



Dudley Children and Young People's Plan

2011 – 2014

Contents Page

Introduction.....	3 - 5
Our Vision.....	5 - 6
Principles.....	7 - 7
Children and Young People and Families in Dudley.....	7 - 12
Achieving our Vision.....	13 - 13
Appendix A - Some Achievements of Partnership Activity within Dudley...	14 - 14

1. Introduction

In recent years the Children and Young People's Partnership (referred to as "the Partnership" from herein) has worked hard to improve the lives of children, young people and families in Dudley. Significant progress has been made to improve their wellbeing and life chances in a range of areas.

However, alongside our progress to improve outcomes for many of our children and young people, we face two key challenges.

First, we are now working in times of fewer resources and reduced budgets, with further cuts ahead in the coming years. This means an inevitable re-focusing of some of our priorities, and some hard decisions about some of our services.

And second, the levels and complexity of need among children, young people and their families is high in some places within Dudley, particularly those with high rates of child poverty. The demand for more costly intervention by specialist services such as Child and Adolescent Mental Health Services (CAMHS) and social care is generally much higher in these localities. Whilst this places a further strain on our resources, it also compromises our ability to achieve better outcomes for children, young people and their families through investment in early intervention and prevention – one of the guiding principles of our work.

The huge challenge and opportunity facing our partnership is to improve outcomes for families in Dudley by safely reducing the number of children, young people and families requiring specialist services and ensuring that wherever possible children and young people in Dudley thrive at home with their families. The Partnership has agreed that this will be a key overarching focus of investment in the future through a range of early intervention approaches, involving all partner agencies. Through this targeted approach, key desired outcomes, will improve. An outcome focus is the key to our approach.

Early Intervention

Early Intervention enables every baby, child and young person to acquire the social and emotional foundations upon which success depends. It is a means to avoid poor outcomes and needs to be seen as a long- term strategy that works across and affects successive generations. It offers a real chance to break destructive patterns by raising children to become good parents in their turn.

Early and late intervention approaches need to be brought into better balance in Dudley. At the moment, intervention sometimes happens late, when health, social and behavioral problems have become deeply entrenched in children and young peoples' lives. We need to place more weight on early intervention with young children to stop problems arising, whilst acknowledging that it is parents

and carers who are the key agents to provide the environment which makes a child develop good social and emotional capabilities.

Alongside this, we also need to pay particular attention to outcomes for children and young people with more complex needs, for example, looked after children and young offenders, since their levels of risk are so very much higher than those of their peers. The rate of looked after children and young people in Dudley has increased at an unprecedented pace and is now significantly higher than regional neighbours and the national average. Evidence also suggests that early intervention which develops social and emotional capability can reduce truancy, anti-social behaviour, crime, health problems, welfare dependency, need for statutory social care, under-attainment, and exclusion from school – all of which have costly consequences for local areas.

Dudley's Health Inequalities Strategy was updated in 2010 and has five strategic aims:

- Give every child the best start in life
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health provision.

Giving every child the best start in life will need us to focus for the next 3 years on:

- Improving data systems at a population level
- Examining the balance of investment between early years, school years and adolescent years in Dudley
- Commissioning a Family Nurse Partnership
- Measuring the impact of Dudley's Parenting and Family Learning Strategy
- Improving integrated working between health visitors, midwives and children's centres
- Implementing the Infant Mortality Reduction Action Plan
- Monitoring and where appropriate improving the quality of early years child care provision.

And we shall be undertaking these actions as part of this Children and Young People's Plan dovetailing into the targeted work outlined within the Plan. The Health Inequalities Strategy can be found at: <http://www.dudley.gov.uk/community-and-living/equality--diversity/plans-policies-and-reports/health-inequalities-strategy/>

Achieving Efficiencies

This Plan has a strong vein of efficiency running through it, and we will achieve our efficiencies through good commissioning processes. A key strand of this will be the targeting of resources to where they are most needed. A targeted approach will ultimately free up resource to use across townships, sustaining

what is working well, and driving up performance overall. Most importantly, the efficient, targeted use of resources will help to achieve improved outcomes for the most vulnerable families in Dudley. This is a key to the overall rationale for our approach.

The Way Forward

This Plan sets out our approach and commitment to reducing the need for specialist provision in the borough. It represents a radical departure from our previous format and sets out a single agenda, which the work of all partners will influence.

Now that a Children and Young People's Plan is no longer a statutory requirement, its purpose is to act as a practical working blueprint for change, with all local partners working to the actions, timescales and accountability processes contained within it.

