

INSIDE:  
10 key  
priorities



# Working together - to improve outcomes

Wiltshire Children & Young People's Plan 2008-2011

## LAYER 1



Wiltshire Children & Young People's Services  
Improving outcomes for children & young people

Produced by Wiltshire Children & Young People's Trust Board which is made up of representatives of: Association of Governors; Community Safety Partnership; County Council (Department for Children & Education); District Councils; Learning & Skills Council; Police; Primary Care Trust; Primary, Secondary & Special Schools; Probation Service; Voluntary Sector Forum; Wiltshire Assembly of Youth; Youth Services Council.

# Vision & Values

## ● OUR VISION:

**To improve outcomes for children & young people in Wiltshire** and to promote and support resilient individuals, families and communities.



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## ● IN ORDER TO ACHIEVE OUR VISION WE WILL:

- **Value children and young people**  
Encouraging all services and communities to nurture, support, promote and safeguard them.
- **Value the role of families**  
Supporting families in meeting the needs of children and young people.
- **Promote voice and influence for children and young people**  
Enabling children and young people (and parents and carers) to shape the services they receive themselves and the type of services that are developed for the future.
- **Ensure services make a difference and narrow the gaps in outcomes**  
Ensuring that services reach and are effective in helping all children and young people of any religion, race, culture or language, gender, sexuality or ability, and those at risk of social exclusion and other “hard to reach” groups.
- **Work together**  
Developing services jointly and promoting co-operative working across professions and agencies so that children, young people and their families receive high quality help that is suited to their needs.
- **Develop and use the skills of the workforce**  
Supporting people who work in children and young peoples' services in Wiltshire to contribute as much as they can to helping children and young people.
- **Help earlier where possible**  
Promoting creative and effective help when or before problems first arise.
- **Support disadvantaged neighbourhoods**  
Investing in areas of greatest need and supporting communities to help themselves.



## ● IMPROVING OUTCOMES

Our ambitions are high and we want the very best outcomes for Wiltshire’s children & young people. There is much to celebrate in Wiltshire and we are building on what has already been achieved. Outcomes for *most* children & young people in Wiltshire are comparatively good but we want them to be even better.

The purpose of the Children and Young People’s Plan is to describe how it is intended, over the next three years, to improve the wellbeing of our children & young people – and specifically to help ensure, with a particular emphasis on vulnerable groups, that *all* children & young people:

- Are healthy
- Stay safe
- Enjoy & achieve
- Make a positive contribution
- Achieve economic wellbeing

} 5 “Every Child Matters” outcomes

In consulting on this Plan, the question asked was: *What can we do that will bring about the biggest improvements in outcomes for our children & young people?* These pages set out where, working together, the Trust Board believes the biggest impacts can be made, responding to greatest needs and working to support inclusive thriving communities. The Plan complements the “Local Area Agreement” for Wiltshire and reflects the vision for the new Wiltshire Council.

YOU have a part to play. Please take a careful look at each of the priority pages and consider how your service and community can contribute to the developments that are described.



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Parent Governor & Chair of Wiltshire Children & Young People’s Trust Board



**BECKY HOLLOWAY**  
Young persons’ rep & Vice-chair of Wiltshire Children & Young People’s Trust Board



**COUNCILLOR NANCY BRYANT**  
Lead Member for Children’s Services for Wiltshire



**CAROLYN GODFREY**  
Director of Children’s Services for Wiltshire





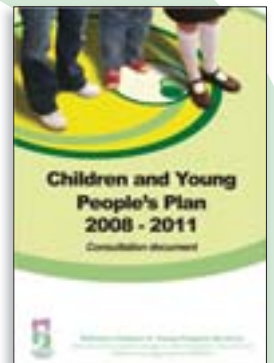
**March 2006:**  
Revising the Pathways reports on "obstacles to health & development" - 85 people from across the range of children & young people services took part in 60 group discussions.



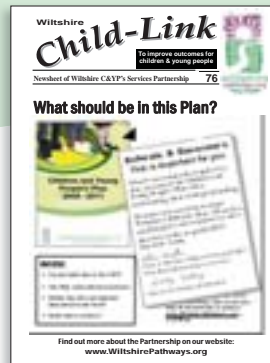
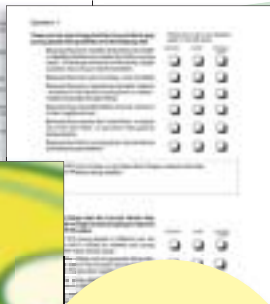
**June 2007:**  
Voting on priorities - 1100 people recorded their views about what are the priority obstacles to health & development, 900 of these were young people.



**July 2007:**  
Partnership Day - 70 young people and reps from health, education, social care and voluntary sector considered: *What can we do that will bring about the biggest improvements in outcomes for our children & young people?* Drawing on: voting; key statistics; review of 2006 Plan; research.



**October 2007:**  
Publication of Plan consultation document drawing on outputs of Partnership Meeting & resilience seminar.



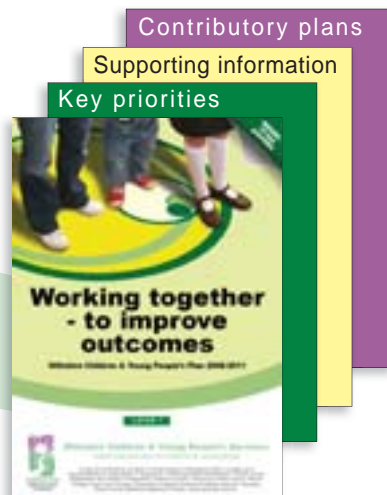
**October 2007:**  
Dissemination of consultation document - 5,000 hard copies sent out, including all school governors; electronic circulation; website version.



Consultation tools:  
Plan FAQ;  
young people's questionnaire;  
PowerPoint for use with parents

**October 2007-January 2008:**  
Plan consultation - responses received from a wide cross-section of stakeholders.

**January 2008:**  
Identification, by Children & Young People's Trust Board, of priority "pages" for top layer of Plan.



**November 2007:**  
Plans co-ordinating event - authors of 35 contributory plans met in 200 "speed-dating" sessions to share plan objectives and actions.

## The Children and Young People’s Plan 2008-2011 is made up of three “layers”:

### ● LAYER 1

**Content:** Priorities for working together and “What’s going to be different”

**Where:** This document

### ● LAYER 2

**Content:** Supporting information, actions to achieve “What’s going to be different”, other priorities

**Where:** Web accessible via [www.WiltshirePathways.org/CYPP](http://www.WiltshirePathways.org/CYPP)

### ● LAYER 3

**Content:** Contributory Plans – 40+ plans & strategies that contribute to achieving the priorities

**Where:** Web accessible in summary form via [www.WiltshirePathways.org/CYPP](http://www.WiltshirePathways.org/CYPP)

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## Key to symbols



Identified as a priority by children & young people in the CYPP consultation



Developed as part of the Wiltshire Children's Services Pathways Project ([www.WiltshirePathways.org](http://www.WiltshirePathways.org))



Contributes to achieving the national Children's Plan ([www.dfes.gov.uk/publications/childrensplan](http://www.dfes.gov.uk/publications/childrensplan))



Contributes to achieving Care Matters ([www.dfes.gov.uk/publications/timeforchange](http://www.dfes.gov.uk/publications/timeforchange))



Contributes to promoting equality



## POPULATION

There are approximately 112,000 children and young people aged 0 - 19 years<sup>1</sup> living in Wiltshire and this number is expected to remain stable during the life of this Plan. It equates to 25% of the total population in the county, which is average for England.

## HEALTH

The population of Wiltshire is predominantly healthy, when measured by life expectancy – the life expectancy at birth for males is over two years more than the national average and for females just under two years more – but for certain sections of the population life expectancy is significantly lower.

