

Stoke-on-Trent

‘Room to Grow’

Children, Young People and
Families’ Strategy 2020-24







OUR VISION

Children and young people are the number one priority for the city of Stoke-on-Trent.

We want them to thrive and be the most that they can be.

They should be safe, healthy, nurtured and loved.

They should have the best possible start in life, the best education and the best life chances.

Our young people should be enthusiasts, optimists, creators, entrepreneurs and innovators.

They should be kind, empathetic and compassionate.

We want to hear their voice.

We need every adult in Stoke-on-Trent to care passionately about children and young people and express that through relationships, community and business life.

FOREWORD

Children and young people are at the heart of our city. We want them to thrive.

In the last five years, many good things have happened in Stoke-on-Trent. We have grown economically with many new jobs and businesses. We have more schools that are rated 'good' or 'outstanding'. We are ahead of the game on provision of digital infrastructure. We have seen improvements in the quality of life for many people. Our City is on the up!

We want our children and young people to inherit these changes, to build their lives in our city and to take the opportunities Stoke-on-Trent can offer. For that to happen, our young people need the best start in life, the best education, good health, to be safe and to be loved and nurtured. Sadly, that isn't the case for too many of our children here in Stoke-on-Trent. Indeed, on many measures, we are lagging behind large parts of the country. This has to change.

Our children need room to grow. Working together, we can provide them with fertile ground in which they can flourish. During the coronavirus outbreak, Stoke-on-Trent communities have come together like never before. We will now harness that energy for our children and young people.

We will, through the supporting Early Help and Prevention Strategy, ensure that families receives the right support, at the right time to help them to be the best the best parent they can be.

This strategy is the product of our City, a partnership – public, private and voluntary sector The plan sets out key priorities for the coming years. It sets out what we will measure to know we are making progress and describes how we will work to deliver real change.

This strategy is for the whole city to work together on behalf of our children, young people and their families. That is how we will create a city where our children thrive, when it's the most important priority for all of us.

I really look forward to seeing outcomes and opportunities improve as the plan is delivered

Councillor Dave Evans

Cabinet Member for Children and Young People

Chair, Children, Young People and Families Strategic Partnership Board



OUR CHILDREN AND YOUNG PEOPLE

Stoke-on-Trent is a comparatively youthful city, with over 20% of our population aged fifteen or under. However, too many of our children experience a poor start in life. We have too many low birthweight babies, the second highest infant mortality rate in England and too few children meeting their key developmental milestones at age five. Some of our children and young people face profound disadvantage with 23.6% living in poverty (against a national average of 16.8%). Our children don't do as well at school, on average, as England as a whole at both Key Stage 2 and Key Stage 4 level. Not enough young people from Stoke-on-Trent go on to university. We have comparative high levels of obesity at age 11 and tooth decay (by aged five). We have very high numbers of looked after children.

You can learn much more about our children and young people at Annex A.

WHERE WE START

Stoke-on-Trent is ambitious for its young people and the role parents have in their child's development as they grow to become young adults. In the last decade we have experienced economic recovery and growth, outperforming many other parts of the country. We are determined to recover from the impact of the coronavirus outbreak as rapidly as possible and we are well positioned to do so with a diverse economic base and affordable land and assets. We have an improving education offer and a vibrant higher education offer. We have a strong collective focus on creating diverse and exciting pathways for our children and young people. We have a strong voluntary, community and faith sector that is engaged positively with many of our children and young people.

While there is some fantastic work going on, too often we are letting our children and young people down. Too many of our children and young people live in poverty. Not enough are fulfilling their educational potential. Through failures in our social care system we may not be keeping all our children safe. We have significant numbers of children who are unhealthy and too many are facing poor life prospects. The response of public service organisations is too fragmented, expecting families to join up services rather than doing it ourselves. We have not properly harnessed the power and reach of the business, voluntary, community and faith sectors. We have too often believed that the State has the solutions when far better solutions lie with children, families and communities themselves.

We are determined to do better. This strategy sets out how.



THE BIGGER PICTURE

The Council has developed a bigger vision for the City which we call Stronger Together. It contains the following priorities:



- **Support vulnerable people** in our communities to live well
- Enable our residents to **fulfil their potential**
- Help businesses to **thrive** and make our city more prosperous
- Work with our communities to make them **healthier, safer** and **more sustainable**

Other partners articulate similar priorities through their own plans. For example, our Police and Crime Commissioner's strategy includes a priority of early intervention, providing early help to individuals, families and communities before problems become entrenched, complex and costly to resolve. The City's Health and Wellbeing Strategy articulates a vision for Stoke-on-Trent to be a vibrant, healthy and caring city which supports its citizens to live more fulfilling, independent and healthy lives. The draft Local Industrial Strategy prioritises the development and delivery of new opportunities and pathways for our young people.

We have drawn on these and other statements of intent to ensure that this is a strategy that can be owned by the whole local partnership.

KEY OUTCOMES

1

Safe



Children and young people are protected from abuse, neglect or harm and are equipped with the skills and knowledge they need to keep themselves safe as they grow older.

2

Healthy



Children and young people experience healthy growth and development; this covers physical, mental, emotional and social development. They are motivated to make informed choices about healthy and safe lifestyles as they get older and given lots of opportunities to be physically active.

3

Achieving



Children and young people have the opportunity to achieve their potential and make the most of their abilities.

4

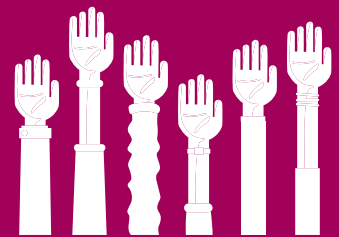
Nurtured



Children and young people are secure in the care they are receiving in stable environments, and families are confident in their ability to enable their children to thrive.

5

Involved



Children and young people know their rights and how to exercise them. They are able to express their views and to be involved meaningfully in the decisions that affect them. They feel empowered.

6

Prepared



Young people enter adulthood with the qualifications, skills, confidence, self-esteem and opportunities they need to make their best contribution to society.

STRATEGIC IMPACT MEASURES

Each of these outcomes has a set of strategic measures that tells us whether we are making progress. These are set out in the following table.

Children and Young People – Strategic Measures

Safe



- Numbers of teenage pregnancies
- Numbers of children on child protection plans
- Levels of domestic abuse and violence
- Levels of youth violence and wider offending
- Levels of gang participation
- Levels of sexual exploitation
- Numbers of missing children

Healthy



- Numbers of babies born with low birth weight
- Levels of infant mortality
- Number of children experiencing early dental decay
- Percentage of children that are overweight
- Numbers of hospital admissions for common conditions
- Mental ill health prevalence and access rates
- Levels of physical activity

Achieving



- % achieving school readiness (Early Years Foundation Stage)
- Levels of Key Stage 2, 4, 5 achievement and progress
- Percentage of young people going to higher education
- Numbers of apprenticeships
- Level of school attendance
- Level of exclusions
- Percentage of young people Not in Education, Employment and Training (NEET)

Nurtured



- Poverty levels
- Numbers of looked after children
- Percentages meeting phonics milestones
- Level of stability of foster placements
- Percentage of children with Education, Health and Care (EHC) Plans where target outcomes met

Involved



- Perceptions of happiness and hope for the future
- Level of satisfaction with services

Prepared



- Increase in the number of children of a healthy weight at age 5
- Reduction in the number of children with tooth decay at age 5
- Reduction in school absence rates
- Increase in school attainment rates (Attainment 8 and progress 8 – Disadvantaged pupils gap)
- Increase in the % of young people in EET
- Reduction in the % of children and young people in workless households

PRIORITIES FOR ACTION

To secure these outcomes and create a positive shift towards these measures, we will focus collectively on the following priorities.

1. Develop our **early years offer** so that more of our children meet their early developmental milestones and are school ready
2. Develop an **early help offer** that gives parents and families the best chance to adapt and thrive when they are struggling to cope and supports older children that have had adverse childhood experiences.
3. Reform our **child protection front door** so that children and families receive the right multi-agency response at the right time in the right way
4. Develop and implement an **inclusion strategy** that makes sure all children and young people with additional needs can fulfil their potential
5. Develop and implement an **educational improvement plan** that uses the power of collective action and mutual support to raise standards across our provision
6. Improve the **quality of social work practice** so that we are confident all of our children and young people are safe and have excellent plans for progression
7. Develop the **best possible offer for our children in care** that means they are cared for by the right people in the right home, maximising the opportunity for permanency
8. Significantly improve our **education, training and work offer for 16-25s** including quality of further education
9. Develop the best possible offer with and for our **care leavers** that gives them the best chance to fulfil their ambitions in life
10. Improving **health outcomes for all children and young people** empowering them to make good choices and ensuring they receive the right support

We will also look to promote the interests of children, young people, and their families in **all of our policies and programmes**, maximising every available opportunity across sectors. We also recognise the importance of effective commissioning, through a collaborative model, to secure the right mix of universal and targeted services.

