

Resilient, Healthy, Happy Families

The Children, Young People & Families Plan for Wolverhampton 2015-2025

Midcycle refresh for 2020



About the Plan

The Children & Families Together Board is where senior representatives of key city partner organisations meet to provide system leadership with the aim of driving improvements in the outcomes for children, young people and their families.

This plan sets out the priorities for the board for the next five years and recognises the progress made in the last five years, since the plan was first launched.

This refresh signifies a continued commitment by all board partners to work together to:

- Provide strong local leadership.
- Ensure that the voice of children and young people is heard in all aspects of planning and delivery of services which impact upon their lives.
- Champion the needs of children and families in their own sectors and in other forums where the needs of children can be overlooked.
- Encourage integrated working through promoting an ethos of integration and partnership in the planning, commissioning and delivery of services.
- Collaborate with other city partnerships, boards and stakeholder groups to identify shared priorities, promoting coordination and avoiding duplication.

This includes reporting into Health and Wellbeing Together on shared priorities and key performance indicators related to the Joint Health & Wellbeing Strategy 2018-2023.

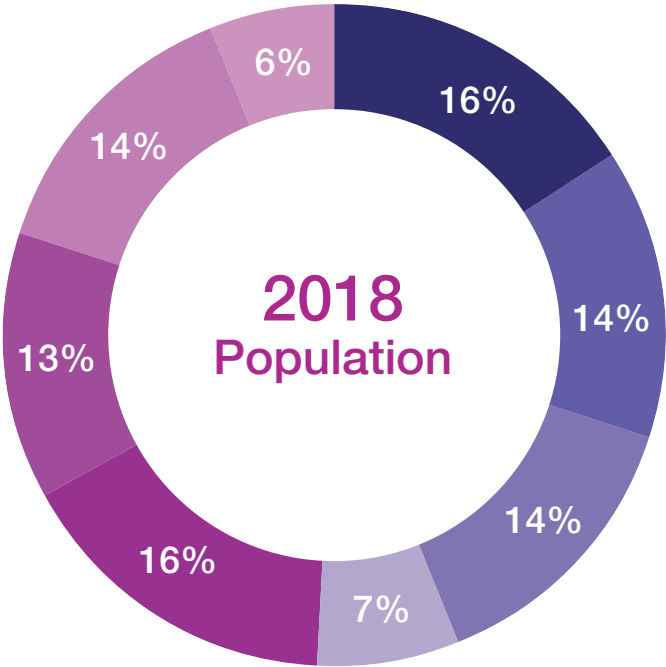
The board is committed to working with children, young people, families and all stakeholders to co-design and co-produce solutions to create an environment in our city where children, young people and families are resilient, happy and healthy.



About children, young people and families in Wolverhampton

Wolverhampton has a population of 262,008 (2018), of this 25.6% of the population (67,003) are children and young people aged 0-19. Since this plan was first launched in 2015 the number of children aged 0-19 in Wolverhampton has risen by 2,427. Over the next five years the number of children and young people living in the city is likely to continue to rise.

This chart shows the proportion of these 0-19 year olds by gender and age.



Male and Females 0-19

Male 0-5	11,052	16%
Male 6-10	9,297	14%
Male 11-16	9,346	14%
Male 17-19	4,569	7%
Female 0-5	10,687	16%
Female 6-10	8,816	13%
Female 11-16	9,104	14%
Female 17-19	4,132	6%

In 2018 1256 pupils (2.7%) attending Wolverhampton schools had either a Statement or Education Health & Care Plan. The national average is 2.9% for England.

The 2011 census provides information about the ethnic make-up of the population of children and young people aged 0-19 living in the city. Most are of White ethnicity (59%), with the next highest proportion being those of Asian/ Asian British ethnicity (20%), followed by Mixed heritage (11%) and Black/ African/ Caribbean/ Black British heritage (8%). 2% of 0-19 year olds in Wolverhampton are of 'other' ethnicity. Over recent years the city has seen an increase in arrivals from Roma communities from the Czech Republic, Slovakia and Romania.

According to the 2018 annual population survey there are 31,400 households in the city that have dependent children (aged up to 18), of this 12,300 (39%) are lone parent households, compared to a national average of 22%. 58% of households containing dependent children in Wolverhampton are 'couple households', compared to 75% in England.

In 2016 25.9% of children in the city were classed as living in child poverty, this compares to 17% for England.



How we developed this plan

This ten-year plan was originally developed in partnership through a range of organisations working together to share information and then seeking the views of children, young people, parents and carers to develop the priorities and outcomes.

Five years into the plan, partners have come together to identify areas of success and suggest partnership priorities for the next five years, as well as refresh outcomes to take account of changes since 2015.

What has been achieved so far?