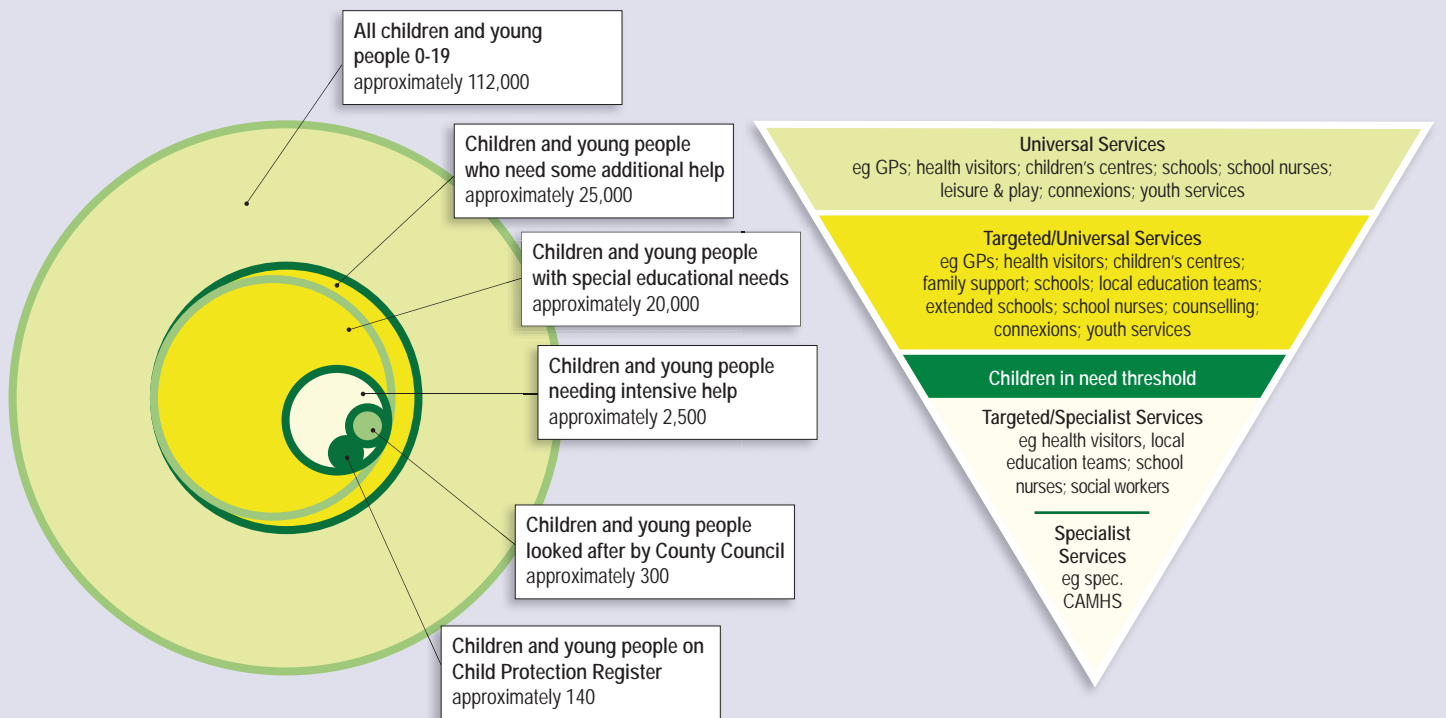
## EDUCATION

The overall educational attainment of children & young people in Wiltshire, while broadly in line with attainment nationally, needs to improve in some areas if it is to be as good as authorities whose populations are similar to Wiltshire from a socio-economic point of view.

Furthermore, average attainment conceals individual educational priorities, notably within the vulnerable groups which are described below.

## NEED

In the diagram below, the left-hand side represents different levels of need, some key groups with different levels of need and an indication of numbers within each level. On the right hand side are represented “tiers” of service that roughly correspond.



<sup>1</sup> The Plan covers services for all those in the area aged 0 to 19, young people aged 20 and over leaving care, and young people up to the age of 25 with learning difficulties.



## ● UNIVERSAL NEEDS

These are the health, educational, leisure and other needs that are responded to or supported by universal services. The effectiveness with which the needs of “all children & young people” are met is central to achievement of the five “Every Child Matters” outcomes. Educational provision is key to this.

## ● ACCESS TO UNIVERSAL SERVICES

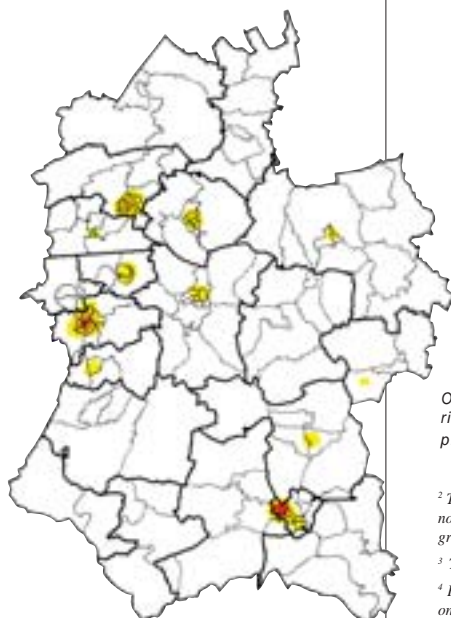
Although it may be the intention of universal services to be equally accessed by all, in practice certain identifiable groups of children & young people are less likely to have good access to universal services and as a consequence may have unmet needs. These can include children & young people from vulnerable groups, who also have “additional needs” (ie needs that require help additional to that routinely provided by universal services).

## ● CHILDREN & YOUNG PEOPLE WHO MAY BE VULNERABLE<sup>2</sup>

In broad terms the largest numbers of children vulnerable to poor outcomes are to be found where the largest concentrations of children are – in the urban areas of Wiltshire. However, children who may be vulnerable are not simply proportionate in numbers to the population of children generally. Some urban areas have more than proportionate numbers of children who may be vulnerable.

Low income is the most accurate single indicator of vulnerability. Roughly 10% of children in Wiltshire live in low income households and it is possible to identify “hotspots” where there are particular concentrations of need. Just seven “hotspots” (areas within a half-mile radius) contain between them more than a quarter of low income households with children in Wiltshire. The eighteen most concentrated hotspots contain more than 40% of all such households. Although not comparable to inner-city areas of deprivation, these are disadvantaged neighbourhoods from Wiltshire’s perspective within which a community approach to supporting vulnerable children & young people will be appropriate.

Not all children who may be vulnerable are contained within these hotspots. Other low income households are dispersed across other urban areas and in rural parts of Wiltshire. Some of the latter will be significantly affected by rural factors including isolation and lack of access to services. Together with activities in the “Local Area



Agreement”, we want to reduce the number of children & young people living in poverty in all parts of Wiltshire.

### Populations who may be considered more vulnerable (in the sense defined) and may face greater obstacles are:

those in low income households (approximately 10%)
those in single-parent households (approximately 17%)
those in Service households (approximately 10%)
disabled children & young people (approximately 7%) <sup>3</sup>
those from black & other ethnic groups (approximately 2.5%)
children & young people looked after by the County Council (approximately 0.3%)

## ● OBSTACLES TO HEALTH & DEVELOPMENT

“Obstacles to health & development”, as identified within the Wiltshire Children’s Services Pathways Project, are the circumstances that stand in the way of children and young people achieving the desired “Every Child Matters” outcomes and are likely to result in their having additional needs. Included are children and young people who experience problems in relation to: where they live; family life; quality of care; school and education; bullying and discrimination; offending and drug misuse; and health.<sup>4</sup> We are committed to remedying or minimising these obstacles.

## ● “PROGRESSIVE UNIVERSALISM”

Good universal services – of health and education – are central to ALL children & young people achieving the five outcomes but need to incorporate additional help and support for those who need it in a timely and accessible way. We want to extend the range of additional support that is available from universal services.

\* The information on this map is derived from Experian Mosaic Public Sector data and indicates geographical distribution of need based on numbers of children & young people living in areas of deprivation.

*This map is based on Ordnance Survey material with the permission of Ordnance Survey on behalf of Her Majesty’s Stationery Office © Crown copyright. Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings. Wiltshire County Council 100023455.2004*

<sup>2</sup> The term “vulnerable” is used to indicate that the children in the categories described are not inevitably disadvantaged compared with other children but that they are at significantly greater risk of being so.

<sup>3</sup> Those with a moderate to severe disability.

<sup>4</sup> Fuller information about the obstacles to health & development and their impact on children & young people in Wiltshire can be viewed by going to <http://www.wiltshirepathways.org/CYPP>

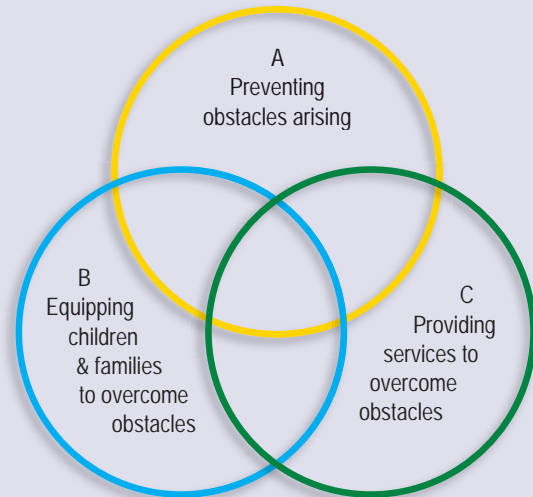
● PREVENTION & RESILIENCE

Prevention can be seen as having three overlapping strands. Each has a particular emphasis as described below but the strands are inextricably intertwined

**A. Preventing obstacles arising** (for example, reducing the incidence of domestic abuse) – This is clearly the most desirable approach but will not eliminate all obstacles.