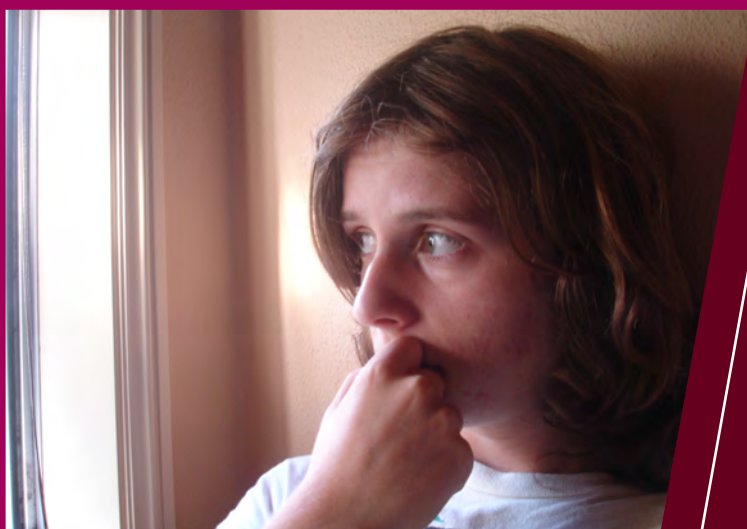
Our work will be across all stages of development, including transition to adulthood.

In pursuing these ten priorities there are three particular areas of focus that we will obsess about because they are so important:



Best start in life

We know that getting the best start in life is fundamental to future life chances. There are many factors that influence this – maternal mental health, nutrition, development of speech & language, confident parenting etc.



Children in care

Too many of our children and young people are in care because families have not received the right help early enough. If we change that, the number of children in care should reduce. At the same time, we need to provide a much better offer to those children that do need to be in our care.



Young people achieving more

We want to ensure every young person has the chance to fulfil their potential, whatever their circumstances. This is a holistic view of development that covers physical, mental and emotional wellbeing.

WHO ARE THE PARTNERSHIP?

The Children, Young People and Families' Strategic Partnership are:

City of Stoke-on-Trent
Clinical Commissioning Group
Local Health Trusts
Police
The Office of the Police and Crime Commissioner
Business sector
Welfare agencies
Schools
Further and higher education
Voluntary and Community Sector
Faith Sector
Youth justice
Family courts

We all own this strategy and will all provide leadership, drawing on a wide range of skills, experience and capacity across the Partnership.

HOW WE WILL WORK

To achieve these ambitions requires a deep cultural change on the part of the Partnership that serves the City's children and families. It represents a fundamental shift from a reactive, fragmented deficit-based model of engagement with children and families to one that is enabling, strengths-based and deeply relational. At the heart of this shift is a collective commitment to a restorative approach to professional practice that always puts the child at the centre. We have created a set of principles that will guide the way we work under the mnemonic, **'ROOM TO GROW'**.

Right door is the first door – children and families should be able to engage with any part of our system confident that they will get the help and support they need

One team approach – we all work for the children and families of Stoke-on-Trent; which organisation we represent is secondary

Our children – we always take a child-centred approach and strive to act on what is in the best interests of any child both now and in the future

Make lives better – we are purposeful about everything we do in considering how it will contribute to better outcomes

Trusting partnerships – we think the best of each other as partner organisations and will share resources and assets in pursuit of our goals

Open and transparent – we will be honest about the progress we are making in delivering this plan; we will look to design and produce services in partnership with children & young people, families and communities

Great services – we will ensure that the right organisations provide the right services in the right places; we will care deeply about the quality of those services and we will make best use of tax-payers' money

Rooted in Communities – most solutions lie with families and their communities; we will adopt a locality-based approach for much of our work and will invest in community capacity

Obsessive about improvement – improvement is a continuous process; we will be a learning partnership that is restless to identify and secure the next gains in the quality of our offer to children and young people

Workforce investment – we are only as good as our front-line workforce and we will invest significantly in their capacity and capability



DEVELOPING A PROGRAMME PLAN

Our strategy is ambitious. If we are to achieve it we need to be very well organised. We will therefore run the delivery of the strategy as a programme with its own programme office that will serve the whole Partnership.

The programme will be made up of different projects with co-dependencies between them. Some of these are directly about achieving our priorities. Other are cross-cutting and will benefit all or most of the programme. Most will require collaboration not just between partners in the city but also beyond the city boundaries. The table below describes these and key projects are each described in more detail at Annex B.

Key Projects	Enabling Projects
Reform of the child protection front door	Corporate parenting
Improving quality of practice	Workforce
Inclusion	Commissioning framework
Children in care, including sufficiency	Social value
Early help (including early years)	Voice of the Child
14-25 development	Partnership development
Improved health and wellbeing	Leadership
Educational provision planning	Governance
Education and skills improvement	

In designing each project, we will be open to the very best practice nationally and internationally.

Each of the projects will have a designated Senior Responsible Officer and will be pursued on a partnership basis with appropriate governance. Each will have its own project plan with clear milestones, contributing to an overall programme plan that will be owned by the Children, Young People and Families’ Strategic Partnership Board.

There will be some cross-cutting themes that traverse and infuse several different programmes. Examples would be the creation of economic opportunity, ensuring welfare and positive mental health.

The programme office will also maintain a clear benefit plan to ensure that our actions are having the intended impact and a risk register so that we are identifying obstacles and blockages and removing or mitigating them as quickly as possible. Finally, the office will also maintain a resource plan to ensure that each project has an appropriate allocation of resources to ensure it can achieve its objectives and milestones.

YOUNG PEOPLE'S VOICE

The development and delivery of our plans must be reflective of children and young people's lived experience and their ambitions. We therefore have to hear and reflect their voice. We will ensure that under this strategy there is a wide programme of engagement with children and young people so that they have had a genuine chance to participate in the design and delivery of plans and programmes.

