

**HEALTHY,
HAPPY
FAMILIES**

**Wolverhampton
Children's Trust**



**WOLVERHAMPTON CHILDREN,
YOUNG PEOPLE & FAMILIES PLAN
2015-2025**



ABOUT THIS PLAN

THE CHILDREN'S TRUST IN WOLVERHAMPTON WANTS CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES TO BE HEALTHY AND HAPPY.

THE PURPOSE OF THIS PLAN IS TO SET OUT WHAT CHILDREN'S TRUST PARTNERS WILL DO SO THAT CHILDREN, YOUNG PEOPLE AND FAMILIES IN WOLVERHAMPTON CAN LIVE HEALTHY, HAPPY LIVES. WHEN THE WORDS 'WE' AND 'OUR' ARE USED IN THIS PLAN IT REFERS TO CHILDREN'S TRUST PARTNERS. THIS PLAN SETS OUT OUR PRIORITIES FOR THE NEXT 10 YEARS. THE CHILDREN'S TRUST IN WOLVERHAMPTON IS RESPONSIBLE FOR ENSURING THAT THE AIMS OF THIS PLAN ARE DELIVERED.

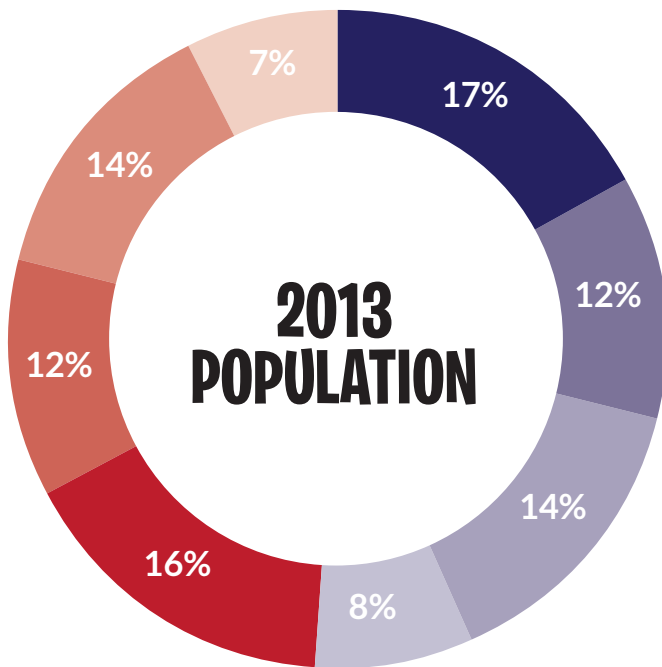
About Children, Young People and Families in Wolverhampton²

Wolverhampton has a population of 251,557. About 25% of Wolverhampton's population is children and young people (aged 0-19). 4.5% of 0-19 year olds in Wolverhampton are disabled. There are currently 63,177 children and young people (aged 0-19) living in the city and the numbers are rising. In the last 10 years, the number of children aged 0-15 in Wolverhampton has increased by 1,367 – but over a quarter of this increase was seen in just one year between 2012 and 2013. Over the life of this plan, the numbers of children and young people are likely to continue to rise and we need to make sure that services in the city can continue to meet the needs of the growing population of children, young people and their families. We predict that between 2015-2025, the 0-19 year old population in the city will have grown by over 1,000. The chart below shows the current proportion of 0-19 year olds by gender and age.

¹Wolverhampton City Council, Royal Wolverhampton Hospital Trust, Wolverhampton Clinical Commissioning Group, Wolverhampton School Improvement Partnership Board, Black Country Partnership Foundation Trust, Wolverhampton Voluntary Sector Council, West Midlands Police, City of Wolverhampton College.

²Statistics used in this section are the most recent available at the time of writing and are taken either from 2011 Census or Office of National Statistics Mid-year Estimates 2013.





Males & Females 0-19

Male 0-5	10,723	17%
Male 6-10	7,615	12%
Male 11-16	9,058	14%
Male 17-19	4,997	8%
Female 0-5	10,141	16%
Female 6-10	7,355	12%
Female 11-16	8,714	14%
Female 17-19	4,574	7%

In terms of ethnicity, most 0-19 year olds in Wolverhampton are of White ethnicity (59%), with the next highest proportion being those of Asian/Asian British ethnicity at 20%. 0-19 year olds of Mixed heritage (11%) or Black/African/Caribbean/Black British (8%) are lower in proportion. 2% of 0-19 year olds in Wolverhampton are of other ethnicity (2011 census).

Over a quarter of 0-15 year olds live in lone parent households and around 44% live in households that have a married couple or a couple in a same sex civil partnership. A further 15% live in households with a co-habiting couple and 13% are living in households that are not 'one family' households.