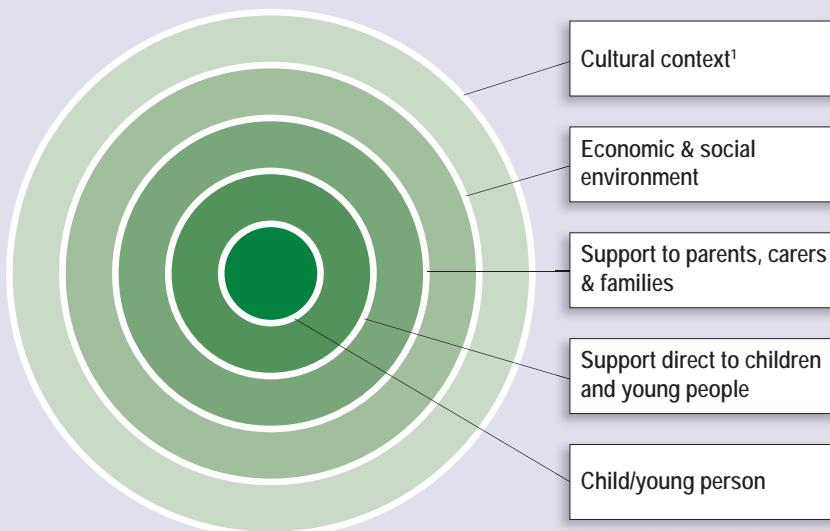
**B. Equipping children (& their families) to overcome obstacles** (for example, enabling children to experience adversity without suffering long-term emotional and behavioural difficulties) – This is concerned with promoting the capacity of children and their families to cope with problems rather than providing services in response to the effects. The core of this strand is the promotion of resilience in its widest sense, including the strengthening of families and communities to the indirect benefit of children.

**C. Providing services to help overcome/reduce the negative effects of obstacles** (for example, providing “treatment” and support to enable children to overcome communication difficulties) – This is about responding to problems that have developed and preventing negative outcomes.



● VIEWING CHILDREN & YOUNG PEOPLE IN THEIR ENVIRONMENT(S)

A child or young person can be viewed as located at the centre of a number of environments that interact with each other and with the child or young person to affect their development. The different environments can be represented like the rings of an onion.



All these “environments” have an impact on how well a child or young person achieves the five “Every Child Matters” outcomes. In identifying where improvements will have the biggest impact, consideration needs to be given to interventions in each.

<sup>1</sup> “Cultural context” includes attitudes towards children & young people, parents and families.





for key see page 03

## WHY RESILIENCE MATTERS

Resilient children & young people are better able to resist stress and adversity, to cope with change and uncertainty, and recover more rapidly and completely from traumatic events or episodes. They can experience problems and difficulties without developing long-term emotional & behavioural disorders.

### What it means for the 5 ECM outcomes

Be Healthy	Resilience protects emotional health.
Stay safe	Resilient children & young people are more able to protect themselves from harm.
Enjoy & achieve	By supporting emotional wellbeing, resilience supports enjoyment & achievement (but equally these contribute to resilience).
Make a positive contribution	Resilience both enables - but also is importantly enabled by - opportunities to make a positive contribution.
Achieve economic wellbeing	Resilience supports future economic independence.

## PROMOTING RESILIENCE



### Key factors for promoting resilience<sup>1</sup>:

#### All developmental stages

- contact with reliable and supportive others
- exposure to demands with opportunities to succeed in valued tasks
- learning coping strategies and helped to re-frame problems

#### In the early years

##### In the ante-natal period:

- adequate maternal nutrition throughout pregnancy
- avoidance of maternal and passive smoking
- moderate maternal alcohol consumption
- social support from partners, family and external networks
- good access to ante-natal health care
- interventions to prevent domestic violence

##### During infancy:

- adequate parental income
- social support to moderate parental stress
- good quality housing
- parent education
- safe play areas and provision of learning materials
- breast feeding
- support from male partners

##### During the pre-school period:

- high quality early-years settings
- preparatory work with parents on home-school links
- pairing with resilient peers
- availability of alternative caregivers
- healthy diet
- links with other parents, local networks & faith groups

<sup>1</sup> developed from "Promoting resilience: a review of effective strategies" by Dr Tony Newman (Barnardo's) & "How, according to the evidence, resilience is best promoted in the early years" Celia Atherton (Research in Practice)

<sup>2</sup> see <http://www.bris.ac.uk/education/enterprise/elli/>

## In the middle years

- creation/maintenance of home-school links for at risk children, promoting parental confidence and engagement.
- positive school experiences: academic, sports or friendship
- good and mutually trusting relationships with teachers
- the development of skills, opportunities for independence and mastery of tasks
- structured routines, and a perception by the child that praise and sanctions are being administered fairly
- manageable contributions to the household which promote competencies, self-esteem and problem solving
- in situations of marital discord, attachment to at least one parent and opportunities to play a positive role in the family
- provision of breakfast and after-school clubs
- a choice of stable accommodation for looked after children

## In adolescence and early adulthood

- continuity of teacher-child and peer relationships
- programmes that encourage emotional literacy
- promotion of positive motivational styles and problem solving - discouraging 'learned helplessness'
- opportunities to develop valued skills through broad curricula [including vocational subjects]
- programmes which encourage peer collaboration
- a role for young people in negotiating family rules
- social support for parents and carers
- where parental separation occurs, opportunity to maintain familiar social rituals
- emphasis in schools on achievement for vulnerable children
- positive peer relationships
- opportunities to influence their environments
- involvement in valued household roles, part-time work outside the home, or volunteering
- where family support is weak, supportive adults or mentor

## RESILIENT LEARNERS<sup>2</sup>

Resilient learners (as opposed to fragile & dependent learners) like a challenge. They are not frightened by finding something difficult. They can tolerate the frustration and anxiety that sometimes accompanies learning. They show a high degree of "stickability" and are more likely to succeed.

- anyone can learn to be more resilient
- resilience is increased by developing a vocabulary to talk about it
- classroom approaches and routines can foster resilience
- role models like sporting celebrities encourage resilience

## What's going to be different?

**There will be an increase in the number of services which recognise and use the concept of resilience in developing and delivering their services and a shift in emphasis from reacting to symptoms to activities promoting acquisition of resilience.**

**In the longer term, fewer children & young people will need interventions at higher tiers of service.**

**The Local Area Agreement is working to promote "resilient communities".**

For more information go to: [www.WiltshirePathways.org/CYPP](http://www.WiltshirePathways.org/CYPP)

For specialist plans & strategies that contribute to "Promoting resilience" see page 21.



for key see page 03

### SUPPORTING DEVELOPMENT OF ATTACHMENT

Brain development is at a peak during the first 2 years of life. And one of the most important stimulants for brain growth is interaction with other humans - the emotional relationship between the infant and care-giver. Early interactions don't just create a context; they directly affect the way the brain is "wired".



Attachment behaviours learnt as a baby form the basis for behaviours that will be exhibited in later years, both in intimate relationships and when faced with threat.

Disordered or weak attachment is likely to have long-term consequences for a child or young person's behaviour and mental wellbeing.

#### What needs to be done?

- Raise awareness of the emotional needs of babies and toddlers to support optimum early brain development.
- Provide effective responses to post-natal depression/ mental health and substance misuse problems in parents.
- Provide targeted and evidence-based support where there are attachment difficulties.
- Provide family & parenting support.

### REDUCING HARM FROM RISK FACTORS

#### which are known to include:

- low socio-economic status
- living in a disadvantaged neighbourhood
- poor physical health
- learning difficulties/SEN
- parents with mental health or substance misuse problems
- family discord, disruption or instability
- greater experience of punishment or child abuse
- bullying
- homelessness
- substance misuse

#### What needs to be done?

- Provide help in relation to these risk factors.
- Protect from abuse.
- Reduce the incidence and impact of bullying.
- Reduce harm from family discord and breakdown, including as a result of domestic violence.
- Reduce the number of young people affected by homelessness and unsuitable accommodation.
- Provide effective help for substance misusers.

### What it means for the 5 ECM outcomes

<b>Be Healthy</b>	Mental health is a key part of being healthy - and physical health can also be adversely affected by mental health disorders.
<b>Stay safe</b>	Resilience and good mental health help to protect from harm and conversely mental health disorders increase vulnerability.
<b>Enjoy &amp; achieve</b>	Mental health disorders can result in great unhappiness and can hamper achievement in all areas of development, importantly including educational development.
<b>Make a positive contribution</b>	Mental health disorders can inhibit children & young people from making a positive contribution and behavioural disorders can find expression in antisocial behaviour.
<b>Achieve economic wellbeing</b>	Mental health disorders can affect achievement of economic wellbeing by inhibiting educational achievement and readiness for employment.

### PROMOTING POSITIVE WELLBEING

- Promote play, sport and leisure activities (see p12)
- Promote healthy diets and healthy lifestyles.
- Promote Emotional Literacy in schools and other settings in which children & young people are found, including giving children & young people voice & influence.
- Reduce stresses that affect the mental wellbeing of young people.