PERFORMANCE AND EVALUATION FRAMEWORK

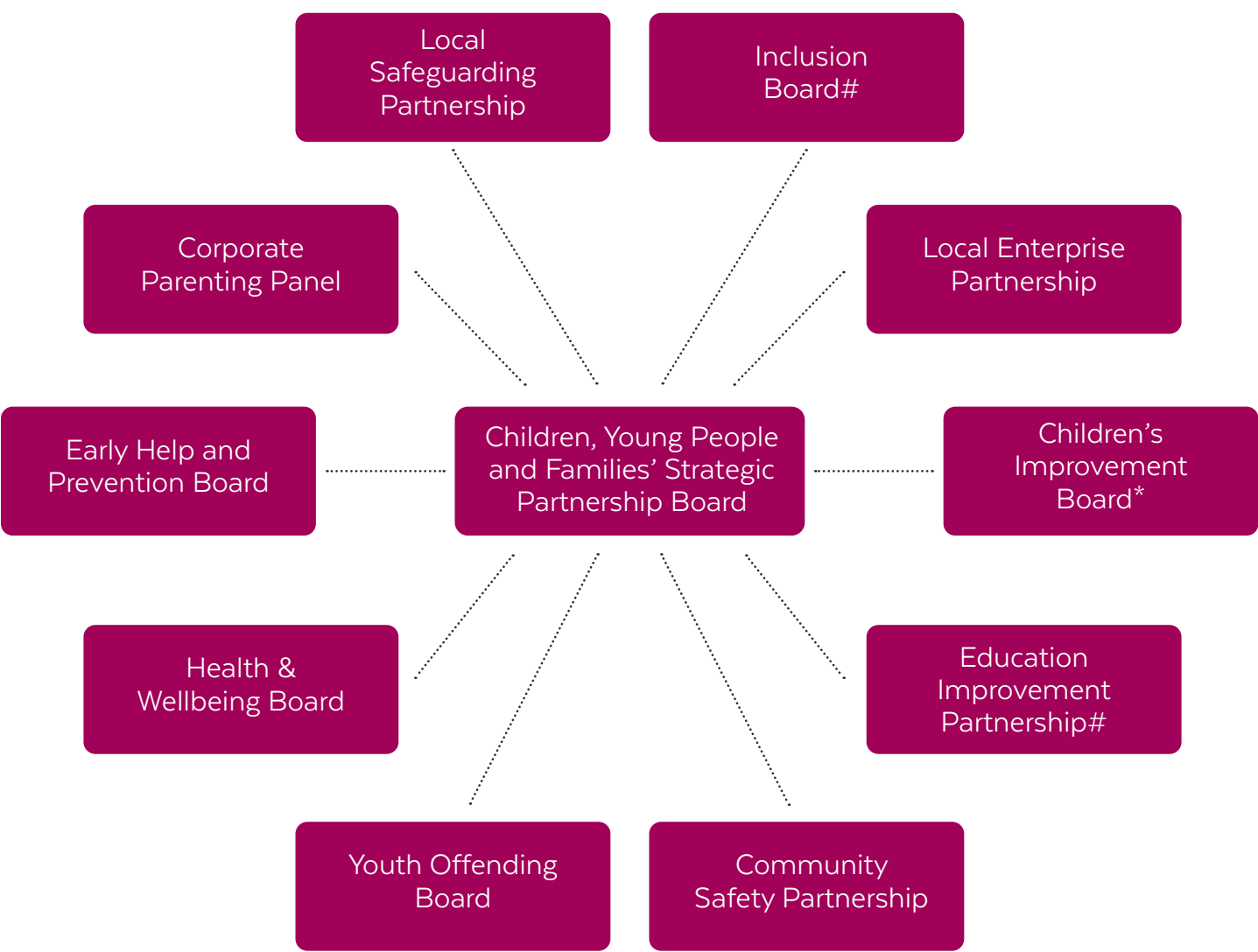
The strategic measures we have chosen are outcomes that are most important for the wellbeing of our children and young people. We need to know we are making progress towards them. We will therefore develop a suite of supporting indicators and measures that will help us track that progress.

We shouldn't only be marking our own homework. We will invest in independent evaluation of our progress against this strategy.



GOVERNANCE

The Partnership will work to, and with, the following broad governance model in pursuit of the vision. Each of these Boards is described in more detail at Annex C. This is not an exhaustive list and many other groups and boards will contribute.



*Currently Department for Education board, chaired by appointed Commissioner.

To be created

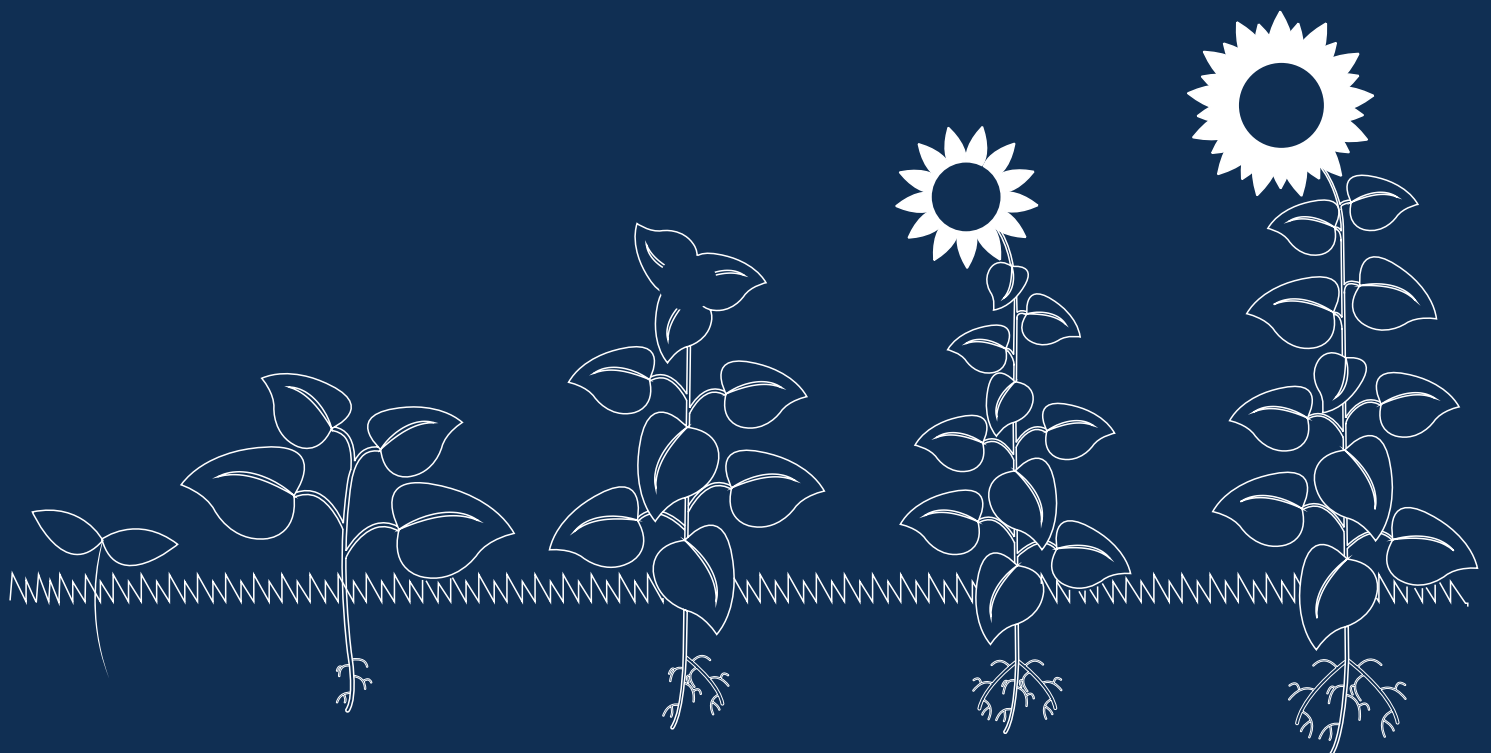
Stoke-on-Trent

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Appendix A

Our Children and Young People



INTRODUCTION

This part of our Strategy describes our children and young people. The reality is of course that every one of them is unique and ultimately, we are interested in names not numbers. However, what the data does for us is expose our strengths and weakness as a city. What is preventing our children and young people from fulfilling their potential? This knowledge helps us to expose gaps and informs our choice of priorities.

As Stoke-on-Trent is a city in transition in terms of its economic role and contribution, the information in this Annex focuses inevitably on the challenges that we, and more importantly, our children and young people face. It is therefore really important to consider this data alongside the rising opportunities as well, with improving education, increasing Gross Domestic Product (GDP) per capita and more, better paid jobs available through to the start of the coronavirus outbreak. How fast the city can bounce back from the impact of Covid 19 is not fully known at this time but we have some advantages with respect to the diversity of our economic base and our geographic position which gives us an excellent level of connectivity.

The sections that follow look at a wide range of issues that can affect the quality of our children and young people's lives, the opportunities available to them to fulfil their potential and their ability to take advantage of these to build healthy, productive lives.