Wolverhampton is in the 6% most deprived areas in the country and levels of deprivation in the city continue to rise. The recession has caused a significant increase in the number of people receiving key out-of-work benefits in Wolverhampton. As of April 2014, 6.3% of the city's population claim Job Seekers Allowance, which is one of the highest rates nationally. Nearly one third of children in the city live in poverty and almost 60% of all 0-15 year olds living in the city, live in a deprived area.





How we developed this plan

This plan has been developed through a range of organisations working together to share information and through seeking the views of children, young people, parents and carers. We gathered lots of information that organisations already had about the needs of children, young people and families living in Wolverhampton to identify the key things we needed to address so that children, young people and families can live healthy, happy lives. We then asked children, young people, parents and carers what they thought we should do in relation to the key areas of need we identified. This information gathering is called needs analysis. The key information we considered can be found on www.wolverhamptoninprofile.org.uk.

We used the information we gathered through the needs analysis to develop the vision, priorities and outcomes for the plan.

What does this plan want to achieve?

This plan wants to achieve an improvement in how healthy and happy children, young people and families living in Wolverhampton are. From the information we gathered, there were four clear priority areas – if we tackle these we can really make a difference in making children, young people and families' lives healthier and happier. The four priority areas are:

- Child Poverty
- Education, Training and Employment
- Family Strength
- Health

This section outlines what we found out through the needs analysis and what we are going to do about it.

CHILD POVERTY



What did the needs analysis tell us?

Nearly one third of children in Wolverhampton live in poverty. Wolverhampton continues to have higher levels of child poverty than our Black Country neighbours and nationally. Wolverhampton is the 20th most deprived local authority (out of 152 authorities nationally). Over 82% of Wolverhampton children in poverty live in households where no one is working. 59% of all 0-19 year olds living in Wolverhampton live in a deprived area.

Reducing Child Poverty is a key priority under *Wolverhampton's City Strategy 2011-26*. Wolverhampton also has a Child Poverty Strategy which aims to reduce child poverty levels in the city.

What are we going to do about it?

We aim to **reduce the harm caused by child poverty**. The Wolverhampton child poverty strategy is already focussing on reducing child poverty. This plan will focus on reducing the harm to children, young people and families caused by child poverty. We will ensure our activities are targeted at improving the health, education, employment and living conditions of children, young people and families living in poverty.



EDUCATION, TRAINING & EMPLOYMENT



What did the needs analysis tell us?

Wolverhampton has a higher number of young people not in education, employment or training (NEETs) than the England average (6.0 compared to 5.2). The percentage of young people achieving 5 or more A*-C GCSEs including Maths and English is above average for the rest of the country (61.0% compared to 59.2% in 2013). Wolverhampton has high Secondary school absence rates compared to the England average.

As at October 2014 68% of primary pupils and 67% of secondary pupils were attending good or outstanding schools - this is likely to place Wolverhampton amongst the lowest levels nationally. Youth unemployment in Wolverhampton is twice the national average.

The recession has caused a significant increase in the number of people receiving key out-of-work benefits in Wolverhampton. As at August 2014, Wolverhampton has the second highest youth unemployment claimant rate, at 9.0%, of all 326 English local authorities. Over 14,000 children in poverty live in households where no one is working. This is almost 83% of all children in poverty within Wolverhampton. There are around 9,800 households with dependent children in the city where no one in the household works.

What are we going to do about it?

We aim to **increase achievement and involvement in Education, Training and Employment** through ensuring services are in place which aim to:

- Improve school readiness
- Increase early engagement with schools
- Improve attainment
- Improve school attendance
- Improve quality of education provision
- Increase participation of 16-18 year olds in Education, Training and Employment
- Increase the number of parents in paid work

FAMILY STRENGTH

What did the needs analysis tell us?

The numbers of Looked After Children in Wolverhampton continues to rise. Looked After Children are those who need to be cared for by the Local Authority because they can no longer stay in the family home. Looked After Children are normally cared for in foster families or residential care homes. The needs analysis highlighted four key areas in relation to reasons for the children no longer being able to stay in the family home. These are:

- Family violence and child physical abuse
- Poor home environment, overburdened parents and high levels of neglect
- Children, mainly adolescents with behaviour problems and poor family relationships
- Young children exposed to risks from parental substance misuse and criminal activity

What are we going to do about it?

We aim to increase the number of **families that are strong**. We will ensure our activities aim to:

- Increase parenting skills and resilience
- Reduce domestic violence
- Reduce parental substance misuse
- Reduce neglect
- Support parents with their mental ill-health



HEALTH

What did the needs analysis tell us?

Wolverhampton has the highest rate of infant deaths in the country (death of a live born baby before the age of one year). The gap between Wolverhampton and the national average in relation to infant deaths has increased in the last 20 years. The rate of children who die before their first birthday has increased in the last two years. The percentage of children who are recorded as overweight or obese remains high within the City. In the last year of primary school (Year 6) 41.8% of children are either overweight or obese. This is compared to 33.5% which is the average for England.