Alongside this, partners will continue with their core activities particularly around the delivery of universal services working towards improved outcomes for all children, young people and families in Dudley.

However, the knowledge that partners are often working with the same vulnerable families is at the heart of our new Children and Young People's Plan. Consequently, it does not attempt to identify different dimensions of vulnerability in family life such as educational attainment, substance misuse and teenage pregnancy. Instead, the key to the plan is to recognise that a range of dimensions are likely to be present within a vulnerable family and it is more important to focus on how partners can work more effectively together in partnership with the family wherever possible.

The aim of our Children and Young People's Plan is to improve outcomes for all children, young people and their families, but we will target our resources at places and groups where poor outcomes are more likely to occur.

This means deploying resources where they are most needed. Targeting will help us to make better use of our resources across townships, sustaining what is working and driving up performance overall.

2. Our Vision

The Partnership's vision is that:

We want all children and young people in Dudley to be happy, healthy and fulfilled

Our vision was agreed with all our partners in 2006. We want our children to:

Be healthy

To have the best possible start in life and be supported to be as healthy as possible

To achieve this: we will encourage and promote healthy lifestyles for our children and young people. Families will be supported to ensure children grow up healthily. We will ensure the provision of preventative services is of the best possible quality, and make sure that action is taken where necessary, as early as possible.

Stay safe

To feel safe and protected

To achieve this: children and young people should be brought up in a safe and secure environment where they feel wanted and cared for, free from violence, abuse and harassment at home, at school and in the community. We will help children and young people develop the confidence and resilience to seek help when they need it.

Enjoy and achieve

To have the opportunity to fulfil their personal goals and ambitions

To achieve this: children and young people will be encouraged to achieve high standards, expectations and aspirations. We will enable and empower them to make informed choices about their future lives and achieve success.

(This includes all children and young people placed out of the borough for whom the council and the Health Economy still have statutory responsibility; and those students living outside the borough, but attending schools or colleges within the borough)

Make a positive contribution

To have the support and be able to take responsibility for playing a full part in the life of their local community.

To achieve this: children and young people will be listened to and have their views valued so that they can become confident, contributing and independent adults. We will support them to develop the skills and self confidence to make informed choices and express their views about their community and society as a whole.

Achieve economic well-being

Together with their families, be able to take advantage of high quality learning opportunities working towards jobs and increased incomes.

To achieve this: we will provide support, for example, through volunteering, apprenticeships and employment; so that children and young people can achieve their potential and use their talents to contribute to the prosperity of the borough.

3. Principles

The Partnership has adopted the following principles to guide all our work with children, young people and their families. We have made a commitment that we will work in ways that are:

- **Outcome focused** - Decisions are based on a clear rationale for improving outcomes for children, young people and their families
- **Evidence based** - Commissioning decisions are based on robust evidence of what works
- **Targeted** – Commissioning activity narrows the gaps, promoting equity and diversity by improving outcomes for vulnerable groups
- **Efficient** - Commissioning decisions will make best use of our resources
- **Inclusive** - Children, young people, their families and communities participate meaningfully throughout the commissioning process
- **Strategically directed** - One strategic plan setting out priorities for children and young people in the local area
- **Proactive** - Commissioners are committed to shift resources to prevention and early intervention
- **Open and transparent** - The commissioning function exercises independence of decision making from internal and external service providers
- **Collaborative and partnership based** - Commissioners will work collaboratively and co-operatively with providers and other key stakeholders
- **Capacity building** - Commissioners will understand, proactively manage and develop the market
- **Clear and proportional** – Processes should be as simple as possible and in proportion to the amount of money involved
- **Legally compliant** - Commissioners will ensure that approaches are compatible with EU and UK law, regulations and guidance
- **Performance focused** - The impact of commissioning decisions is evaluated against the agreed strategic direction in the Children and Young People’s Plan.

4. About the Children, Young People and Families in Dudley

Information on the needs of children, young people and families can be found in Dudley’s joint Strategic Needs Assessment at: <http://www.dudleylsp.org/needs-assessments--data-and-trends>

Key points include:

- The number of Children In Need (CIN) in Dudley as at 31st March 2011, as reported in the Annual CIN Census return, was 2748. This is a rate of 419 per 10,000 child population. This can be compared to the national average figure of 339 Children In Need per 10,000 child population as at 31st March 2010.
- The rate of children who were the subject of a Child protection Plan has increased this year to 36 per 10,000 child population, now coming in line with the national average. As at 31st March 2011 the numbers of children subject to a plan in Dudley was 234.
- Numbers of Looked After Children are higher in Dudley than in comparator authorities. As at 31st March 2011 there were 622 children in care in Dudley, with a rate of 95 per 10,000 child population. The national average rate per 10,000 child population as at 31st March 2010 was 58.
- Looked After Children are remaining in the care of the authority for longer periods of time than previously. High numbers of children enter care aged between 0 and 4 for reasons of abuse or neglect. They often remain in care for considerable periods of time.