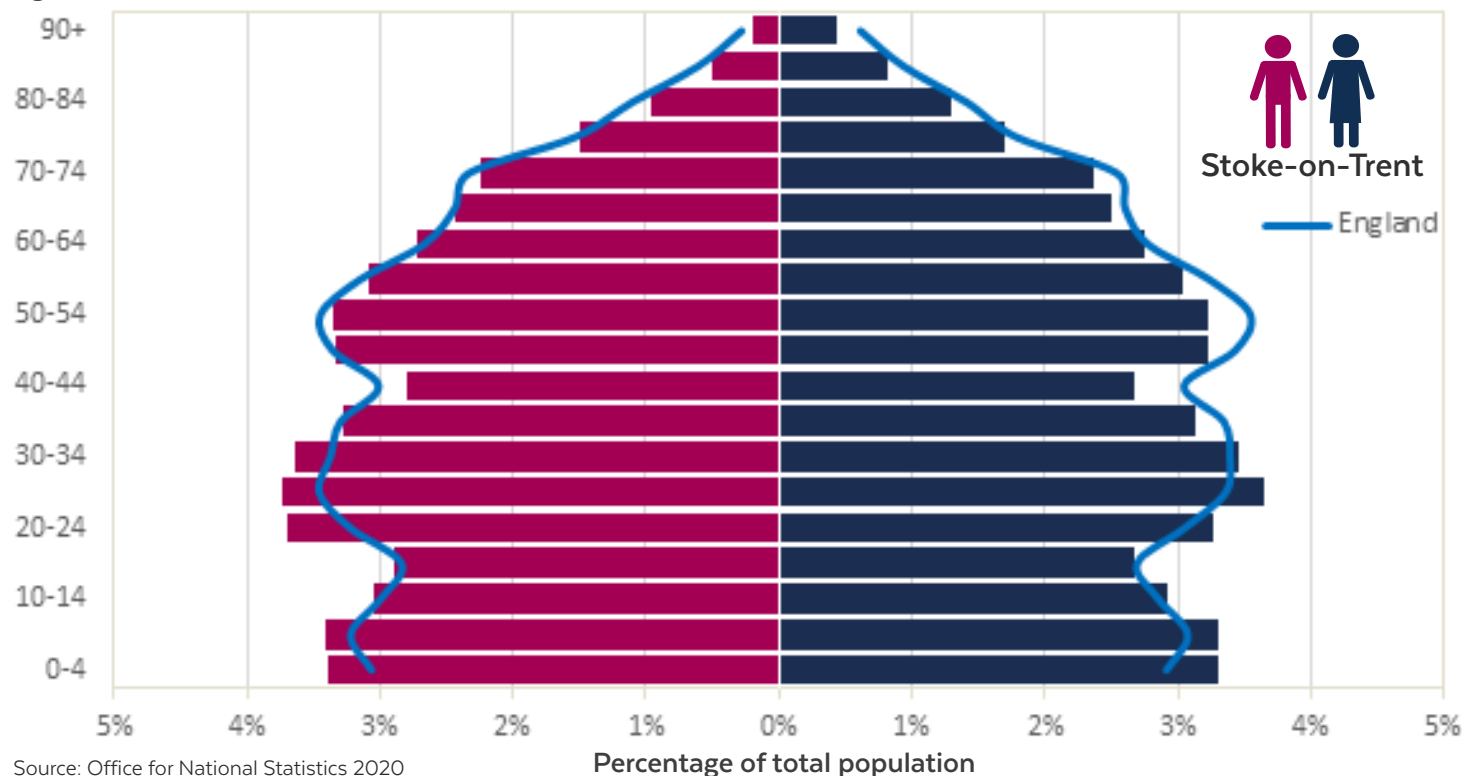
1. OVERALL POPULATION

As a city, Stoke-on-Trent has been getting larger in recent years. This growth is mainly due to people migrating from countries in Europe, as well as the number of births in the city increasing by a third. This birth rate increase has gradually led to a rise in the number of children living in the city, with around a fifth more 5-9 year-olds in 2018 than there were in 2011 and about 1,000 more 10-14 year-olds.

Age-Group	2011 Census	2018 Mid-Year Estimate	% Change
0-4	17,092	17,135	0.3%
5-9	14,189	17,143	20.8%
10-14	14,260	15,303	7.3%
15-19	16,035	14,242	-11.2%

The population chart below shows that Stoke-on-Trent has slightly more children aged 0-10 and adults aged 20-34 than an average English city. While relatively low housing and living costs and the city's two universities attract young adults to Stoke-on-Trent, a number of families and older adults move out each year to live in surrounding areas.

Age Group



If things stay the same, the city's population will keep getting gradually larger, and could increase by 16,080 people, to 269,739, by 2041. However, the child population is expected to grow much less in this time, by as few as 268, because of the number of families who are leaving the city each year. That is a trend that we can and will change through our housing and wider economic development plans, as well as our focus on school improvement.

Birth rate

Stoke-on-Trent has had one of the highest birth rates in England and Wales in recent years. Live births to women living in the city increased from less than 3,000 per year in 2004 to a peak of 3,877 in 2008 and has remained at 3,300-3,500 from 2015 to 2018.

Life Expectancy

The average lifespan for someone in Stoke-on-Trent is the lowest in the West Midlands and lower than most other places in England. An average man in the city dies 2.6 years earlier than the average man in England, while women in England live an average of 2.2 years longer than women in Stoke-on-Trent.

Healthy life expectancy – the average age when people develop significant health problems as they get older – is also lower than the average for England. Stoke-on-Trent has a similar healthy life expectancy to places such as Sunderland, Hull, Middlesbrough, Rochdale and Sandwell. We know that the causes of this deficit often start early in life.

Male



Female



Source: <https://fingertips.phe.org.uk/> 2019

Ethnicity

About one in five residents in Stoke-on-Trent is from a non-white British ethnic group, compared to just one in 15 residents in 2001. This is an increase of around 35,500 people (from 15,500 to 51,000), many of whom came from countries in the European Union. The numbers of residents classed as ‘other white’ grew from about 3,000 to 11,000 between 2001-2016.

People from Asian backgrounds also make up a significant proportion of the local population, and particularly the child population. More than a third of all residents described as either Bangladeshi or Pakistani were 16 or younger, while one in seven were under the age of five.

The following table highlights differences in the age profile of various ethnic groups at the time of the 2011 population Census:

Age Group	All persons	White British	White Other	Asian/ Asian British	All other Groups
0-9	31,281	24,088	666	4,179	2,348
10-17	23,318	19,379	339	2,297	1,303



2. ECONOMIC CIRCUMSTANCES

Overall, children and young people growing up in Stoke-on-Trent have to overcome more economic problems and barriers than those in most other parts of the country. There are higher levels of poverty. Many of these children struggle to do well at school, which can have a knock-on effect on their chances of finding good work and staying out of poverty when they become adults.

These problems are described as types of deprivation, and the effect they can have on people and communities is measured regularly to help show whether some places are more or less deprived than others. According to these measurements, known as the Indices of Deprivation, Stoke-on-Trent is the 14th most deprived district in England. The city is affected by child poverty; low levels of education, skills and training, and poor health and disability levels. On the positive side, the city offers relatively good access to housing and public services, and in recent years has reduced levels of worklessness and income per capita.

More people in Stoke-on-Trent work in lower-skilled jobs (one in four in the city compared to one in six in England). One in five people in the city work in management or professional jobs, compared to one in three in England.



More than one in five working-age adults in Stoke-on-Trent (22.9 per cent) was receiving benefits in May 2019. This is higher than the national average of 16.8 per cent, or one in six adults.

A quarter of children who go to primary schools in Stoke-on-Trent qualify for free school meals. The average for the rest of the country is 16 per cent. One in five secondary school pupils in the city can have free school meals, compared to one in seven nationally, while almost half of special school pupils are eligible, compared to just over a third in the rest of the country.

3. BEST START (0-5 YEARS)

The first five years of a child's life have been shown to have a major impact on their development and how they will go on to live their lives as adults. The majority of children in Stoke-on-Trent benefit from having a good start to life in the first five years. However, a large number do not start life well, which can cause serious problems later in their lives and prevent them from fulfilling their potential. For some, these difficulties start before they are born.

Smoking during pregnancy

Smoking in pregnancy has been shown to harm babies' growth and development and has been linked to problems during pregnancy and labour. More mothers in Stoke-on-Trent smoke while pregnant than in the rest of the country, but the gap is getting smaller. In 2018, more than one in six pregnant women in the city smoked (17.6 per cent), compared to one in 10 in England.

Low birthweight babies

Babies that are born with a low birthweight (less than 2,500 grams or 5lb 8oz) are more likely to die earlier, to suffer from childhood illnesses and have worse health in later life. In Stoke-on-Trent, one in 11 babies has a low birthweight (9.1 per cent). The average for England is one in 13 babies (7.4 per cent). Many of these are born prematurely or stillborn. Only one in 25 babies (3.9 per cent) that are born after a full pregnancy has a low birthweight, but this is still higher than the national average of one in 34 (2.9 per cent).

Infant mortality

Stoke-on-Trent has the second highest level in England of deaths among babies and infants in their first year of life. During 2016-18, 76 infants died in Stoke-on-Trent during their first year of life. This means, that on average, one infant died every two weeks in the city. The overall infant mortality rate in the city is 7.5 deaths for every 1,000 live births, which is almost twice as high as the average for England (3.9), although it has improved slightly in the last five years.