### SUPPORTING PARENTS

*"Parents are the most important resource our children have and therefore the help we give parents must be of high quality and based on the best available evidence."*

#### Wiltshire's Parenting Support Strategy aims to ensure that:

- families live in a supportive social environment *including suitable accommodation, access to play opportunities, and supportive communities.*
- parents and families have access to social support *Most parents receive social support from a partner; grandparents and other extended family; friends; or their social networks. Social support can offer practical assistance and task sharing; provide information and emotional support; and help to give people a sense of value and self-worth.*
- parents can access information and advice
- parents can access a parenting programme *Parenting programmes aim to change how parents behave in order to improve how effectively they respond to their child's physical, emotional, educational, social and cultural needs.*
- parents can access individual support according to need



## WHO ARE WE TALKING ABOUT?

### Children and young people:

- from families under stress having difficulty managing their children's behaviour, including parents with poor parenting skills; mental illness or other incapacity; or serious relationship problems
- with very low self-esteem, who are confused and angry
- where emotional and behavioural problems mean they are unable to access the curriculum, can't learn or have difficulties socially and in establishing relationships
- who in the school environment put the comfort, safety or learning of themselves or others at risk
- who are at risk of being or who have been excluded
- affected by abuse or other trauma
- with serious antisocial behaviour
- exhibiting sudden changes in behaviour
- with a psychiatric illness
- involved in serious conflict within their families - parents who feel unable to cope with a young person's behaviour, leading to risk of family breakdown

## IS THERE EVIDENCE OF NEED?

Nationally it is estimated that about 35% of children will be affected by a mental health disorder at some time during their childhood and that the number is increasing.

Based on national prevalence data, in Wiltshire there are about 3500 boys and 2250 girls aged 5 to 15 years with mental health disorders at any one time. Emotional disorders are more common in girls and conduct and hyperactive disorders more common in boys.

40% of children with a learning disability have a diagnosable mental health problem.

"*Behaviour, Emotional & Social Difficulty*" is a significant category of special educational need. (Currently almost 13% of statemented pupils in Wiltshire have statements for BESD - many more are receiving support for this reason.)

There are about 2000 young people aged 16 to 17 years suffering mental health disorders in any one year. Alcohol/drug abuse/dependence in boys and mood disorders in girls are the commonest problems at these ages.

About 90% of young offenders have some kind of mental health disorder (personality disorders, neurotic disorders, alcohol and drug misuse, self-harm, and/or psychosis).

## WHAT NEEDS TO BE DONE?

### In addition to prevention (see opposite), responses include:

- providing family & parenting support and developing parenting skills to help parents manage their children's emotional and behavioural problems
- providing (and supporting) educational and other settings in which the child or young person is effectively managed and his/her emotional and behavioural wellbeing enhanced
- effective therapeutic interventions where needed direct with the child or young person or family

## What's going to be different?

### M1 More children & young people will receive effective support to promote mental wellbeing through:

- improved awareness regarding early attachment and promotion of evidence-based methods for supporting it
- Children's Centres that are effective in reaching and supporting the families of young children who may be vulnerable.
- implementation of the parenting support strategy
- reviewing /re-commissioning Family Support services
- reducing harm from known risk factors

### M2 More children & young people with emotional & behavioural and other mental health problems will have their needs effectively met by local, community-based services, through:

- effective identification of need (using the Common Assessment Framework)
- support for evidence-based, solution-focused approaches, including access to information about "what works" and, where necessary, support from specialist services

### M3 Children & young people requiring the help of Specialist Child & Adolescent Mental Health Services will have equality of access and reduced waiting times.

For actions, milestones and success indicators go to:  
[www.WiltshirePathways.org/CYPP](http://www.WiltshirePathways.org/CYPP)

For specialist plans & strategies that contribute to "Supporting mental wellbeing and overcoming emotional & behavioural problems" see page 21.





for key see page 03

## WHAT ARE WE TALKING ABOUT AND WHY ACHIEVEMENT MATTERS

For children & young people achievement is one of the keys to life success and securing good long-term outcomes. Success builds self confidence and raises life aspirations. Good educational achievement is a significant protective factor.

### What it means for the 5 ECM outcomes

Be Healthy	A sense of achievement is fundamental in promoting good mental health, building personal resilience and self-esteem.
Stay safe	Children & young people are more able to protect themselves from harm.
Enjoy & achieve	A sense of achievement can build confidence and a love of lifelong learning.
Make a positive contribution	A sense of achievement supports making a positive contribution reducing negative thinking and actions.
Achieve economic wellbeing	Achievement is fundamental to creating and securing the best employment opportunities.

## WHY ATTAINMENT NEEDS TO BE RAISED

The overall educational attainment of children & young people in Wiltshire is in line with national expectations but below that of our statistical neighbours in some areas:

**Key Stage 1:** Attainment in teacher assessment is broadly in line with that expected but with improvement needed in writing and at the higher levels.

**Key Stage 2:** Attainment in English and science are above the national averages although maths is below. Compared to statistical neighbours improvement is still needed in English and maths.

**Key Stage 3:** Attainment in English, maths and science are well above the national average and in line with statistical neighbours.

**Key Stage 4:** Attainment at 16 in 5 A\*-C GCSE including English and maths is significantly higher than the national average although the rate of progress has slowed, particularly for boys.

Averages conceal individual weaknesses, notably within some vulnerable groups:

- children & young people from income-deprived households, as measured by receipt of free school meals
- children & young people with Special Educational Needs
- children & young people from some ethnic minority groups
- children & young people looked after by County Council

Improving achievement has to include narrowing the gaps for these children & young people.

## CHILDREN'S CENTRES

See page 20

## EXTENDED SCHOOLS

**The aim is for all schools to be 'extended schools' by 2010, providing access to a 'core offer' of services and activities:**

- childcare from 8am to 6pm, available all year round;
- varied and interesting activities for children - including to support non-academic forms of achievement;
- parenting support - including parent engagement with education and parental outreach;
- wider community access to ICT, sports and arts facilities;
- access to specialist support services, such as child and family health.

Developments in Wiltshire include the role of school-based Family Link Workers, who can support parents to take an active role in their child's social, emotional and educational development, improving behaviour and attendance, and provide help and advice to resolve problems before they become more severe.

## EMOTIONAL LITERACY

- is "*The capacity for recognising our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships.*"
- is about the whole organisation – staff as well as children;
- is important not just for schools but all settings in which children & young people are found;
- makes a difference to achievement - students who feel emotionally secure are better learners.

## WHAT NEEDS TO BE DONE?

- Continue to improve leadership and management particularly through school self evaluation, data analysis and target setting - including headteachers, senior leaders, governors, subject leaders.
- Narrow the educational gaps for vulnerable groups - including promoting parental interest in educational achievement and placement stability for looked after children.
- Improve the quality of teaching and learning - attracting and maintaining an excellent teaching field force and supporting the development of the highest quality teaching and learning.
- Reduce number of schools in an Ofsted category requiring special measures or a notice to improve (already at all time low); move schools from "adequate" to "good/outstanding".
- Ensure the curriculum reflects national developments (eg Early Language Learning; Diplomas at 14-19).
- Recognise and respond to the social and emotional aspects of learning (SEAL/Emotional Literacy).
- Improve school buildings and numbers of self governing schools.
- Develop Local Collaborative Partnerships between schools to enable children to enjoy childhood and unlock the potential of all.



## What's going to be different?

**A1** Those Wiltshire children who at age 5 are underachieving will be less far behind their contemporaries when compared with national trends.

**A2** Through the extended services programme and schools, all children & young people will have access to at least 5 hours high quality PE and sport a week within and beyond the school day by 2011.

**A3** Children & young people will on average be achieving higher levels of attainment than previously, including the proportion achieving both English and maths, and the proportion of pupils progressing two National Curriculum levels in each of KS 1, 2, 3 and 4.

**A4** Children & young people from black & other minority ethnic groups, those who have special educational needs, those who receive free school meals and those who are looked after by the County Council will be achieving better at all Key Stages than previously.

**A5** More children & young people will benefit from attending schools and settings that have implemented the SEAL programme and/or achieved Healthy School status.

**A6** More children & young people will be attending schools and settings receiving a "good" or "outstanding" overall Ofsted judgement.

**A7** All young people will be able to access the national entitlement, in relation to the 14-19 Diploma (by 2013).

**A8** More children & young people will be educated in high quality buildings.

**A9** The needs of children & young people will be more effectively met through schools working together collaboratively in local areas.

**A10** Children & young people from areas of disadvantage will receive improved support through a greater percentage of funds being delegated to schools on the basis of deprivation factors.

For actions, milestones & success indicators go to:  
[www.WiltshirePathways.org/CYPP](http://www.WiltshirePathways.org/CYPP)

## PLANS AND STRATEGIES THAT CONTRIBUTE TO IMPROVING ACHIEVEMENT

- 13-19 Strategy
- 1st Active - Sports Partnership
- Aftercare Strategy
- Behaviour and Attendance Strategy
- Children's Centres
- Connexions Business Plan
- Disabled Children and Young People
- Early Years and Childcare Service Plan
- Emotional Literacy Action Plan
- Extended Schools Strategy
- Family Learning
- Healthy Eating / Obesity Strategy
- Healthy Schools Plan
- Learning & Skills Council Plan
- Library Service Plan (for children & young people)
- Looked After Children and Young People Strategy
- Parenting Support Strategy
- Play Strategy
- Playing for Success (study support scheme)
- School Buildings and Places Service Plan
- School Food Strategy
- **Schools Branch Strategic Plan**
- SEN Strategy
- Shared Processes Implementation Plan
- Study Support Plan
- Teenage Pregnancy Strategy
- Transitions for Disabled Young People
- Voice & Influence Strategy
- Workforce Development Strategy
- Young Carers Strategy

For information about these plans and strategies go to:  
[www.WiltshirePathways.org/CYPP](http://www.WiltshirePathways.org/CYPP)





for key see page 03



## WHAT ARE WE TALKING ABOUT?

- Adolescence is a distinct developmental stage in which dramatic neurological changes affect brain function and behaviour. It's a crucial transition period in which young people take increasing responsibility for themselves, their relationships and decisions about their lives.
- 70% of media stories about young people associate them with problems such as antisocial behaviour and almost a third of adults think that 'young people hanging around' is a major problem in their neighbourhood.
- Young people are increasingly spending time in social rather than family situations.
- How young people spend their leisure time really matters. Participation in constructive leisure time activities can have a significant impact on young people's outcomes in later life.

