dedicated group of key partners that meet; this is the Plymouth Standards Partnership.

Our Early Help Strategic Board has been established to drive partnership working on how we transform early help and targeted services for vulnerable children. The Plymouth Safeguarding Children Partnership works to ensure that multi-agency working across our city is effective and keeps our children safe.

Two long term strategic partnerships are in place to further support the transformation of services for children and young people in the city; the ten-year NSPCC Together for Childhood partnership aims to improve our understanding of child sexual abuse and contextual safeguarding, at a locality level. The seven-year Care Journeys partnership with Barnardo's seeks to improve outcomes for care experienced young people, particularly their engagement in employment, education, training and other positive activity.

Access is a partnership between Livewell Southwest, University Hospitals Plymouth NHS Trust and Plymouth City Council, to embed a multi-agency approach to supporting children with additional needs.

This paper describes the ambitions we have for the future; on refocusing system energy and resource on identifying and meeting emerging need earlier to prevent needs from escalating and in reducing crisis/complex support and reactive approaches. This will necessitate a whole system approach. Partners will utilise the voluntary and community sector's unique knowledge and skill base, to gain insight in to local issues to enable earlier and bespoke interventions.

Children and their families live within the wider communities and environments of our City and their outcomes will be influenced by wider issues such as climate change, economic development, the built, green and blue environments. Strong links with these wider partnerships will ensure that the needs of children and young people are embedded within their work.

During the pandemic many of our partnerships have matured and excelled in serving our population. There are many positives and significant amounts of learning that can be used to maximise the role partnerships provide in future years.

GROWING UP IN PLYMOUTH

What our children and young people say...

I want to feel safe when I go out with my friends

I worry about so many things – who can help me and my friends with our mental health?

I am lonely and want your help so I can make connections with other people and places

I have special educational needs and I need to know how I will be helped as I grow up

Being a child in care makes me feel different – I'm the only one in my class and everyone knows about me

What is being done to save the environment and how can I help?

I'm worried about being able to get a job in the future – what choices do I really have?

I'm going to be 18 soon and I don't know what to expect

I want to make my own choices

I help to care for my mum and little brother, but I don't want you to forget about me

I need somewhere safe to live

I want someone to talk to, who I can trust and isn't going to walk away

Social media makes me feel my life needs to be perfect

These views have been gathered through on-going engagement and participation activity with children and young people in Plymouth



The ten wishes were developed by young people in Plymouth to describe how they want professionals to treat them.

TEN WISHES

What Children and Young People in Plymouth want from you...

We want professionals to be easier to contact.

We want professionals to be on time, as they expect us to be.

We want professionals to be properly trained and for us to be involved in the training.

We want professionals to ask us what we need and not to assume.

We want professionals to do what they say they are going to do, to listen and stand up for us.

We want professionals to use words we understand.

We want professionals to reassure us something is being done and tell us how long it will take.

We want professionals to understand when we need to talk to them one-to-one.

We want professionals to ask us 'do you feel safe?'

We want professionals to respect us and how we feel.



GROWING UP IN PLYMOUTH – IF OUR CITY HAD 100 CHILDREN

There are approximately 52,898 children and young people under the age of 18 years living in Plymouth. This is approximately 20% of the total population in the area (based on ONS Mid-2019 Population Estimate).

31 would be living in poverty (when housing costs are taken into account)



3 suffering from a loss or bereavement



14 would be from a minority ethnic group



17 would be claiming free school meals (across primary and secondary)



0.5 of a child would be subject to a child protection plan



0.8 of a child would be in the care of the local authority



15 children would have special educational needs



3 would have an Education Care and Health Plan (EHCP)



5 are children of those in the Armed Forces (Service Families)



17 (aged 5-16) are likely to have difficulties with their mental health



68 achieve a good level of development in their Early Years Foundation stage of their education



57 are achieving the 'Basics' at school at GCSE (A*-C) / 9-4) in English and Maths



14 are classed as persistent absentees



WHAT DIFFERENCE DO WE WANT TO MAKE?

Our ambitions are meaningless if we don't turn them into reality; into tangible changes which make a difference to the everyday lives of children and young people. The following pages set out what we are going to do to help our children to stay **healthy and happy, safe and aspire and achieve**. Our children, young people and families will be able to access what they need at the right time and in the right place, whether what is needed is some advice on the internet or by phone, an assessment or a longer term intervention or support.

We want to support the conditions that promote and protect health and identify any challenges that our families are experiencing early, so that they can be enabled and supported at the earliest opportunity, both to address their needs and prevent any issues getting worse. For all of the priorities to be effective in supporting children, young people and families, it is important that Plymouth as a city provides consistent access to good quality advice and information. This includes areas such as income, housing and debt, which are likely to become more significant given the impact of COVID on the economy.