Breastfeeding

Babies born in Stoke-on-Trent are much less likely to be breastfed than other babies in England. Breast milk provides the ideal nutrition for babies, and has a range of health benefits to both mother and child. Just over half (53.2 per cent) of Stoke-on-Trent babies' first feed is known to be breastmilk, whereas the average for England is two thirds (67.4 per cent). Almost half of new mothers in England continue to breastfeed at six to eight weeks (46.2 per cent), but in Stoke-on-Trent this falls to just over a quarter (28 per cent).

Tooth decay

Levels of tooth decay among children in Stoke-on-Trent are much higher than in the rest of England. By the age of five, almost a third of children in Stoke-on-Trent (30.7 per cent) already suffer from tooth decay, compared to less than a quarter (23.4 per cent) nationally. Tooth decay can cause children to have pain, sleep loss, time off school, and in some cases, treatment under general anaesthetic.

Vaccination coverage

Most children in Stoke-on-Trent (90 per cent) are properly vaccinated against the full range of health threats. This level dips slightly (88.6 per cent) for five-year-olds getting their second dose of the MMR vaccine (for measles, mumps and rubella).

School readiness

Children in Stoke-on-Trent are less likely to develop the skills and abilities they will need to do well in school by the time they finish their reception year (age four to five). All reception children in England are assessed to see if they have achieved a 'good level of development' across 17 specific Early Learning Goals.

In 2019, two thirds (67 per cent) of children in Stoke-on-Trent achieved a 'good level of development'. This is the highest level recorded in the city; ; although it is still below the national average of 71.8 per cent of children, albeit the gap is reducing at a faster rate than in most similar areas. Overall, Stoke-on-Trent is ranked 141st out of 151 areas in England for the percentage of reception children achieving the 'good level of development' measure.

The school readiness level is much lower for children in the city who can receive free school meals (56 per cent). There is also a large gap between the development levels of the lowest-achieving 20 per cent of reception children and the average achievement level. This is called the 'inequality gap'. In Stoke-on-Trent this stands at 44.9 per cent, compared to 32.4 per cent for England.

4. ATTAINMENT AND ACHIEVEMENT

Children in primary and secondary schools in Stoke-on-Trent are less likely to achieve higher levels of educational attainment than pupils in England generally. The gap between the city and the national average is even greater for children from disadvantaged backgrounds.

Schools overview

There are 40,292 children attending 92 schools in Stoke-on-Trent. Of these, 25,743 children attend primary schools, 13,668 attend secondary schools, 73 attend nursery schools, 776 children attend Special School provision and 32 go to a Pupil Referral Unit (PRU).

Around one in five children in the city speak English as an additional language. This is similar to primary schools across the country but higher in Stoke-on-Trent secondary schools than nationally. A total of 135 languages are spoken throughout the city's schools.

Key Stage 2

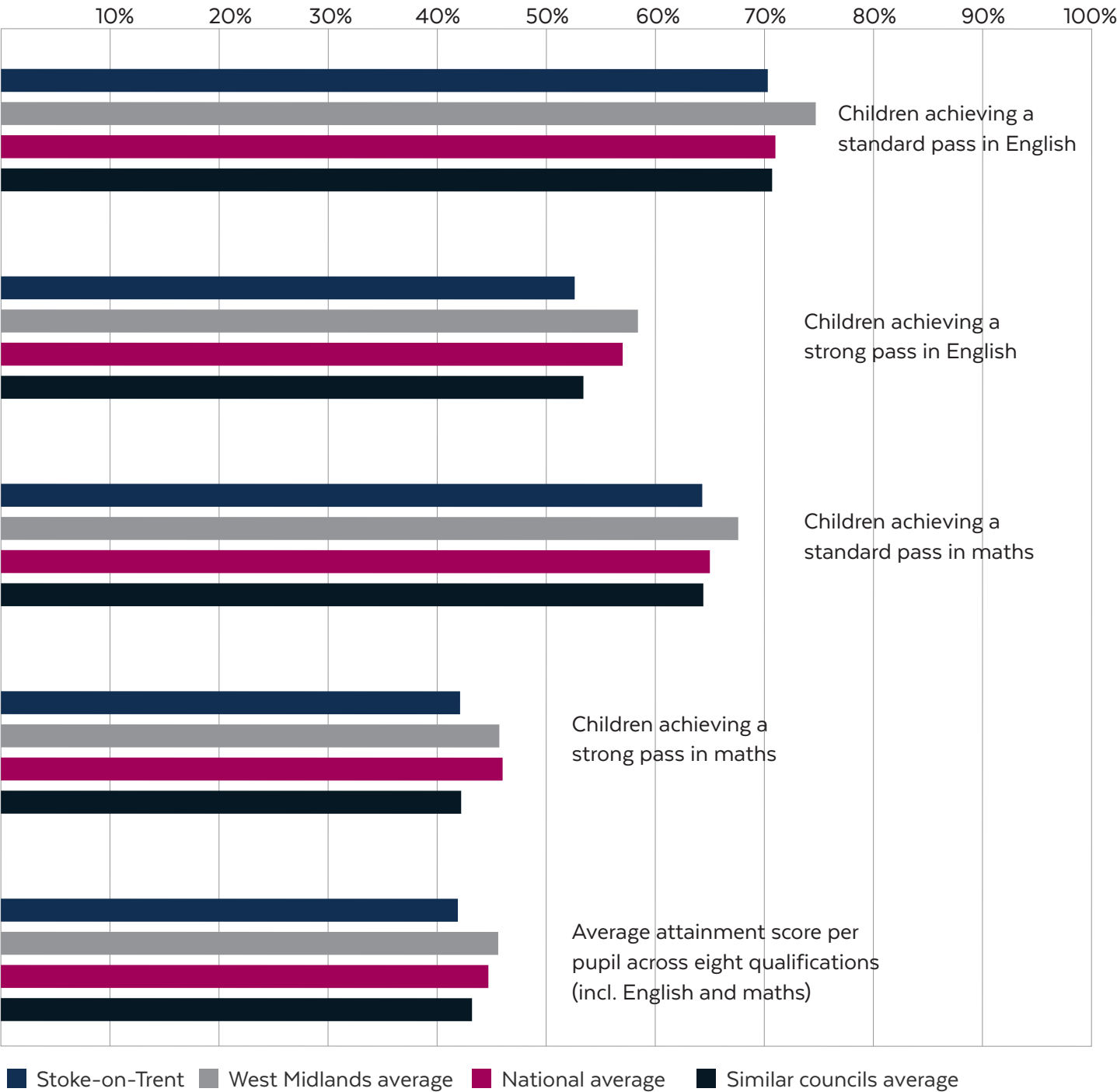
In 2019 at the end of primary school, 60 per cent of children met the expected standard in reading, writing and maths, compared to 63 per cent in the West Midlands and in similar council areas and 65 per cent nationally. In Stoke-on-Trent, there has been a two per cent improvement in performance between 2018 and 2019. The gap between the city and the whole of England stands at five per cent. The city is ranked 142nd out of 151 council areas in England for attainment in Key Stage 2.

Last year 43.6 per cent of the Key Stage 2 pupils in Stoke-on-Trent who are eligible for free school meals met the expected standards in reading, writing and maths compared with 47.5 per cent of pupils eligible for free school meals nationally.

Key Stage 4 (GCSEs):

In 2019, at the end of secondary school, 58.8 per cent of children achieved a standard (grade 4-9) pass in English and Maths. This compares to 62.3 per cent across the West Midlands, 58.4 per cent in similar council areas and 59.8 per cent across the country. Stoke-on-Trent is one per cent below the national average attainment level and is ranked 123rd out of 151 local authorities. Children in Stoke-on-Trent are making less progress between the end of primary school and secondary school than children nationally, across the West Midlands area and in similar council areas.

Key Stage 4 attainment data



Pupil absence

Overall absence rates among primary and secondary school children in Stoke-on-Trent were slightly higher compared with the average for England in 2018/19 (4.2 per cent for primary and 5.8 per cent for secondary, compared to national average levels of four per cent for primary pupils and 5.5 per cent for secondary pupils). Persistent absence rates were also higher among local primary pupils (9.1 per cent) and secondary pupils (15.3 per cent) compared with England (8.2 per cent and 13.7 per cent respectively).