## IS THERE EVIDENCE OF NEED?

**In a recent national survey\*, activities and facilities for teenagers were found 'in most need of improving'. There was a similar result in the Wiltshire household survey.**

**Since January 2007 all Local Authorities have a statutory duty to secure for young people access to:**

- sufficient **educational** leisure time activities and facilities
- sufficient **recreational** leisure time activities/facilities which are "for the improvement of their wellbeing".

\*\*"User Satisfaction and Local Government Service Provision" (2007)

### What it means for the 5 ECM outcomes

<b>Be Healthy</b>	Participation in constructive leisure time activities improves confidence and self-esteem and promotes mental health.
<b>Stay safe</b>	... can help young people avoid taking risks (eg leading to drugs, antisocial behaviour or crime).
<b>Enjoy &amp; achieve</b>	... develops interests and talents and can help improve attitudes to/engagement with school.
<b>Make a positive contribution</b>	... can include volunteering & participating in decision making within their communities.
<b>Achieve economic wellbeing</b>	... promotes skills eg social & communication skills that are valued in the workplace.

## WHAT YOUNG PEOPLE HAVE SAID

*"Young people get into trouble through hanging around with the wrong crowd."*

*"We need more centres for teenagers, more places to go to get them off the streets."*

*"Provide more places for us to go that are a low cost or free."*

*"It's not all about development - we want somewhere to socialise and have fun."*

**Trust Board  
top priority**

## WHAT NEEDS TO BE DONE?

- Provide clear, accessible information publicising the range and quality of "things to do, places to go, people to talk to".
- Ensure accessible & affordable provision for all, including those who are "hard to reach", have learning difficulties or disabilities; have little money; need help with transport.
- Provide a non-stigmatising gateway to support services, which provide additional help if things start to go wrong.

## What's going to be different?

**T1** More young people will be participating in a broader range of positive developmental activities, in their leisure time, including activities which provide contact with safe, reliable and supportive adults.

**T2** Children & young people will be able access a range of varied and interesting activities through the extended schools initiative (see p10).

**T3** Young people will benefit from increased access to new or improved facilities.

**T4** Sparksite and Spark Radio will be reaching more young people with more information responsive to their needs and interests, including those from minority groups.

**T5** More young people and a wider range will be involved in developing and managing services.

**T6** More young people living in disadvantaged neighbourhoods or who are vulnerable to exclusion will benefit from Young People's Opportunity Funding.

**T7** Children & young people will benefit from improved opportunities for play through implementation of the Wiltshire Play Strategy and the work of the Wiltshire Play Partnership.

For actions, milestones and success indicators go to:  
[www.WiltshirePathways.org/CYPP](http://www.WiltshirePathways.org/CYPP)

For specialist plans & strategies that contribute to "Things to do" see page 21.





for key see page 03

## WHAT ARE WE TALKING ABOUT?

A disability is defined as “*a physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities.*” DDA

The **social model** of disability distinguishes between an impairment and the “disabling” social situation. Barriers erected by society may restrict participation and opportunities.

## IS THERE EVIDENCE OF NEED?

It is estimated that in the UK almost 20% of children & young people are disabled according to the widest definition - 7% are more significantly disabled.

Numbers who are severely disabled are increasing (eg by an estimated 60% between 1975 and 2002) because:

- more babies with complex needs are surviving as a result of medical advances
- there is an increase in diagnosis and/or prevalence of Autistic Spectrum Disorders

Estimates for Wiltshire are that there are 750 children & young people with a severe or complex disability.

Nationally it has been estimated that half of all disabled children & young people live in poverty.

## WHAT PARENTS/CARERS WANT<sup>1</sup>:

- Not to have to repeat their story at each new assessment, which is frustrating and often distressing.
- More communication between professionals.
- Appointments that are coordinated.
- Better information.
- Action after assessments – reduced waiting times for therapies/support.
- More support in managing challenging behaviour.
- More short-break provision and more choice.
- Services available before crisis point has been reached.

## WHAT DISABLED YOUNG PEOPLE WANT<sup>1</sup>:

- more help settling into school – from peers and advocates
- more opportunities to make friends out of school and join in activities
- to have a real say in plans that are made for them

## VISION

*For every disabled child & young person in Wiltshire to achieve their potential – educationally, socially & in their personal life within their local community and within a secure family where all members have a good quality of life and where their unique needs are recognised and met as early as possible.*

## INCLUSION - A MESSAGE TO ALL COMMUNITIES AND SERVICES

There is a role for all services and communities in meeting the needs of disabled children & young people. All services and communities need to ask themselves what they have done to enable and encourage disabled children & young people to benefit from what they provide and to play an active part in their community.

### What it means for the 5 ECM outcomes

Be Healthy	Physical and emotional health and development are often affected.
Stay safe	Disabled children & young people are at greater risk of abuse and harm.
Enjoy & achieve	Are often excluded from the full range of facilities that enable other children to enjoy and achieve.
Make a positive contribution	Often have very limited options and opportunities to make a positive contribution.
Achieve economic wellbeing	Many are affected by poverty and have little chance of future economic independence.

## WHAT NEEDS TO BE DONE?

- Promote high expectations for disabled children & young people and remove barriers to active participation within local communities.
- Provide therapeutic responses to impairments
- Empower and support parents in their role - including meeting the needs of their non-disabled children
- Respond to developmental and educational needs
- Respond to the social and emotional needs of disabled children - and other family members

## What’s going to be different?

- D1** Clear eligibility criteria will support easier access to services and more equitable access across the County – based on quality assessments of individual need, which reflect a multi-disciplinary approach.
- D2** There will be more support for families and that support will be more flexible to individual needs, including wider use of direct payments and development of short-breaks.
- D3** Young people will have a well planned transition pathway into adult life.
- D4** Children and young people, parents and carers will have more opportunity to shape the service they receive and to influence services that are developed in the future.
- D5** Barriers to participation and inclusion will have been challenged and removed.

For actions, milestones and success indicators go to: [www.WiltshirePathways.org/CYPP](http://www.WiltshirePathways.org/CYPP)

For specialist plans & strategies that contribute to “Including disabled children & young people” see page 21.

<sup>1</sup> Wiltshire consultation results.



for Key Messages page 03



**WHAT ARE WE TALKING ABOUT?**

- NEET is a measure of the non-participation of young people in structured provision post-16.
- Young people who become NEET do so for varying periods of time. Young men and women are affected in similar proportions (5.8% and 5.7% respectively).
- Young people in vulnerable groups (those with learning difficulties & disabilities; care leavers; young mothers; those who are homeless; those with personal/social barriers; those in the youth justice system) have more difficulty securing and maintaining an education, employment or training (EET) opportunity.
- The incidence of NEET is not evenly distributed across Wiltshire – the incidence is significantly higher in West Wiltshire (6.2%) than other areas.
- Factors affecting NEET include the availability and accessibility of training and employment opportunities, young people’s awareness of these opportunities and their readiness to make use of these opportunities.

(Note: NEET stats are quite volatile. The above reflect the situation at the beginning of 2008.)

**IS THERE EVIDENCE OF NEED?**

- The economic cost of NEET, through welfare support, criminal activity, non contribution of taxes etc., has been estimated at £20 billion annually in the UK.
- Young people who are NEET are more likely to be involved in substance misuse and crime.
- The Government is introducing measures requiring that by 2015 young people remain in learning until age 18 and numbers of former students who are NEET at age 19 will be introduced as an aspect of school performance.

**WHAT YOUNG PEOPLE HAVE TOLD US**

**A survey of NEET young people in Wiltshire and Swindon carried out in 2007 found that:**

- being NEET affects the self esteem of young people – they rate their enthusiasm, motivation, intelligence, literacy/numeracy as below that of their peers
- bullying, mixing with the wrong crowd, personal issues at home and losing interest in their studies were identified as the main contributors to being NEET
- there is poor uptake and involvement in out of school/ positive activities amongst the NEET group

**The measures identified by young people to help combat NEET included:**

- more support with bullying issues, such as peer mentors or advice groups
- more support in choosing options in school
- better understanding and (earlier) support in & out of school

**But 50% were not unhappy with being NEET - an important consideration when promoting EET opportunities.**

For specialist plans & strategies that contribute to reducing NEET see page 21.