Priority	A city where...	We will have made a difference to children's lives when we see...	For 2021-26 we plan to:
Stay healthy and happy	<p>Children and young people receive effective support for their emotional and mental health needs. Children and young people are able to access dentists across the city.</p> <p>The physical health of children is improved and they are making choices which promote a healthy lifestyle.</p> <p>The wider social, economic and environmental determinants of health are tackled, which impact on the health, wellbeing and longer term outcomes for children and young people.</p>	<ul style="list-style-type: none"> ■ Reduction in out of areas admissions to Tier 4 mental health provision ■ Reduction in the rate of children admitted to hospital due to self harm ■ Emotional health and wellbeing surveys tell us children and young people feel more resilient ■ A reduction in the numbers of children considered to obese ■ A reduction in admission to hospital due to asthma. 	<ul style="list-style-type: none"> ■ Improve access to Speech and Language Therapy and Occupational Therapy ■ Transform services across NHS providers and partners to meet the increasing demand and long waits for Autism assessments and build capacity within the Neuro diversity pathway. This will include services to support children and young people with complex needs and autism, to enable families to stay together ■ Improve responses to the increased numbers of Looked After Children including Care Leavers following the impact of COVID, on their general physical, social and emotional mental health ■ Evaluate the impact of our Emotional Health and Wellbeing in Schools services to ensure the services meet need and are sustainable ■ Increase access to children and young people's mental health services ■ Develop new models for crisis response, including consideration of capital projects with partners, which offer accommodation as well as a holistic offer of support for emotional needs ■ Improve our response to support children and young people who are classed as obese ■ Improving pathways of support for children and young people with asthma, across community, primary and secondary.

Priority	A city where...	We will have made a difference to children's lives when we see...	For 2021-26 we plan to:
Be safe	<p>Children and young people are safe and protected from the risk of harm at home and in their communities.</p> <p>Families tell their story once, and are fully involved in their plans to support change with a focus on their strengths.</p> <p>Families receive their support in the places and from the people that best suit their needs, for as long as they need to embed resilience.</p> <p>Families don't see the 'join' between services.</p> <p>Children and young people have opportunities to have fun and take calculated risks to support their development.</p> <p>Families have access to effective parenting support to reduce harm caused through neglect.</p> <p>Children and young people are protected from all forms of exploitation.</p> <p>Assessments are aligned to avoid repetition and form a holistic view of need.</p>	<ul style="list-style-type: none"> ■ Increase in how safe young people feel in their communities ■ Reduction in the number of adolescents experiencing crisis ■ Increase in families able to be supported by a cohesive Early Help offer ■ An increase in the number of early help assessments completed in the community by system partners ■ An increase in the demonstrable impact of early help assessments leading to improved outcomes for families ■ Reduction in the number of children and young people subject to child in need and child protection plans with concerns related to neglect ■ Reduction in the number of children and young people entering the care system, including a specific reduction in the number of adolescents entering the care system ■ Fewer children and young people are placed at distance from the city ■ Use of legal care proceedings only when necessary to safeguard children ■ Reduction in first time entrants to the Criminal Justice system through effective preventative support. 	<ul style="list-style-type: none"> ■ Develop and embed robust quality assurance processes – to include auditing, a Child in Need framework and QA framework ■ Improve the quality of assessments and plans, including the Early Help Assessment Tool (EHAT) ■ Develop the Front Door of Social Care to improve the quality of assessment and advice available ■ Develop the Family Hub partnership model, remodelling Children's Centres and Family Support services into a 0-19 offer ■ Improve access to positive parent interventions and family support that reduces risk and prevents the need for statutory interventions ■ Implement the Learning Disability and Autism Key Worker pilot ■ Develop options for alternatives to admission and out of area provision for children and young people with learning disability and autism who are experiencing crisis ■ Actively grow the number of foster placements available in the city, and the range and number of other types of provision locally, including children's homes and semi-independent support and accommodation ■ Expand and enhance the Adolescent Support Team to be able to respond to more young people with a broad range of complexities ■ Increase in awareness across communities, families and schools to recognise, prevent and intervene when exploitation is identified ■ Increase the number of young people supported with a 'Safer Me' plan ■ Reduce exploitation related crime ■ Evaluate the impact of our Pause project for vulnerable women, and put in place plans for a sustainable model of delivery for at least one more cohort