5. KEEPING CHILDREN SAFE

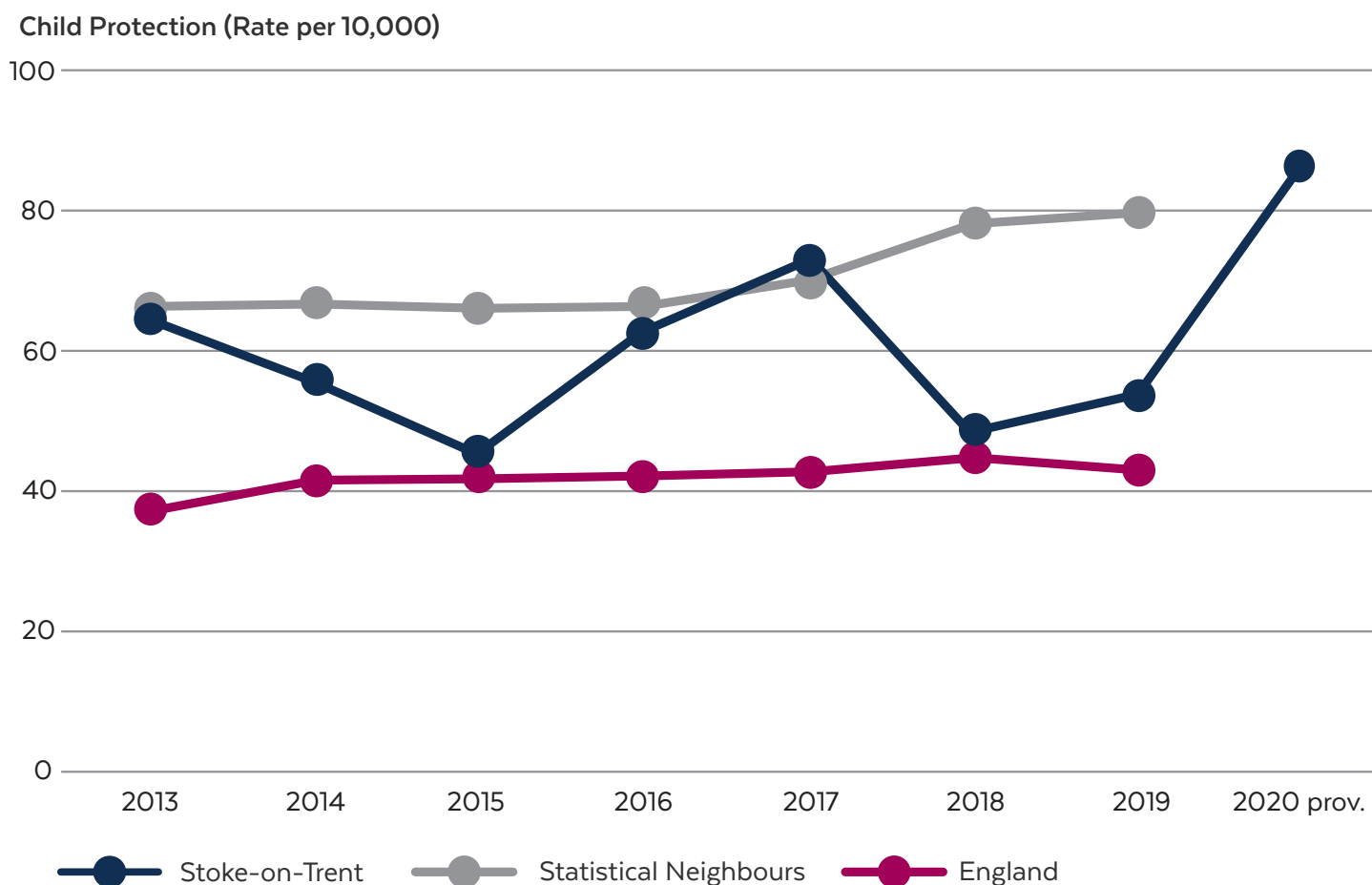
While most children in Stoke-on-Trent live healthy, stable lives, a growing number are affected by serious problems which put them at risk of harm. The biggest threats to children and young people's safety are neglect and abuse – often at the hands of family members.

The City Council, working with partners such as health services, the police and schools, has a duty to protect children and young people in the city from harm, if necessary by removing them from their homes to keep them safe.

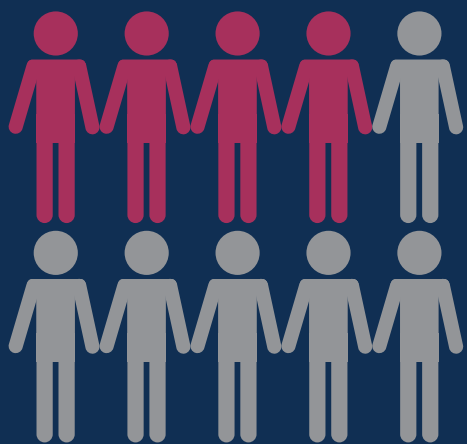
Child Protection

One way to protect vulnerable children from potential harm is to make them subject to a child protection plan. This means that children can continue to live in their homes or with close relatives, but are under regular supervision. Protection plans are put in place by the council and key partners, based on information about what is going on in a child's life and how they might be at risk.

The number of children who are the subject of a child protection plan has increased significantly over the last 12 months. At the end on March 2020, 499 children in the city were the subject of a child protection plan, which is a large increase from 309 children in 2019. The number of active child protection plans is the highest it has ever been in the city and is higher than that of other councils similar to Stoke-on-Trent (known as Statistical Neighbours).

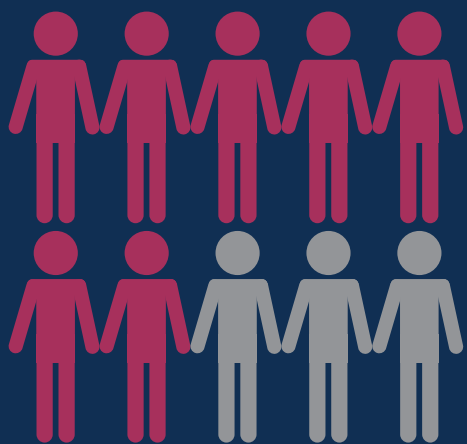


Children under the age of five are the largest group who require protection; almost four in 10 of the children with a child protection plan are in this age group.



37%

of children subject to a child protection plan were aged 0 - 4



69%

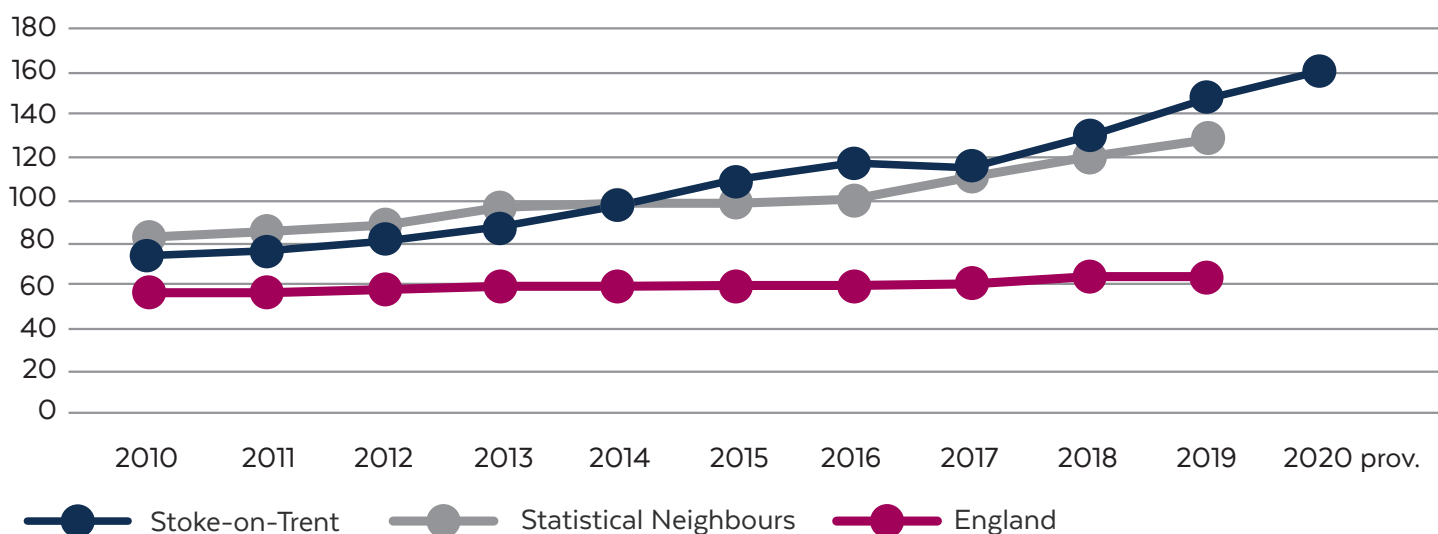
of children, have neglect as the reason for their plan