**What it means for the 5 ECM outcomes**

<b>Be Healthy</b>	Young people who are NEET are at greater risk of substance misuse; smoking; depression
<b>Stay safe</b>	... and of living rough/homelessness.
<b>Enjoy &amp; achieve</b>	Being NEET is both a result of and a contribution to underachievement.
<b>Make a positive contribution</b>	Involvement in crime & antisocial behaviour is higher amongst NEET young people.
<b>Achieve economic wellbeing</b>	... are not attaining qualifications/receiving a wage, impairing short & long term prospects.

**WHAT NEEDS TO BE DONE?**

**Schools, colleges and training providers**

- Offer a range of flexible learning provision.
- Raise aspirations; ensure knowledge of progression opportunities; develop the skills to compete in the labour market.
- Identify those young people at risk of disengagement and provide retention support where appropriate.

**Services for Young People, including Connexions**

- Track participation to identify those who are NEET to enable targeting of support.
- Provide information and advice about opportunities, promote and support access to EET.
- Help in developing personal skills, positive attitudes and increased resilience to enable young people to succeed.
- Support young people with specific difficulties or barriers and provide engagement programmes.
- Involve young people in shaping support services.

**Other agencies** - Access to specialist support.

**What’s going to be different?**

- N1** Those who are or are at risk of becoming NEET will be identified through rigorous tracking procedures.
- N2** Young people (specifically those who are vulnerable) will be offered personalised information, advice and guidance so that more take up EET opportunities.
- N3** There will be more flexible and comprehensive learning provision at all levels.
- N4** The Education Maintenance Allowance will be available for a wider range of courses.
- N5** Targeted youth support will be available to address the needs of young people with specific barriers to engagement.
- N6** The September Guarantee (an offer of suitable EET) will be extended to 17 year olds.
- N7** Young people will have accelerated access to New Deal intensive support at age 18.
- N8** Young people will be viewed as more employable by local employers.

For actions, milestones and success indicators go to: [www.WiltshirePathways.org/CYPP](http://www.WiltshirePathways.org/CYPP)



for key see page 03

## ● WHAT ARE WE TALKING ABOUT? - AND HOW IT AFFECTS CHILDREN & YOUNG PEOPLE

**It has been estimated that during a year 15000 children & young people in Wiltshire are affected by domestic abuse.**

- Children caught up in domestic abuse may suffer severe physical injury.
- Children may be witnesses of physical violence or of other forms of domestic abuse, find themselves implicated as an excuse for the violence and may start to believe that they are to blame. Keeping secrets about what is happening at home may be an additional source of stress.
- Some children and young people are effectively excluded from their own homes (by the need to get away from the violence) and end up hanging around the streets with the risks that that involves.
- Children suffer stress from trying to mediate between or protect parents.
- Less directly they may be affected by parental depression arising from the abuse - and by family breakdown.
- Research links living in a family where domestic abuse occurs with a detrimental impact on the brain development.
- The most common “symptoms” of exposure to domestic abuse are: emotional problems (including depression which may go unrecognised) or behavioural disturbance (which is more likely to evoke a response – positive or negative). The origins of these symptoms may go unrecognised.
- Domestic abuse (most commonly men on women) models behaviour for children and young people which may have an immediate impact on parent/child relationships and an impact on future relationships - replicating behaviour they have witnessed. Evidence suggests perpetrators of domestic abuse are likely to have witnessed it in childhood.
- It appears that children caught up in domestic violence are stigmatised and more exposed to bullying.



## ● DOMESTIC ABUSE & SCHOOLS

Children and young people exposed to domestic abuse may display “symptoms” in school and be seen as “troubled or troubling”. There is a risk that behaviour difficulties arising from domestic abuse in the home will contribute to more general school difficulties, exacerbating problems. For some children/young people the school will be a sanctuary.

## ● WHAT NEEDS TO BE DONE?

- Broad preventive action (some at a societal level) to reduce the prevalence of domestic abuse, challenging attitudes towards domestic abuse especially amongst young people.
- Effective identification and responses to reduce the persistence and impact of domestic abuse, including intervention by the Police and perpetrator programmes.
- Help for children and young people affected by domestic abuse to cope with and recover from consequent emotional and behavioural problems.
- Effective support and access to safe places for victims of domestic abuse to empower them to make the right decisions for themselves and their children.

### What it means for the 5 ECM outcomes

Be Healthy	Physical and emotional health and development are likely to be affected.
Stay safe	Risk of severe physical and/or emotional harm.
Enjoy & achieve	Can affect relationships; restrict opportunities; create anxiety and stress; impact on educational achievement; reduce self-esteem and the enjoyment of life experiences.
Make a positive contribution	Models violent behaviour that may be copied.
Achieve economic wellbeing	May affect educational development and long-term mental health.

### What’s going to be different?

**V1** The numbers of children at risk through domestic abuse will be reduced by tackling causal factors eg substance misuse (see p17) and by promoting resilience (see p7).

**V2** Children and young people living with or experiencing domestic abuse will be given appropriate advice and signposting to services at first point of contact.

**V3** High risk victims will be identified, through engagement of health and social care services in the Wiltshire Multi-Agency Risk Assessment Conferences.

**V4** Children and young people will have greater understanding and awareness of domestic abuse and support that is available - for example through school-based awareness raising.

For actions, milestones and success indicators go to: [www.WiltshirePathways.org/CYPP](http://www.WiltshirePathways.org/CYPP)

For specialist plans & strategies that contribute to “Tackling domestic abuse” see page 21.



for key see page 03



## WHO ARE WE TALKING ABOUT?

**Children & young people who are overweight, obese, have a poor diet or lack exercise.**

## IS THERE EVIDENCE OF NEED?

**The prevalence of obesity among children aged 2 to 10 in England rose from 9.9% to 13.7% between 1995 and 2003. The figure for the South West in 2001/02 was 14%.**

- An estimated 1 in 3 deaths from cancer and 1 in 3 deaths from coronary heart disease are attributable to poor diet.
- Treating ill health related to poor diet is estimated to cost the NHS at least £4bn each year.
- Children and adults in lower social classes eat around half the fruit and vegetables of people from professional groups.
- Obesity has trebled since the 1980s, and over half of all adults (almost 24 million) are either overweight or obese.
- If the number of obese children continues to rise, children will have a shorter life expectancy than their parents.
- If current trends continue, at least one-third of adults, one-fifth of boys and one-third of girls will be obese by 2020.
- The cost of obesity is estimated at £3.7bn per year. Including overweight it increases to £7.4bn.

**There is some awareness among children, young people and their parents of the significance of food and diet for good health and of the impact of obesity on self-esteem and exposure to bullying. But there is persuasive advertising of foods that are high in fat, sugar and salt.**



## WHAT NEEDS TO BE DONE?

- Improve the diet of pregnant women.
- Provide guidance and support with infant nutrition (including breastfeeding).
- Promote “Five a day” fruit and vegetables and provide better access to fruit and vegetables in deprived areas.
- Educate parents in relation to health eating, nutrition, cooking – especially in disadvantaged communities.
- Improve school meals.
- Promote a whole school approach to healthy eating and drinking and use opportunities within the school curriculum to promote healthy eating.
- Influence the eating habits of children & young people through the range of settings within which services have contact with them.
- Promote physical activity among children & young people.

### What it means for the 5 ECM outcomes

<b>Be Healthy</b>	Healthy eating & exercise have a central part in ensuring good health.
<b>Stay safe</b>	Obesity exposes children & young people to an increased risk of bullying.
<b>Enjoy &amp; achieve</b>	A healthy diet and exercise can contribute to improved self-esteem; promote concentration and the improved use of educational opportunities; and encourage fulfilling leisure activities.
<b>Make a positive contribution</b>	Good health facilitates a positive contribution.
<b>Achieve economic wellbeing</b>	Good health and maximised educational benefits create opportunities for employment and productivity.

## What's going to be different?

**The year-on-year increase in obesity among children under 11 will be halted (within the context of a broader strategy to tackle obesity in the population as a whole), including by:**

- publishing a Wiltshire Obesity Strategy to include the issue of children and young people
- developing and implementing a Weight Management Care Pathway in relation to children and young people
- ensuring the use of reliable baseline data to monitor the incidence of overweight and obese children in Wiltshire, by implementing the National Child Measurement Programme in Reception Year and Year 6 children
- increasing physical activity

For actions, milestones and success indicators go to:  
[www.WiltshirePathways.org/CYPP](http://www.WiltshirePathways.org/CYPP)

For specialist plans & strategies that contribute to “Promoting healthy eating & exercise” see page 21.



for key see page 03



## ● WHAT ARE WE TALKING ABOUT?

**The involvement of children & young people in both drug and alcohol misuse and the impact on them of drug and alcohol misuse by others.**

- Drugs and alcohol misuse is often a contributory factor to other social problems, including antisocial behaviour.
- There is a growth in alcohol-related problems involving children & young people, including younger children.
- Drug and alcohol misuse by parents can seriously affect the quality of care that children & young people receive.