Priority	A city where...	We will have made a difference to children's lives when we see...	For 2021-26 we plan to:
<p>Aspire and achieve</p>	<p>Children have access to high quality early years provision.</p> <p>Children are ready to start school and fully engage in learning.</p> <p>Children and young people are able to attend good quality primary and secondary education.</p> <p>Special educational needs are identified early and supported as needed.</p> <p>Young people are helped to develop the skills needed for the world of employment.</p>	<ul style="list-style-type: none"> ■ Increase in the number of city schools graded good or outstanding by Ofsted ■ Reduction in permanent exclusions from city schools ■ Demonstrable reduction in the impact of disadvantage on attainment of children and young people ■ Demonstrable improvement in the quality of the Early Years offer so that children are ready for school ■ Improvement in the percentage of children achieving a good level of development in the Early Years Foundation stage ■ Quality of Elected Home Educated provision is assured and benchmarked ■ Education, Health and Care Plans are completed within statutory timescales ■ High quality careers advice and guidance supports young people to a positive destination ■ An increased percentage of disadvantaged and vulnerable children attend a Good or Outstanding school ■ Children and young people with Education, Health and Care Plans achieve the attainment outcomes that are at or above the national average ■ Closing future skills gaps is embedded in Plymouth's education system and school curriculum creating career opportunities for learning. 	<ul style="list-style-type: none"> ■ Develop and implement an inclusive approach in schools so that there are good alternatives to exclusion, pupil mobility and placement in Alternative Provision ■ Steer and monitor schools' blended learning and catch-up support for children who are affected by Covid-19 and those who are vulnerable and disadvantaged ■ Progress and evaluate Narrowing the Gap work with Early Years settings, implemented through joint teaching observations and discussions about how they identify and support the most disadvantaged children ■ Support the inclusion of children new to the UK and learning English so that they make accelerated progress and experience improved life chances ■ Support, challenge and monitor the Early Years settings that are judged less than good by Ofsted, so that a higher percentage of children do attend provision graded as good ■ Work with Skills4Plymouth to apply labour market intelligence to understand skills and job opportunities, identifying gaps in provision and creating an action plan to close the skills gap, aligned to the curriculum from primary through to post 16 education ■ Consolidate the Skills Launchpad Plymouth, to ensure a high level of access by the target cohorts so they receive independent advice and guidance ■ Fully develop a physical Youth Hub as a place where young people can access free and impartial careers advice, information, education and guidance to enable them to make informed decisions and to help them achieve their career aspirations ■ Promote a Plymouth curriculum that will address the city's education priorities, to improve overall attainment outcomes while closing the disadvantaged gap, and working with young people from ethnic minority backgrounds to decolonise and diversify learning in order to celebrate the contributions of BAME peoples to our community ■ Increase schools and parents confidence and knowledge in supporting SEND children and young people through an approach of co-production, partnership and multi-agency working ■ Increase the offer for children and young people with SEND within the local area.

WHAT OUR DATA TELLS US

The [2019 child health profile](#) produced by Public Health England tells us more about being a child in Plymouth, alongside our own needs analysis:

CIPFA – Chartered Institute of Public Finance and Accountancy

Child mortality rate

The child mortality rate is lower than England but isn't significant due to the small numbers involved which is around three to six deaths a year. Over the last six years in Plymouth the rate has been static.

Vaccination coverage 2 year olds

For the last eight years the vaccination coverage for 2 year olds in Plymouth has been above England and for the last four years it has been above the World Health Organisation (WHO) vaccination target of 95%. Plymouth compare favourably with our CIPFA nearest neighbours around vaccination coverage in 2 year olds.

Children achieving a good level of development at the end of reception

For the last five years the proportion of children achieving a good level of development at the end of reception in Plymouth has been below England's proportion. In Plymouth the proportion has increased over the last six years. Compared to our CIPFA nearest neighbours Plymouth sits towards the bottom of the group.

Children in low income families (under 16 years)

For the last ten years the proportion of children (under 16 years) living in low income families in Plymouth has been higher than England's proportion. But the proportion of children living in low income families in Plymouth has decreased over this period. Compared to our CIPFA nearest neighbours Plymouth sits towards the bottom of the group.

Family homelessness

For the last four years the rate of households with children or pregnant women accepted as unintentionally homeless has been lower than England's rate. The most recent rate for Plymouth was 1.3 per

1,000 households which works out to 151 households that were accepted as being unintentionally homeless. Compared to our CIPFA nearest neighbours Plymouth sits towards the top of the group.

Using a local snapshot of the temporary accommodation data on the 22 February 2019, there were 62 families in temporary accommodation within these families there were 124 children. Over half of the families living in temporary accommodation are in the West locality and a third of the families are in the South locality.

Child Protection

The published rate of children with a Child Protection Plan for Plymouth as at 31 March 2020 was 58.6 per 10,000 children aged 0 to 17 years old (310 children). This was significantly higher than the South West average rate of 37.7 and the England average rate of 42.8. Plymouth was comparable to our statistical neighbours (58.8). Although the number of children with a Child Protection Plan was reported at 300 as at 30 November 2020 (a rate of 56.7) it had reached as high as 356 children during the Covid-19 pandemic (a rate of 67.2).