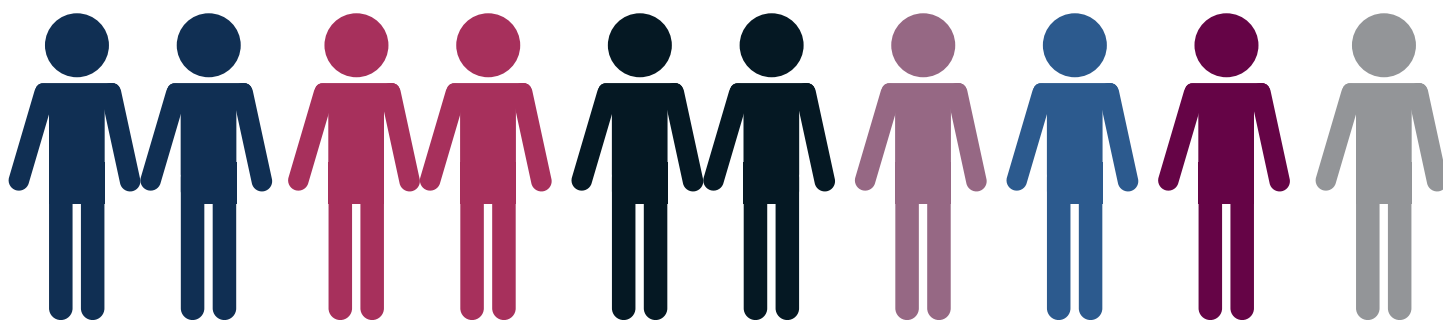
Children in care

When children aren't able to remain at home they become looked after by the local authority and known as children in care. Over the last three years the number of children in care in Stoke-on-Trent has been increasing each year. This is because fewer children are leaving care than are being placed in care. There were 918 children in the care of the local authority at the end of March 2020. Councils similar to Stoke-on-Trent have also seen increases in the numbers of children taken into care, but at a slower rate.

Children in Care (Rate per 10,000)



A higher proportion of under-5s and over-16s are placed in care in Stoke-on-Trent than in the rest of England.



Reasons children come into care

Neglect, abuse (physical, sexual, emotional), parental factors (illness, disability, substance abuse) domestic abuse, trafficking, unaccompanied asylum seeking, modern slavery, contextual (offending, homeless aged 16+, teenage pregnancy) other

Risk of abuse (including sexual, physical and emotional abuse) and neglect are the most common reasons why children come into care, each accounting for about a quarter of cases. Parental problems such as disability, illness or substance misuse account for more than one in six children coming into care (17 per cent).

Four out of five children in care live with foster carers including 21 per cent living with family and friends.

6. HEALTH

Most children and young people in Stoke-on-Trent are in good health. However, the proportion who are not is higher than for children and young people across the country as a whole. Local children and young people are more likely to be admitted to hospital for a range of health problems, including controllable long-term conditions and injuries. Children and young people from the city are also more likely to experience mental health and emotional wellbeing problems and to be overweight or obese.

Hospital admissions for asthma, diabetes or epilepsy

These three conditions account for around 94 per cent of emergency admissions to hospital for children (aged under 19) with long-term health conditions. There were 215 emergency child admissions locally for these conditions in 2018/19. The rate of admissions in Stoke-on-Trent has fallen slightly since 2014, but is still much higher than the national average.

Unintentional and deliberate injuries

Injuries can lead to hospitalisation, long-term health issues and even premature deaths among children and young people. In 2018/19 there were 560 hospital admissions for both unintentional and deliberate injuries among children under 15 in Stoke-on-Trent, including 240 admissions for under-fives. There were also 570 injury-related hospital admissions among 15-24 year-olds in the city. These are higher than the national average admission rate for injuries in these age ranges.

Wellbeing of all children

About one in eight children in Stoke-on-Trent aged 5 to 19 (almost 6,000) are estimated to have a mental health disorder (based on national figures). The rate is higher among older teenagers (one in six 17-19 year-olds) than for younger children (about one in ten 5 to 10 year-olds, and one in seven 11-16 year-olds).

Wellbeing of school pupils

About 1,000 school pupils in Stoke-on-Trent (2.6 per cent) are understood to have social, emotional and mental health needs. This is slightly higher than the average for England (2.4 per cent) and includes 2.7 per cent of secondary pupils and 2.3 per cent of primary pupils.

Self-harm

Self-harm is an important indicator of mental distress and one of the most significant risk factors for suicide. In Stoke-on-Trent, 310 children and young people aged 10-24 were admitted to hospital due to self-harm in 2018/19. Admission rates for self-harm are increasing and are almost 50 per cent higher than the national average rate. Children aged 15-19 are the most likely to be admitted to hospital following self-harm.

Children's weight

Young children in Stoke-on-Trent are gaining weight and are already significantly more overweight or obese than children in England. This puts many children at greater risk of suffering bullying and low self-esteem in childhood, as well as developing serious health conditions in later life, including type 2 diabetes, hypertension and asthma. At the start of primary school, a quarter of pupils are overweight or obese. By the end of primary school the proportion is almost two in five pupils compared to one in three nationally. The proportion of overweight four to five year-olds increased by 6.6 per cent between 2017/18 and 2018/19.

However, numbers of underweight children have been falling among primary school pupils in Stoke-on-Trent. Just over 70 children in reception and year six were underweight in Stoke-on-Trent in 2018/19.

Children with additional needs

One in six children in Stoke-on-Trent is diagnosed as having Special Educational Needs (SEN) and requiring specialist provision. Of these, 3.5 per cent have an Education Health & Care (EHC) Plan. There are 2,263 children with an EHC plan in the city, most of whom have a moderate learning difficulty (37.9 per cent), Social, Emotional & Mental Health needs (23 per cent) or Autistic Spectrum Disorder (17 per cent). Key Stage 2 pupils account for almost a third of ECH plans in the city.

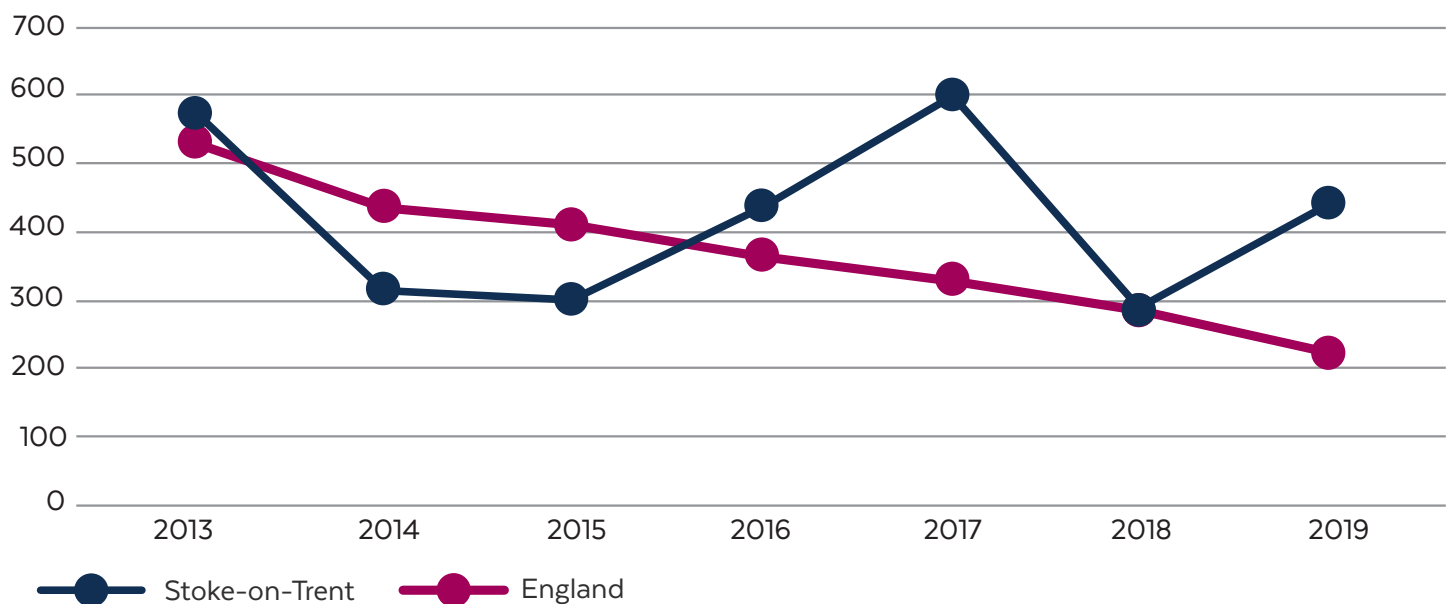
7. JUSTICE

More children and young people in Stoke-on-Trent are committing offences and ending up in the Youth Justice System than is the case across the country. This can have a lasting impact on their ability to do well at school, and to go on to find work and live productive lives as adults. It can also affect their health and wellbeing.