## ● WHAT YOUNG PEOPLE SAY

**Wiltshire “Tomorrow’s Voice” survey 2004**

**1,159 young people replied and most commonly felt that:**

- the most effective ways of reducing underage drinking are (a) providing more activities and facilities for young people (see p12); (b) the proof of age scheme
- Police, councils and other groups could reduce drugs and solvent abuse most effectively by educating and increasing awareness amongst young people about the problems

## ● IS THERE EVIDENCE OF NEED?

**Wiltshire Young People’s Drug & Alcohol Needs Assessment 2007 - based on national prevalence rates:**

**Alcohol Consumption - 12-17yr olds (estimates):**

- 6,400 consuming alcohol in any particular week
- 5,900 ‘binge’ drinkers

**Illicit Drug Use (estimates):**

- 6,600 - 11-17 yr olds estimated to have used drugs in last year
- 3,300 vulnerable young people frequently using drugs
- 2,200 young people using Class A drugs

**Problematic parental substance use:**

- 14,000 under 18s thought to be affected

## ● WHAT NEEDS TO BE DONE?

**A range of responses is required – from education, prevention and harm minimisation to residential rehabilitation.**

- Substance misuse education by all primary and secondary schools in line with DCSF guidance.
- Coordinated information about drugs made available in all schools, GPs surgeries, health centres, Connexions access points, libraries and police stations – and other public places accessed by young people.
- Participation in prevention programmes by all school exclusions, young people in contact with Youth Offending Service, children looked after by County Council and other groups of young people at particular risk.
- Identification and assessment of young people with a substance misuse problem.
- Integrated programmes of treatment, care and support for young people with a substance misuse problem.
- Services to respond to parental drug and alcohol use.

## What’s going to be different?

**S1 Children & young people who are affected by drugs and alcohol misuse will receive more effective support through: an extension of specialist training for staff; improved assessment; development of treatment services.**

**S2 Children & young people will be less exposed to easy access to alcohol, through more activity provision and effective promotion and enforcement of the proof of age scheme.**

**S3 Young people will be able to influence the development of services, through the Tellus Survey and focus groups.**

**S4 More children & young people will receive effective substance misuse education, including through the Healthy Schools programme.**

For actions, milestones and success indicators go to: [www.WiltshirePathways.org/CYPP](http://www.WiltshirePathways.org/CYPP)

For specialist plans & strategies that contribute to “Reducing substance misuse” see page 21.

### What it means for the 5 ECM outcomes

<b>Be Healthy</b>	Using alcohol and drugs can seriously damage physical and emotional health & development.
<b>Stay safe</b>	Alcohol and drug use result in risk taking. Illegal drugs are not regulated: the user can never be sure of exactly what they are taking. Parental substance misuse may affect the safety of children & young people.
<b>Enjoy &amp; achieve</b>	School exclusions may be drug related.
<b>Make a positive contribution</b>	Substance misuse can lead to antisocial behaviour and criminal activity.
<b>Achieve economic wellbeing</b>	May affect educational development, job prospects and long-term mental health.





for key see page 03



### WHAT ARE WE TALKING ABOUT?

- Although the teenage conception rate for 2005 in Wiltshire was relatively low compared to the national rate (28.2 compared to 41.4 per 1000 girls under 18), there are still wards that have high rates and overall rates need to reduce faster.
- Sexually transmitted infections in Wiltshire amongst 16-19 year olds have increased by 50% (2005).
- Although the majority of young people do not have sex before they are 16, regret is a major issue for young people who have. 67% of young men and 84% of young women aged 13-14 who had had sex, wish they had waited (2002 national survey of sexual health attitudes and lifestyles).
- The majority of young people who use Wiltshire's young person-friendly sexual health services, No Worries, are already sexually active.

### VIEWS OF CHILDREN & YOUNG PEOPLE

- The *Wiltshire Assembly for Youth* identified for its agenda for action: better sex education and has developed a *Wiltshire Charter for Sex and Relationship Education*.
- In the CYPP consultation, 90% of children & young people agreed (33% strongly) that teenage pregnancy rates in Wiltshire are too high and things need to be done to change this. Improved sex education was in their top 3 desired improvements in services.
- Of young people who used the No Worries service during February 2007, 97% would use the service again and 98% found the service to be friendly.

### WHAT NEEDS TO BE DONE?

#### Making sure that:

- young people know where to get help by a variety of means - from adults working with them, friends, leaflets, posters
- sexual health services meet the needs of all young people, are young person-friendly and accessible (as in the No Worries scheme)
- Sex & Relationship Education is consistent and available to all young people in a variety of settings, such as schools, youth centres and from parents
- young parents are supported back into education, training and employment by being signposted to and supported by agencies such as Housing, Connexions, Maternity and Health Visiting Services

### What's going to be different?

Less young people will be engaging in risky sexual behaviour and teenage conceptions and STIs will reduce – as a result of:

- X1** “No Worries” provision (young person specific sexual health services, meeting the ‘You’re welcome’ quality criteria) in all Wiltshire towns.
- X2** A young persons multi-agency drop-in in all high rate areas.
- X3** Training, support and provision for Sex and Relationship Education focused on schools in high rate areas.
- X4** A programme of Sex and Relationship Education developed for use with Children Looked After.
- X5** A rolling programme of Sexual Health Training delivered to all those working with vulnerable young people, especially in hotspot areas.
- X6** 100% of schools participating in the Healthy Schools Programme and 75% achieving Healthy Schools status, which includes meeting standards in Sex and Relationship Education.

For actions, milestones and success indicators go to: [www.WiltshirePathways.org/CYPP](http://www.WiltshirePathways.org/CYPP)

#### What it means for the 5 ECM outcomes

Be Healthy	Teenage births carry increased health risks for both the young mother and her baby. Many sexually active teenagers acquire a sexually transmitted infection.
Stay safe	Risk of exposure to sexual abuse.
Enjoy & achieve	Children of teenage mothers have lower educational achievement, lower income and are more likely to become teenage parents themselves.
Make a positive contribution	
Achieve economic wellbeing	Teenage parents are more likely to live in poverty and be unemployed.

For specialist plans & strategies that contribute to “Improving sexual health” see page 21.





“PROMOTING INCLUSIVE, THRIVING COMMUNITIES”

## ● WILTSHIRE CHILDREN & YOUNG PEOPLE’S TRUST BOARD

The Children & Young People’s Trust Board for Wiltshire and its Executive have responsibility for achieving the Trust’s vision that “*ALL children & young people in Wiltshire achieve the five “Every Child Matters” outcomes*” - through strategic leadership and commissioning.

The division of functions between the Trust Board and Executive is as shown below:



## ● Functions of the Trust Board

To improve outcomes for children and young people in Wiltshire by:

- maintaining an assessment of need in relation to the achievement of the five “Every Child Matters” outcomes by children & young people
- maintaining a Children and Young People’s Plan and related strategies; making recommendations for the development of services
- promoting the engagement of all stakeholders in contributing to the development and implementation of the Children and Young People’s Plan for Wiltshire
- monitoring the Trust Board Executive in its implementation of the Children and Young People’s Plan and related strategies and services.

The Trust Board has a large representative membership of more than 30 people and is chaired by a parent representative.

## ● Functions of the Trust Board Executive

To implement the Children and Young People’s Plan and related strategies agreed by the Trust Board by:

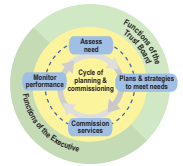
- developing, maintaining and implementing commissioning plans (with aligned or joint funding, where appropriate)
- monitoring performance against these plans and reporting to the Trust Board.

The Trust Board Executive is a small group of senior officers accountable for commissioning, chaired by the Lead Member for Children’s Services.

## ● JOINT COMMISSIONING

The process of joint planning and commissioning enables the Trust Board to build services around the needs of children and young people and to deliver outcomes effectively and efficiently. During 2007/8 the Board has undertaken a needs analysis and reviewed the funds available for children & young people’s services in Wiltshire.

The Board will continue to develop the capacity and frameworks for strategic commissioning and take forward some specific aspects of its plans through joint strategies e.g speech and language therapy, child & adolescent mental health services and family support services for disabled children and young people.



## ● EQUALITY & DIVERSITY

The Trust Board is committed to recognising and celebrating diversity and responding to inequality. Some groups of children & young people are vulnerable to poor outcomes (see p5) and this Plan is particularly concerned with responding more effectively to their needs. The Trust Board will measure the impact of what is done on different groups and act to remove barriers that stand in the way of equality of outcome.



## ● THE COMPACT AND THE VOLUNTARY SECTOR

An independent and varied voluntary and community sector is very important to the wellbeing of children and families and is a key partner in the planning and delivery of services to children and young people. The voluntary sector is represented on the Trust Board and on the Trust Board Executive and the Board is committed to implementing the principles of the Wiltshire Compact and following the codes of practice which underpin it.



## Wiltshire Local Safeguarding Children Board



**Working together to protect children & young people from significant harm**

All children & young people’s services have responsibility to ensure that children & young people are protected from significant harm.