Children in Care

As at 31 March 2020, the published rate of Children in Care was 82 per 10,000 children aged 0 to 17 years old (434 children). Plymouth's rate was above the South West average rate of 57 and the England average rate of 67. We remained below our statistical neighbour average rate of 91.7 – the rate for our statistical neighbours' range from 53 to 140 per 10,000 children. Plymouth's number of Children in Care has seen a significant increase during this financial year with the rate of 91.5 per 10,000 as at 30 November 2020. This related to 484 children.

Children killed or seriously injured on England's road

The latest rate shows Plymouth has a similar rate of children killed or seriously injured on roads compared to England's rate. The most recent rate was 12.1 per 100,000 children aged 0-15 years old which works out to around 17 incidents over the last three years. Compared to our CIPFA nearest neighbours Plymouth has the second lowest rate.

Low birth weight of term babies

The latest proportion shows Plymouth has a similar proportion of term babies being born with a low birth weight compared to England's rate. The most recent proportion was 3.2% which works out to 83 babies. Compared to our CIPFA nearest neighbours Plymouth sits towards the middle of the group.

Obese children (4-5 years)

The latest proportion of obesity in reception aged children is similar to England's proportion. The most recent proportion is 9.7% which works out to 264 children. Compared to our CIPFA nearest neighbours Plymouth has the third lowest proportion.

Obese children (10-11 years)

The proportion of obesity in year 6 children is similar to England's proportion. The most recent proportion is 18.6% which works out to 464 children. Compared to our CIPFA nearest neighbours Plymouth has the lowest proportion of obesity in year 6 children.

Admission episodes for alcohol-specific conditions under 18

For the last ten years Plymouth has had a higher rate of admissions for alcohol-specific conditions in under 18s compared to England. The most recent rate was 47.3 per 100,000 population aged under 18 which works out as 74 admissions over a three year period (25 admissions a year). Over the last ten years the Plymouth rate has decreased and has closed the gap between Plymouth and England. Compared to our CIPFA nearest neighbours Plymouth sits towards the middle of the group.

Hospital admissions due to substance misuse

For the last seven years Plymouth has had a similar rate of admissions due to substance misuse in 15-25 year olds compared to England. The most recent rate was 103.8 per 100,000 population aged 15-24 years old which works out as 124 admissions over a three year period (41 admissions a year). Compared to our CIPFA nearest neighbours Plymouth sits towards the middle of the group.

Breastfeeding at 6-8 weeks

Since the new reporting method was introduced Plymouth has had a lower proportion compared to England. The most recent proportion for Plymouth was 40% of mothers breastfeeding at the six to eight weeks check. Compared to our CIPFA nearest neighbours that have met the data quality tests Plymouth sits towards the top of the group.

A&E attendances 0-4 year

For the last seven years Plymouth has had a lower rate compared to England. The most recent rate was 493 per 1,000 population aged under 5 for Plymouth which works out as 7,549 attendances. Compared to our CIPFA nearest neighbours Plymouth has third lowest attendances rate in under 5s.

Hospital admission caused by injuries in children 0-14 years

For the last eight years Plymouth has had a higher rate compared to England, over this period the rate has decreased for Plymouth. Compared to our CIPFA nearest neighbours Plymouth has a high rate of admissions caused by unintentional and deliberate injuries in children aged under 15 years old.

Hospital admission for mental health conditions

The latest rate of admissions for mental health conditions in under 18s is similar to England. Compared to our CIPFA nearest neighbours Plymouth sits towards the middle of the group.

Hospital admissions as a result of self-harm

For the last four years Plymouth had a higher rate of admissions as a result of self-harm in 10-24 years old. Over the last four years Plymouth has seen a steady increase in the number of 10-24 year olds admitted to hospital as a result of self-harm. Compared to our CIPFA nearest neighbours Plymouth has the second highest rate of admission as a result of self-harm in 10-24 year olds.

Ages and Stages Questionnaire (ASQ) data

ASQ provides a measure of development in early years and is routinely undertaken as part of the 2-2½ year mandated check. Domains of development tested include communication, gross motor, fine motor, problem solving and personal-social skills.

In 2018/19 Plymouth has a similar proportion to England and the South West of children who were at or above the expected level in all five areas of development. Across the five areas of development in Plymouth communication has a lower proportion of children at the expected level, which follows national data.

Children or young people with an Education, Health and Care (EHC) assessment or plan

In Plymouth there are 2,130 children or young people (0-25 years old) with an EHC needs assessment or plan (as of the 29 March 2019). The North and West localities have a higher rate of children or young people with an EHC assessment or plan, while the South locality had a lower rate.