Since 2015 when this plan was first launched:

- The percentage of pupils who live in the highest areas of deprivation that attend a good or outstanding school has increased from 72% in 2015 to 83% currently.
- Attainment for children on Free School Meals has increased at EYFS, Key Stage 2 and Key Stage 4 with similar patterns seen for the most disadvantaged children.
- There has been a decrease in the percentage of women who smoke during pregnancy, although Wolverhampton rates are still higher than West Midlands averages.
- There has been a decrease in the rate of infant deaths under 1 year, although Wolverhampton rates are still higher than West Midlands averages.
- Wolverhampton has achieved its highest rate of performance for new birth review and 1 year old reviews (9-12 and 12-15 months).
- The number of children who access Terrific for Two's has increased by over 800 % since the start of 2015.



- Wolverhampton is now the best performing area for NEETs and Not Knowns. Currently this is at 4.6% which is better than regional and national comparators. 94.2% of 16 and 17 year olds in the city are in learning.
- The number of children and young people in care has fallen from 778 on 31st March 2015 to 614 on 31st March 2019.
- Over 3000 families have been identified as part of the Troubled Families Scheme with over 1000 who have been 'turned around' as a result of this programme.



What areas of challenge remain?

- Too many families in Wolverhampton require both emergency and temporary accommodation.
- Obesity levels continue to increase with increases in percentage of children in reception and year 6 who are obese increasing since 2015.
- Too many children and young people are excluded from school (in 2016-2017 Wolverhampton had the 13th highest rate of permanent exclusions in the country.) Accompanying this, the number of children being educated at home in Wolverhampton has nearly trebled over the last five years.
- Domestic violence, parental mental health issues and parental substance misuse continue to be an increasing reason behind the need for social care intervention. Over 55% of Wolverhampton's children and young people in care have at least one of these factors.

Strategic priority areas

This plan wants to achieve an improvement in how resilient, healthy and happy children, young people and families are living in Wolverhampton. The board believes that this can be delivered by working together to drive improvements across three overarching strategic priority areas.



Disadvantaged children, including those living in poverty

The board also recognises that specific groups of children in the city experience disadvantage and this negatively impacts on each of these domains. All board partners are therefore committed to a multi-agency approach to tackle the causes and effects of disadvantage in all activity taken to address its overarching strategic priorities.

Measuring progress and impact

Partners recognise that to effect a positive change in each of these strategic priority areas requires a co-ordinated, whole system, approach based on a shared understanding of local needs and consensus about what partners are seeking to achieve.

The board has therefore identified a set of expected outcomes for each strategic priority area, providing a framework against which the board can measure its progress and impact:

Family strength and resilience

Improving support to families that need it so that they can access it at the right time to prevent problems escalating and enable them to move on from difficulty.

The outcomes expected are:

- Families experience less domestic violence
- Fewer parents, children and young people engage in substance misuse
- Parents have better parenting skills and are more resilient
- Fewer children and young people are subject to neglect
- Fewer families are living in B&B accommodation and there is a reduction in number of days families spend in B&B accommodation



Education, learning and opportunity

Improve achievement and involvement in education, training and employment, ensuring young children get the best start in life and young people can realise their aspirations.

The outcomes expected are:

- Children get the best start in life and are well prepared when they start school
- Increased educational progress and attainment for disadvantaged children
- More disadvantaged 16-18 year olds are in education, employment and training
- More disadvantaged young people access high-quality inclusive apprenticeship opportunities and an increase in the overall number of apprenticeship starts (0-19)
- Reduction in the number of school exclusions in the city and an enhanced quality of SEND provision

Health & wellbeing

Improve the health and wellbeing of children, young people and families, with a particular focus on addressing health inequalities.

The outcomes expected are:

- Increase in proportion of children maintaining a healthy weight underpinned by partnership buy-in to a whole system approach to preventing obesity
- Reduce the rate of infant mortality
- Improved health outcomes as evidenced by an increase in uptake of breast feeding, increased vaccination rates for flu, MMR, HPV and chlamydia testing
- More children receiving two ½ year developmental checks
- Improved oral hygiene resulting in less children experiencing decay, missing and filled teeth
- Improved pathways for children, young people and families to access mental health support and increase appropriate uptake of services at earliest point

Board meetings are structured so that every 3 months one of the strategic priority areas is looked at in detail and progress against expected outcomes can be monitored. In addition, the board will undertake a whole plan review annually to identify areas where progress has been made and where there continues to be challenges. This will set the direction for the board for the year ahead.

This approach means that while the board's overarching strategic priorities remain the same throughout the life of the plan, annual priorities and multi-agency focus and activity can flex to ensure the greatest impact on positively achieving expected outcomes.



System leadership

The board recognises that it can't achieve its expected outcomes by working in silo and is therefore actively committed to a system leadership approach working collaboratively and with other city boards and strategic forums; and taking account of other partnership strategies. It does not seek to duplicate activity or reporting mechanisms, but seeks to promote information flow and collaboration, recognising that different boards, forums and partnerships will have a lead responsibility for shared strategic priorities.





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