Deprivation and links to levels of activity

Previous needs assessments have presented each need as though the people concerned are all different when in fact we know that there are a small number of families with multiple needs, and that it is often the same families that many agencies and services are engaged with. For example, families where there are children subject to abuse and neglect often have a whole range of additional needs that might be addressed in a more holistic way than at present.

On referral to Children's Services in March 2008, a very high proportion of looked after children originated from the Central Dudley Township area. Over 40% of referrals came from the 4 wards of St Thomas', Castle and Priory, Netherton, Woodside & St Andrews', and St James' Wards alone. This trend has continued over the last 2 years and appears to reflect the level of deprivation in these areas, which, as previously stated, feature top 10% deprivation Super Output Areas (SOAs).

Dudley's Child Poverty Needs Assessment identifies 9 SOAs with particularly high levels of needs. They are:

SOA 786 - Dudley North (Grosvenor Road/Central Drive) - ranked 4775th in England with an estimated 416 children and young people aged under 18

SOA 755 - Dudley Central (Wren's Nest) - ranked 377th in England with an estimated 537 children and young people aged under 18

SOA 748 - Brierley Hill (Pensnett/Fen's Pool) – ranked 2953rd in England with an estimated 407 children and young people aged under 18

SOA 833 - Stourbridge (Lye/Claycroft Place) – ranked 2630th in England with an estimated 481 children and young people aged under 18

SOA 733 - Halesowen (Halesowen West/Highfields) - ranked 728th in England with an estimated 354 children and young people aged under 18

This would give five SOAs, one in each township, with 2,195 CYP aged 0 -17.

The ranking is out of 32,482 total SOAs across England. All of the SOAs are in the top 10% deprived SOAs in the country apart from Dudley North which is in the top 20%.

For the whole population, not just young people, the Dudley North, Dudley Central and Brierley Hill SOAs feature more prominently for education, skills and training deprivation, whilst Stourbridge and Halesowen SOAs feature income deprivation.

The IMD is a nationally recognised measure and hence acceptable to any audience as a sound evidence base.

In addition, another four SOAs are added in Central Dudley and in particular in St Thomas's. Over 44 percent of our looked after children are from this township. The St Thomas's SOAs are:

SOA 889 - (ranked 1283rd in England) with an estimated 407 aged under 17

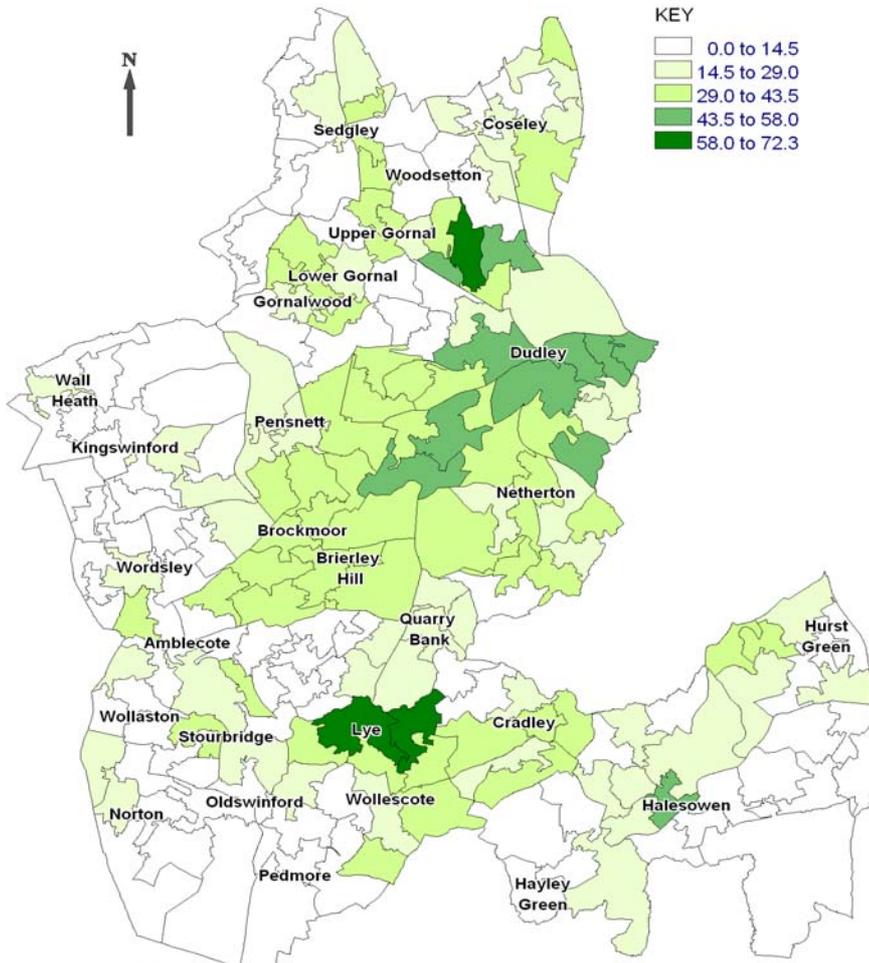
SOA 891 - (ranked 1831st in England) with an estimated 492 aged under 17