Absence and exclusions

Plymouth schools have a lower proportion of pupils permanently excluded compared to England, however both Plymouth and England have shown increases in numbers over time.

Plymouth schools have a higher overall absence rate when compared to England, the trend shows the rate has been fairly static over the last five years. Plymouth schools have a higher persistent absence rate when compared to England.

Young carers

The most current data from schools (November 2020) identified 907 children and young people who are young carers.

Youth offending

The rate of first time entrants to the youth justice system in 2019 was 332 per 100,000 10-17 year olds in Plymouth, or 74 10-17 year olds. The rate of first time entrants to the youth justice system for Plymouth is higher than the South West Region (198), the YOT Family (238) and England (204).

The youth offending team now undertake out of court assessments and interventions as well as statutory orders. In 2019 there were 106 young people who have had a Youth Offending Team intervention (compared to 60 in 2017). The team is currently working with 52 young people (as at 22 December 2020).

Pupil resilience and self esteem

When results from the local school survey are compared to other areas that have carried out a school survey it shows the following:

A low proportion of pupils in Plymouth have a high self-esteem and resilience score when compared to six local authorities in Plymouths CIPFA (Chartered Institute of Public Finance and Accountancy) group, and a higher proportion of pupils having a low self-esteem and resilience score.

Service families

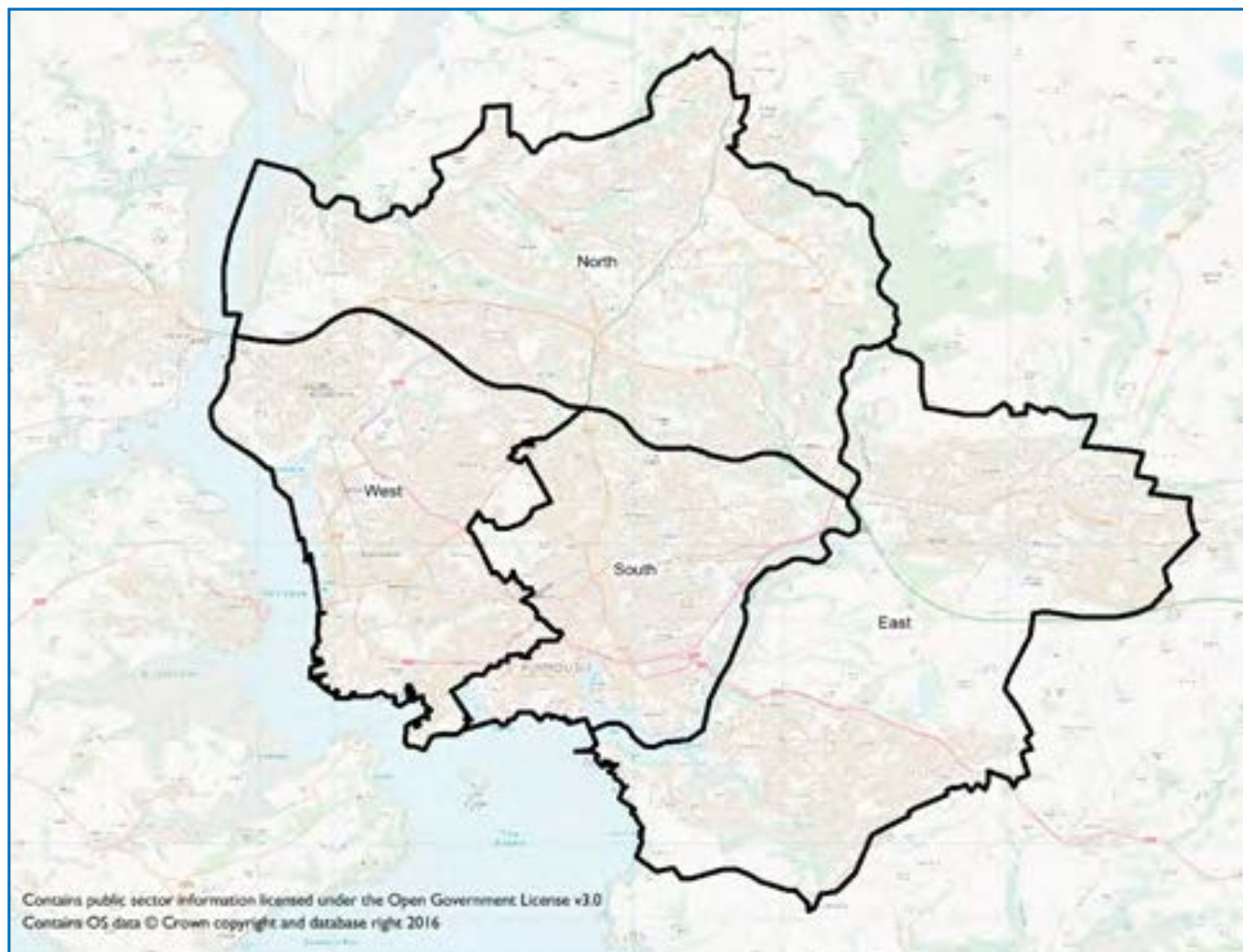
Plymouth has just under 3000 children who are part of a service family. This can be challenging as parents are deployed or return from deployment, in ensuring that families are supported to connect with their local communities.