What are we going to do about it?

We aim to **improve the health of children, young people and families** by ensuring that children, young people and their families receive the right support so that:

- Fewer children are obese
- Reduce the rate of infant mortality
- More parents with mental ill-health are supported through treatment
- More parents, children and young people who misuse substances are supported through treatment

How will progress against this plan be measured?

Progress against each of the measures will be reported 4 times a year. Every 3 months one of the priorities will be looked at in more detail. This means that each priority will be looked at in detail at least once a year. If progress against measures is not improving, we will identify the issues and make recommendations that will improve progress.

Our priority is to...	The outcome for children, young people and their families will be that...	We will monitor our progress on outcomes by measuring...
Reduce the harm caused by child poverty	Children, young people and their families living in poverty have improved health	Measures for this outcome are included in the priority 'Improve the health of children, young people and families'
	Children and young people living in poverty have increased access and achievement in education	Measures for this outcome are included in the priority 'Increase achievement and involvement in education, training and employment'
	More young people and parents living in poverty are in employment	Measures for this outcome are included in the priority 'Increase achievement and involvement in education, training and employment'
	Families in poverty live in better housing conditions	The number of properties with families made decent/improved in the private sector
		The number of energy efficiency measures carried out to property for families with children
		The number of families supported to sustain tenancies to prevent homelessness
	Families in poverty are more financially stable	Delivery of related outcomes in Wolverhampton's indebtedness plan (part of the Child Poverty Strategy)
		The number of families seeking help from the Citizens Advice Bureau in relation to debt

Our priority is to...	The outcome for children, young people and their families will be that...	We will monitor our progress on outcomes by measuring...
Increase achievement and involvement in education, training and employment	Young children are well prepared when they start school	The number of young children who develop a level of speech language and communication skills appropriate to their age and level of development
		The number of young children who meet the national average level of personal well-being, emotional development and social resilience and are able to take advantage of the learning opportunities available to them
	More young children are engaged early with schools	The number of children who have access to free nursery provision at ages 2, 3 and 4
		The number of children who are able to attend school nursery provision
	Children and Young People make good progress at school	The standards in schools and academies
	Children and Young People regularly attend school	School attendance and Absence rates
		School exclusions
		The number of pupils not in Full Time Education (PNIFTED)
		The number of hours of education provision provided.
	Children and Young People attend good quality schools	The quality of provision in schools and academies
	More 16-18 year olds are in education, employment and training	The number of young people aged 16-24 who are participating in apprenticeship schemes
		The number of young people 16-18 Not in education employment or training (NEET)
	More parents are in paid work	The number of parents in employment

Our priority is to...	The outcome for children, young people and their families will be that...	We will monitor our progress on outcomes by measuring...
Make Families Stronger	Families experience less domestic violence	The number of people who are reporting domestic violence to the Police for the first time
		The number of people who are reporting domestic violence to the police who have reported domestic violence to the police before
	Fewer parents, children & young people misuse substances	Measures for this outcome are included in the priority 'Improve the health of children, young people and families'
	Parents have better parenting skills and are more resilient	The number of children becoming <ul style="list-style-type: none"> - children in need - subject of a child protection plan - Looked After Children Information from Early Help services
		The number of parents receiving early help support with their parenting skills
	Fewer parents have mental ill-health	Measures for this outcome are included in the priority 'Improve the health of children, young people and families'
	Fewer children and young people are subject to neglect	The number of Early Help Assessments where neglect has been identified as a factor
		The number of referrals to Children's Services for reasons of abuse or neglect
		The number of children subject to Child Protection Plan for reasons of neglect

Our priority is to...	The outcome for children, young people and their families will be that...	We will monitor our progress on outcomes by measuring...
Improve the health of children, young people and families	Fewer children are obese	The number of obese children at school entry (4-5yrs)
		The number of obese children at school year 6 (10-11yrs)
	Reduce the rate of infant mortality	The number of babies dying in the first year of life
		The number of women smoking during pregnancy
		The uptake of women's Healthy Start Vitamins
	Fewer parents have mental ill- health	The number of adults who are receiving treatment/ successfully complete or maintain treatment for mental ill-health and are living with children
		The number of Early Help Assessments where the mental health of the parents has been identified as a factor
	Fewer parents, children & young people misuse substances	The number of adults who are in treatment/successfully complete treatment for drug or alcohol use and are living with children
		The number of children/young people who successfully complete treatment for drug/ alcohol use
		The number of Early Help Assessments where the substance misuse of the parents has been identified as a factor
		The number of Early Help Assessments where the substance misuse of children/young people has been identified as a factor