SOA 892 - (ranked 4694th in England) with an estimated 367 aged under 17

SOA 893 - (ranked 2374th in England) with an estimated 604 aged under 17

SOA 893 is also in the top 10% most deprived group. A geographical analysis of child poverty in Dudley is shown in the following map.

Percentage of Dependent Children Under 20 in "Poverty",
Super Output Areas, Dudley Borough



Source: HMRC, 2007
 Produced by: NL, 28/04/2010, Strategic Research & Intelligence Team, Dudley M.B.C.
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Number of children living in families in receipt of CTC whose reported income is less than 60 per cent of the median income or in receipt of IS or (Income-Based) JSA, divided by the total number of children in the area (determined by Child Benefit data).

Looked After Children

The information below analyses the cohort of children who became looked after at some point between 1st April 2001 and 31st March 2011, providing 10 years of data. Where children had several episodes of care only the earliest has been included.

Gender

Of this group of 1450 children, surprisingly almost exactly half were male and half were female, with 726 female and 724 male.

Ethnicity

Ethnic Group	Ethnic Origin	Total	% LAC becoming looked after	% Borough (2001 Census)
White	British	1206	83.2%	88.6%
	Other Cultural Background	9	0.6%	0.6%
	Irish	5	0.3%	0.1%
White Totals		1220	84.1%	89.3%
Mixed	White And Black Caribbean	65	4.5%	2.0%
	White And Asian	37	2.6%	0.7%
	Other Mixed Background	18	1.2%	0.3%
	White And Black African	5	0.3%	0.1%
Mixed Totals		125	8.6%	3.1%
Chinese or Other	Any Other Ethnic Group	20	1.4%	0.2%
	Chinese	1	0.1%	0.3%
	Gypsy/Roma	1	0.1%	0.0%
Chinese or Other Totals		22	1.5%	0.5%
Black or Black British	African	15	1.0%	0.1%
	Caribbean	12	0.8%	0.7%
	Other Black	12	0.8%	0.2%
Black or Black British Totals		39	2.7%	1.0%
Asian or Asian British	Pakistani	31	2.1%	3.7%
	Indian	10	0.7%	1.9%
	Other Asian	3	0.2%	0.5%
Asian or Asian British Totals		44	3.0%	6.1%
Grand Total		1450	100.0%	100.0%

15.9% of the 1450 children becoming looked after during the 10 year period were from Black and Minority Ethnic Groups (BME – Groups other than White) compared with an equivalent 2001 census under 18 population figure of 10.7%.

Mixed groups were over-represented in the looked after cohort with 8.6% of the total compared with 3.1% in the 2001 census data. The ethnic group under-represented in the looked after data seems to be Asian or Asian British with only 3% of the cohort compared with the census data of 6.1%.