Children learning English as an Additional Language (EAL)

Current data shows that 7.6% (2,991) children in Plymouth schools overall are new arrivals to the UK learning EAL. In our primary schools this proportion is higher at 8.2% (1,730 pupils). These pupils are vulnerable to disadvantage in terms of attainment and progress.

LOCALITIES

The map below shows the Plymouth localities used by health services to provide services for children and young people.



East locality summary

- Slightly lower proportion of the population aged under 5 years old and working age adults (15-64) and a higher proportion of the population aged over 65
- Fewer babies born with a low birth rate
- A higher proportion of pupils in years 8 and 10 who said they recently ate five portions of fruit and vegetables in a single day
- A higher proportion of pupils in years 8 and 10 who said they had an alcoholic drink in the last seven days
- Lower proportion of families are eligible for Free School Meals
- Higher proportion of those aged 17-19 are in education, employment or training
- Lower rate of teenage pregnancy
- A higher proportion of children report violence (e.g. hitting, punching, slapping) at home in the last month
- Lower rate of children under 5 classed as vulnerable by Health Visitors
- Lower rates of involvement with the Youth Offending Team

North locality summary

- Higher proportion of pupils reporting being a victim of violence or aggression in the area they live
- Lower proportion of violence in the home (eg hitting, punching, slapping)
- Higher proportion of adults with no qualifications.
- Higher proportion of the population aged over 65 and under 5
- A lower proportion of pupils (year 8 and year 10) stated that they ate five portions of fruit and vegetables yesterday.
- A higher proportion of adults have no qualifications and a lower proportion of adults have a level 4 qualifications in the locality.
- A higher proportion of pupils (year 8 and year 10) stated that they have taken illegal drugs during last year.



South locality summary

- Higher proportion of children with a healthy weight in reception and year 6
- Lower proportion of pupils reporting use of substances, alcohol and cigarettes.
- Higher rate of teenage pregnancy
- Higher proportion of the population who are working age adults (16-64).
- Lower proportion of pupils (year 8 and year 10) stated that they have had an alcoholic drink in the last seven days.
- Lower proportion of pupils (year 8 and year 10) stated that they have had at least one cigarette in the last seven days.
- A higher proportion of pupils (year 8 and year 10) stated that they have low self-esteem (4 of the highest ten neighbourhoods).