**IMPORTANT:** If you think that a child or young person has suffered or is at risk of suffering significant harm, then you must follow Child Protection procedures which can be viewed by going to [www.swcpp.org.uk/](http://www.swcpp.org.uk/)



## EXAMPLES

### WORKING TOGETHER FOR CHILDREN & YOUNG PEOPLE WHO NEED ADDITIONAL HELP



- Developing arrangements for structured recording and safe and secure sharing of information.
- Using the Common Assessment Framework (CAF) to identify level of need and plan what to do.
- Using the role of Lead Professional to coordinate the CAF action plan.

### LOCAL COLLABORATIVE PARTNERSHIPS

We are committed to the further development of local collaborative partnerships bringing together schools and other local service providers in order to:

- provide a range of activities and opportunities in local community areas which reflect locally determined needs. (See also Extended schools - p10)
- develop partnerships between schools to promote inclusion and support achievement, behaviour and attendance
- improve identification and support of children & young people who need additional help (at Level 2) - before their problems become more severe
- provide a framework for robust locality commissioning

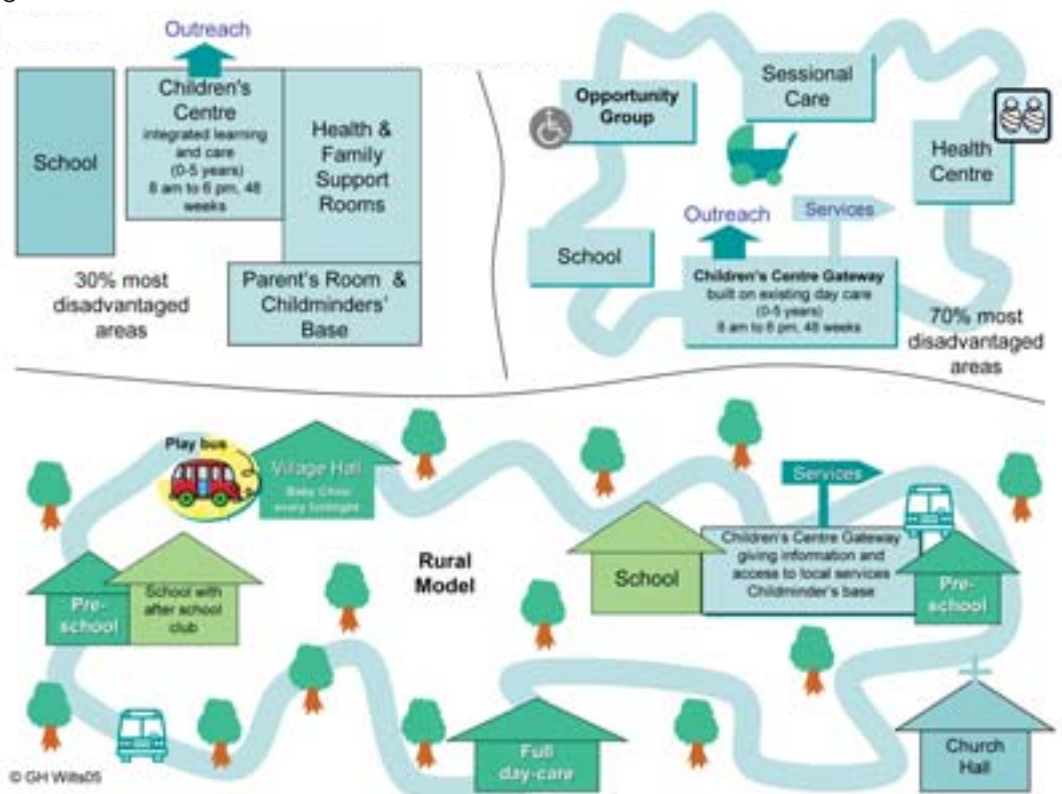
### WORKING TOGETHER IN THE EARLY YEARS - CHILDREN'S CENTRES

The "core offer" of Children's Centres is:

- early years provision
- family support and parental outreach
- child and family health services
- parental involvement
- links with Jobcentre Plus

20 Children Centres have now been designated in Wiltshire.

Example models of Children's Centres



### Developments in Working together

- W1** Develop the joint commissioning role of the Trust Board Executive, the alignment of budgets across commissioners (including assessing value for money) and effective performance management.
- W2** Implement Equality Impact Assessments as a tool to understand the impact of services on individuals and communities and inform service development.
- W3** Monitor and challenge in relation to application of the Compact with the voluntary sector.
- W4** Implement a Trust Board workforce strategy.
- W5** Promote co-location and integrated working by frontline staff from different disciplines.
- W6** Implement the Trust Board voice & influence strategy.
- W7** Via the LSCB, monitor agencies' implementation of safeguarding duties under sec11 Children Act 2004, and sec175 Education Act 2002, ensuring child protection procedures are in place, and provide guidance, support and training.
- W8** Set up a further 10 Children's Centres.
- W9** Implement use of the Common Assessment Framework and role of Lead Professional.
- W10** Develop local collaborative partnerships.
- W11** Continue to develop the role of the 13-19 Strategy Group particularly to ensure a smooth transition of functions from the Learning & Skills Council to the local authority.
- W12** Support the development of Area Boards within the new Wiltshire Council.

For actions, milestones and success indicators go to:  
[www.WiltshirePathways.org/CYPP](http://www.WiltshirePathways.org/CYPP)



## ● LAYER 3 OF THE PLAN

	Promoting resilience	Supporting mental wellbeing	Improving achievement - narrowing the gaps	Including disabled children & young people	Reducing NEET	Things to do - places to go - people to talk to	Tackling domestic abuse	Obesity, healthy eating & exercise	Reducing substance misuse	Improving sexual health	Working together <sup>2</sup>
13 - 19 Strategy			•		•	•					•
1st Active - Sports Partnership	•	•	•	•	•	•		•			
Aftercare Strategy		•	•	•	•						
Behaviour and Attendance Strategy	•	•	•	•	•						
Childhood Injury Prevention Action Plan		•		•		•					
Children's Centres	•	•	•	•	•		•	•		•	•
Connexions Business Plan	•	•	•	•	•					•	
Disabled Children and Young People	•	•	•	•	•	•					
Domestic Violence Strategy	•	•					•				
Early Years and Childcare Service Plan	•	•	•	•							
Emotional Literacy Action Plan	•	•	•				•				
Extended Schools Strategy	•	•	•	•	•	•		•		•	•
Family Learning		•	•	•	•			•			
Healthy Eating / Obesity Strategy	•	•	•			•		•			
Healthy Schools Headline Plan	•	•	•	•		•		•	•	•	
Housing and Homelessness	•	•		•	•	•	•	•			
Learning & Skills Council Annual Plan			•	•	•						
Library Service Plan (for children & young people)	•	•	•			•					
Local Safeguarding Children Board Business Plan	•	•		•			•		•	•	•
Looked After Children and Young People Strategy	•	•	•		•			•	•	•	
Parenting Support Strategy	•	•	•	•				•	•	•	
Play Strategy	•	•	•	•		•		•			
Playing for Success (after school study support scheme)	•	•	•			•		•			
Police Youth Strategy						•	•		•		
Probation - Reducing Reoffending Action Plan		•			•		•		•		
Public Transport Strategy				•	•	•					
School Buildings and Places Service Plan			•	•		•					
School Food Strategy	•	•	•					•			
Schools Branch Strategic Plan - Leadership & Management		•	•		•						
Schools Branch Strategic Plan - Primary section	•	•	•	•		•					
Schools Branch Strategic Plan - Secondary section	•	•	•	•	•	•		•	•	•	
SEN Strategy	•	•	•	•	•						
Sexual Health Strategy		•		•						•	
Shared Processes Implementation Plan		•	•	•	•		•		•	•	•
Smokefree Wiltshire	•					•			•		
Strategy for Reducing Crime and Combating Drug Misuse		•			•	•	•		•		
Study Support Plan	•	•	•	•		•		•			
Substance Misuse Plan		•					•		•		
Sustainable Modes of Travel to School Strategy		•		•	•			•			
Teenage Pregnancy Strategy		•	•		•					•	
Transitions for Disabled Young People		•	•	•	•						
Voice & Influence Strategy	•	•	•	•	•	•					•
Workforce Development Strategy	•	•	•	•	•	•	•	•	•	•	•
Young Carers Strategy	•	•		•	•	•					
Youth Development Service Plan	•	•		•	•	•	•	•	•	•	•
Youth Justice Plan		•			•		•		•		•

<sup>1</sup> Find out more about these plans by going to [www.WiltshirePathways.org/CYPP](http://www.WiltshirePathways.org/CYPP)

<sup>2</sup> Almost every one of these plans makes some contribution to working together. Only those specifically referred to on the "working together" page are identified here.

# Who can act as a lead professional?

‘Giving help; getting help’



**Lead Professionals coordinate help for children & young people.**



Help and support is available to Lead Professionals:  
go to [www.WiltshirePathways.org/LeadProfessional](http://www.WiltshirePathways.org/LeadProfessional)  
or phone 01225 713000 and ask for “Lead Professional support”