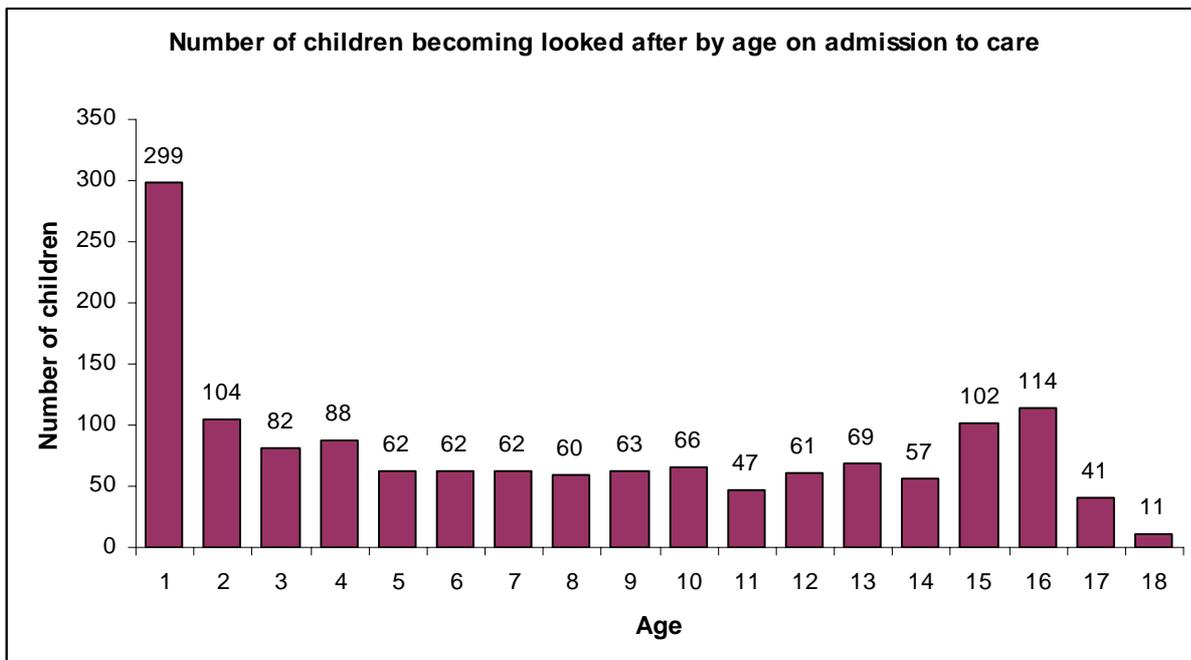
Caution should be used in interpreting this data due to the age of the Census data

Reason for Admission to Care

Reason for Becoming Looked After	Total	%
N1 - Abuse Or Neglect	960	66.2%
N2 - Disability	13	0.9%
N3 - Parental Illness Or Disability	90	6.2%
N4 - Family In Acute Stress	87	6.0%
N5 - Family Dysfunction	198	13.7%
N6 - Socially Unacceptable Behaviour	63	4.3%
N7 - Low Income	1	0.1%
N8 - Absent Parenting	38	2.6%
Grand Total	1450	100.0%

The majority of children (66.2%) became looked after due to Abuse or Neglect with a further 13.7% because of Family Dysfunction.

Age



In the graph above it can be seen that 20% of the Looked After Children admitted to care were aged less than one. 44% of the total were aged 0-4 years.

The next peak in the graph is at the ages of 15 and 16 when 102 and 114 children were admitted respectively.

All of this first section of data is based upon the first episode of care. Some children fall in and out of care and the circumstances can be different in subsequent episodes of care.

5. Achieving our Vision

This Children and Young People's Plan is a commissioning strategy and will follow the commissioning cycle set out in Dudley's Commissioning Framework.

The action plan is being developed in collaboration with partners in order to achieve our vision of Improve Outcomes for Vulnerable Children, Young People and Families

Some Achievements of Partnership Activity within Dudley

The proportion of young people who are not engaged in education, employment or training has generally compared favourably with the national average in Dudley, despite the economic difficulties of our region. This has been particularly true for the proportion of young people with learning difficulties and disabilities who are NEET

Dudley performance on uptake of childhood immunisations compares favourably to uptake for other PCTs in Strategic Health Authority Region

Activity (including pooled budget) funding to improve the use of the common assessment framework (increasing the number of children and young people supported from 499 on 31st March 2010 to 1281 on 31st March 2011).

Pooled budget arrangement with NHS Dudley to support young people with disabilities

Appointment of anti bullying coordinator and development and implementation of policy, guidance and serious incident protocol

All schools have achieved healthy school standard

Collaboration with Police to provide information and support to schools re prevention of violent extremism

Good joint working with PCT to monitor and manage the response to swine flu amongst young people

Effective working with partners to reduce rate of under 18 conceptions at a rate much faster than the national average

Effective partnership working to safeguard and protect children

Rate of improvement of early years outcomes much better than national average

Over 80% of Early Years provision judged at least good by OfSTED

Since 2005 we have achieved a reduction in reoffending of 46.5% and a reduction of first time entrants to the youth justice system of 28.1%