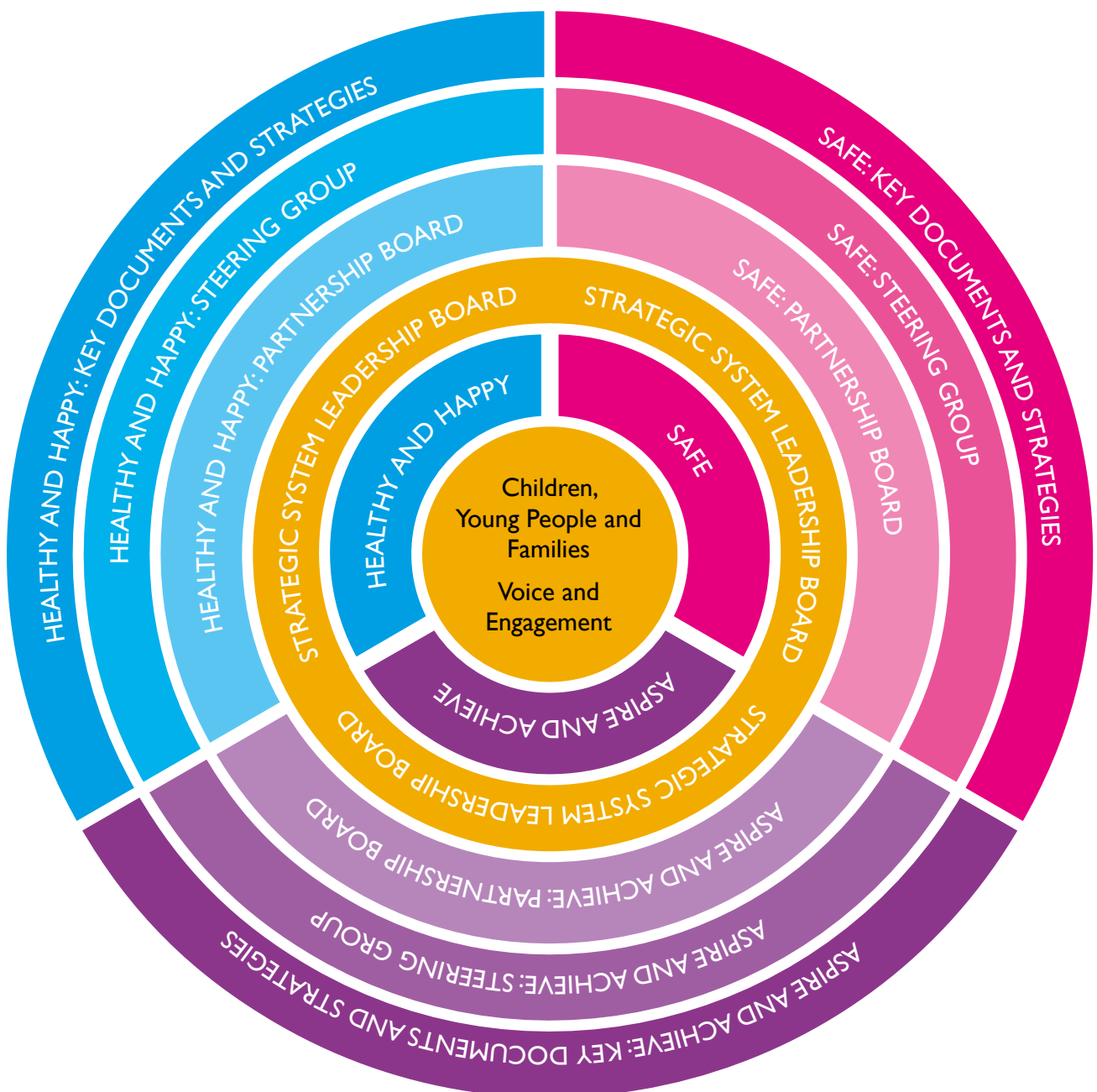
West locality summary

- Strong sense of community
- A lower proportion of pupils (year 8 and year 10) stated that they have had an alcoholic drink in the last seven days.
- A lower proportion of children in reception and year 6 are recorded as having a healthy weight.
- A higher rate of children had their teeth removed under general anaesthetic.
- A higher proportion of the working age adult (16-64) population are claiming out of work benefits
- A higher proportion of children eligible for free school meals.
- A lower proportion of children are achieving a good level of development at the end of Reception.
- A higher rate for teenage pregnancy
- A higher proportion of families (with children under 5) are classed as a vulnerable, as reported by the health visitor case load survey.
- A higher proportion of pupils (year 8 and year 10) stated that they have taken illegal drugs during last year.



WORKING TOGETHER TO SUPPORT CHANGE: GOVERNANCE

Our governance works to the following principles:



ANNEX A – NATIONAL CONTEXT

Funding for children and young peoples' services has fallen by 29% since 2010 and councils face a funding gap of £3bn by 2025, according to Action for Children.

Headlines include:

- By 2022 there will be close to a quarter of a million Section 47 child protection enquiries undertaken. That's an increase of 180% since 2010
- By 31 March 2022, we predict there will be more than 60,000 children subjects of child protection plans. An increase of 56% since 2010
- Children in care figures increase every year, which is not necessarily a bad thing for the children concerned. By 2022, we think there will be 77,000 children in care, an increase of 20% since 2010.

In November 2019 the Local Government Chronicle noted:

- £8.4bn budgeted for children's social care 2019-10
- £784m more spent than planned
- 81% of Councils spent more than planned
- Four Councils spent 40% more than planned
- 19 Councils spent 25% more than planned

A number of recent documents have further explored the issues facing children's services of rising demand and complexity, and the funding needed to resource this.

In September 2019 the Office of the Children's Commissioner published "Guess how much we love you – a manifesto for children". In this document the Children's Commissioner describes the stark reality for increasing numbers of children living in England:

- One in six children arrive at school having failed to meet half their expected physical and emotional developmental milestones;
- 6% of pupils are leaving compulsory education at 18 without GCSE level qualifications;
- Approximately four children in every school class need support for mental health difficulties;
- More than 120,000 are homeless and living in temporary accommodation;
- More than four children in every school class will have special educational needs, and account for nearly half the 41 pupils permanently excluded from school every day;
- 900,000 children live with parents with poor mental health.

ANNEX B – THE LANGUAGE WE USE

We recognise that the words we use when talking to and about children, young people and families have a significant impact. Words have the power to break down barriers, but also alienate, and this is true whether a child is in the care of the local authority or living with their family.

In 2019, a glossary of words and terms that aims to change the language of the care system was published. Language That Cares is a collaborative effort led by adoption and fostering charity TACT (The Adolescent and Children's Trust) and the charity's children and care experienced young people, with contributions from 15 local authorities and organisations.

The glossary gives powerful examples of how easily the words we use can be perceived as insulting or cruel, and the alternatives which children and young people would prefer.

A

Abscond

We prefer: Run away; Go missing

Asylum seeker

We prefer: Young people

"Asylum seeker is a home office term, these young people are much more than a Home Office label."
Social Worker

B

Birth/Biological Parents

We prefer: Parents; Family; Mum or Tummy Mummy; Dad

You should access each child individually to find out what they like calling their family members." Cheshire East Young Person

"The words can also be excluding and disadvantageous to birth parents and it is important for this to be considered as well." Foster Carer

C

Care leaver

We prefer: Care experienced adult

"We prefer 'care experienced' but we are not always keen on the word 'care' as this can mean anything due to 'care' having a wide definition." Cheshire East Young People

Care plan

We prefer: Future plans; My plan

"The word 'care' needs less usage, it is used too commonly, and I am fed up of hearing it." Cheshire East Young Person

Challenging Behaviour

We prefer: Having trouble coping; Distressed feelings; Different thinking method;

Difficult thoughts

"Children and young people who are finding coping tough are not 'challenging' they are in need of your help and support." Social Worker

D

Designated Teacher

We prefer: Teacher

"Just say it's a teacher we can talk to, who is trained and who attends our reviews.

The word is too obvious, we don't want everyone knowing." Cheshire East Young People

Difficult to place

We prefer: Can't find a home good enough for them; Failed by the system

"The phrase 'difficult to place' blames the child for a failure of the system." Charity Social Worker

Drop out

We prefer: Early school leaver

F

Full potential

We prefer: You will make sure I have every chance to achieve my dreams

H

High aspirations

We prefer: Good choices; Wanting the best for our children

"You will try your best to help me because you want me to achieve." Cheshire East Young People

I

In care

We prefer: Another home away from home; Living with a different family in a different home

Isolation

We prefer: Reflection time

"I really dislike this term. It should not be in existence as it is punitive in its nature."

Professional

L

LAC/Foster child

We prefer: Call children by their names; LA should say 'our children' or [insert name of LA]'s children; Young People or Children

"Every child is 'looked after'; there is no need to point us out. Some would consider themselves looked after before coming into care." Cheshire East Young People

"I do not mind the saying, but just don't say it a lot." York Young Person

"The acronym 'LAC' can be understood as a suggestion that the child or young person is 'lacking' something." Professional

"Take away LAC acronym completely." Herefordshire Young People

Leaving care

We prefer: Moving on or Moving up

M

Moving placements

We prefer: Moving to a new house; A new chapter or fresh start

N

NEET

We prefer: Unemployed or not in training or in education

"NEET is a silly word, no young person knows what it means yet we are called it."

Warwickshire Young People

P

Peers

We prefer: Friends

PEP

We prefer: School review; Education meeting; Education plan

"It is not about the word 'PEP' itself, it is how it is presented in school. Some teachers openly announce in class that the LAC student has a PEP meeting and this will arouse the interest from the rest of students, leaving the looked after student to explain what it is and why they have it." Rotherham Young People

Permanence

We prefer: My home without disruptions

Placement

We prefer: Our home or home; My house or the house where I live

"Placement sounds like you are being forced to live there." TACT Young Person

"I don't like when they say, 'you are a normal child living in someone else's home' or when they use the term 'child in care.'" Bristol Young Person

"This should be a word used more for a temporary placement, not when you see it as your home and have been there a long time." York Young Person

R

Respite

We prefer: A break for children (not carers); Day out; Home away from home; Stay over/

Stay over family; Sleepover; Time off/Time off for us/ Time off for our carers

"This word does not make much sense. It is too formal and not a word we use everyday." York Young People

"It can be offensive as it means an escape or a break from something that is not enjoyable." York Young People

Restrained

We prefer: Physical help to stay safe

Reunification

We prefer: Going back to live with my family; Going back home

S

Siblings

We prefer: Our brothers and sisters; People who are related to me

"This is too formal, and it is OK in written language but in spoken language I think it should just be brothers and sisters." York Young Person

Sick

We prefer: Unwell

"I don't like when they say that my Mum is sick, I would rather they say Mum is unwell." Bristol Young Person

Social worker

We prefer: One to one worker; Someone who understands your family background and knows what you have been through

Special needs

We prefer: Additionally supported; The needs name, i.e. disabled, global developmental delay, learning need, etc.

"Everyone is special, and everyone has different levels of need." Warwickshire Young People

T

Therapy

We prefer: Talking things through sessions; Trying to make sense sessions;

Help to work things out

Transition

We prefer: Preparing for change