First time entrants to the Youth Justice System

Children and young people in Stoke-on-Trent are more likely to get into trouble with the law and find themselves in the Youth Justice System than children in the rest of England. This can have an effect on their health and wellbeing levels in childhood and later life as they are more likely to have unmet health needs than other children.

First time entrants to the Youth Justice System - aged 10-17
(Rate per 100,000)



Reoffending

Although children and young people in Stoke-on-Trent are more likely to commit an offence that gets them into trouble with the law, they are less likely to re-offend in the future (one in three offenders locally compared to 38.6 per cent nationally), and the re-offending rate has fallen significantly since 2008 (45.7 per cent).

8. LIFE CHANCES

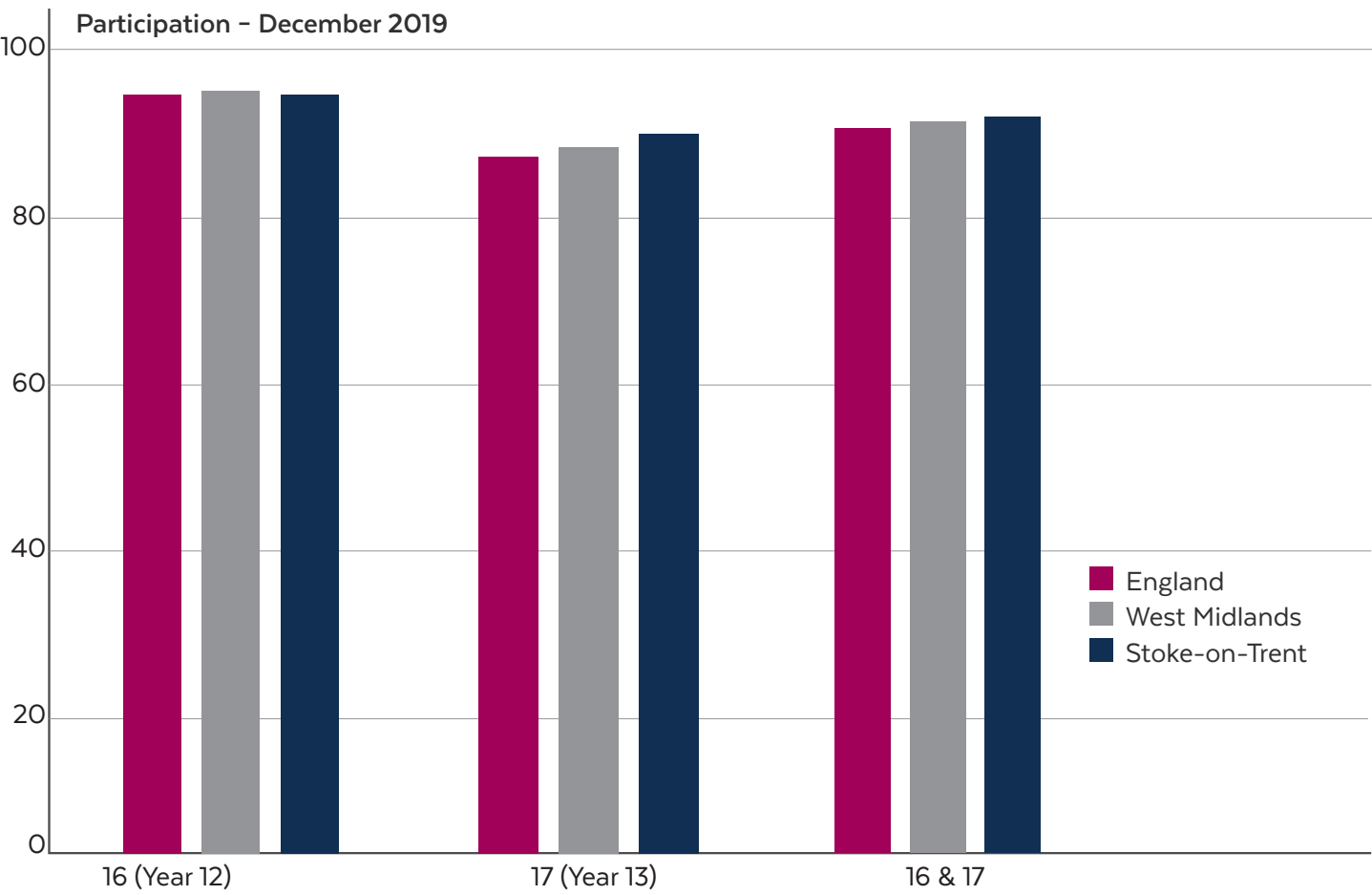
Life chances for children and young people in Stoke-on-Trent are gradually improving as a number of important risks to physical and mental health and wellbeing are reducing. However, in some areas the city is still behind the country as a whole. This is particularly true of further education, as fewer young peoplechildren in the city go on to achieve the higher grades needed to enter the best universities or secure higher-paid work.

Teenage pregnancy

Girls in Stoke-on-Trent are more likely to get pregnant before the age of 18 than the average English teenage girl, but the numbers of teenage conceptions have more than halved between 2009 and 2018/19, from 258 to 119 and are continuing to decrease. Many teenage mothers struggle to raise their child, are less likely to finish education and more likely to live in poverty and experience worse physical and mental health than older mothers.

Education, Employment and Training

Almost all children and young people from Stoke-on-Trent continue in education, work or training up until their 18th birthday, and they are more likely to participate than children in the West Midlands or across the rest of the country.



Permanent exclusions

Primary schools in Stoke-on-Trent have fewer permanent exclusions than the rest of the country. Just 0.01 per cent of primary school children in the city are permanently excluded compared to 0.03 nationally. However, the rate in local secondary schools is higher (0.35 per cent compared to 0.20 per cent across the country).

KS5 outcomes

More young people in the city are studying for Key Stage 5 qualifications, such as A-Levels. This number increased from 879 to 1,014 between 2018 and 2019. However, attainment levels at Key Stage 5 are significantly lower than the national average.

The average point score for A-level students in the city is 29.55, whereas the national average is 34.01 points. While 21.3 per cent of students nationally achieved grades AAB at A-Level in 2019, the percentage in Stoke-on-Trent was 10 per cent. These gaps between local and national attainment levels are gradually decreasing. However, the gap between the city and national average for the percentage of students achieving three or more A* grades is getting bigger. Just 4.7 per cent of children in Stoke-on-Trent achieved this in 2019, compared to 13 per cent nationally.

Smoking, alcohol and drug use

Children and young people in Stoke-on-Trent are far less likely to smoke or drink, or live in a home where other people smoke, than their parents were as children. This means that they are more likely to enjoy better levels of health as adults and reduce their risk of getting cancer and heart and lung diseases. However, the number of children who are taking drugs or using e-cigarettes is increasing.

Among secondary school pupils, the proportion who smoke has fallen sharply since 2009 from 13 per cent to five per cent, while just seven per cent have ever tried smoking, down from 40 per cent a decade earlier. The percentage of children who are exposed to second-hand smoke at home has almost halved in this time, from 28 per cent to just 15 per cent, due to declining smoking rates among adults.

In 2019, two thirds of 15-16 year-olds in the city said they had ever had an alcoholic drink, which is lower than the 84 per cent recorded in 2009. The percentage who admitted to having tried cannabis has also fallen from 10 per cent to three per cent. However, almost one in five secondary school pupils (18 per cent) have tried an e-cigarette and five per cent have taken an illegal drug.

Stoke-on-Trent

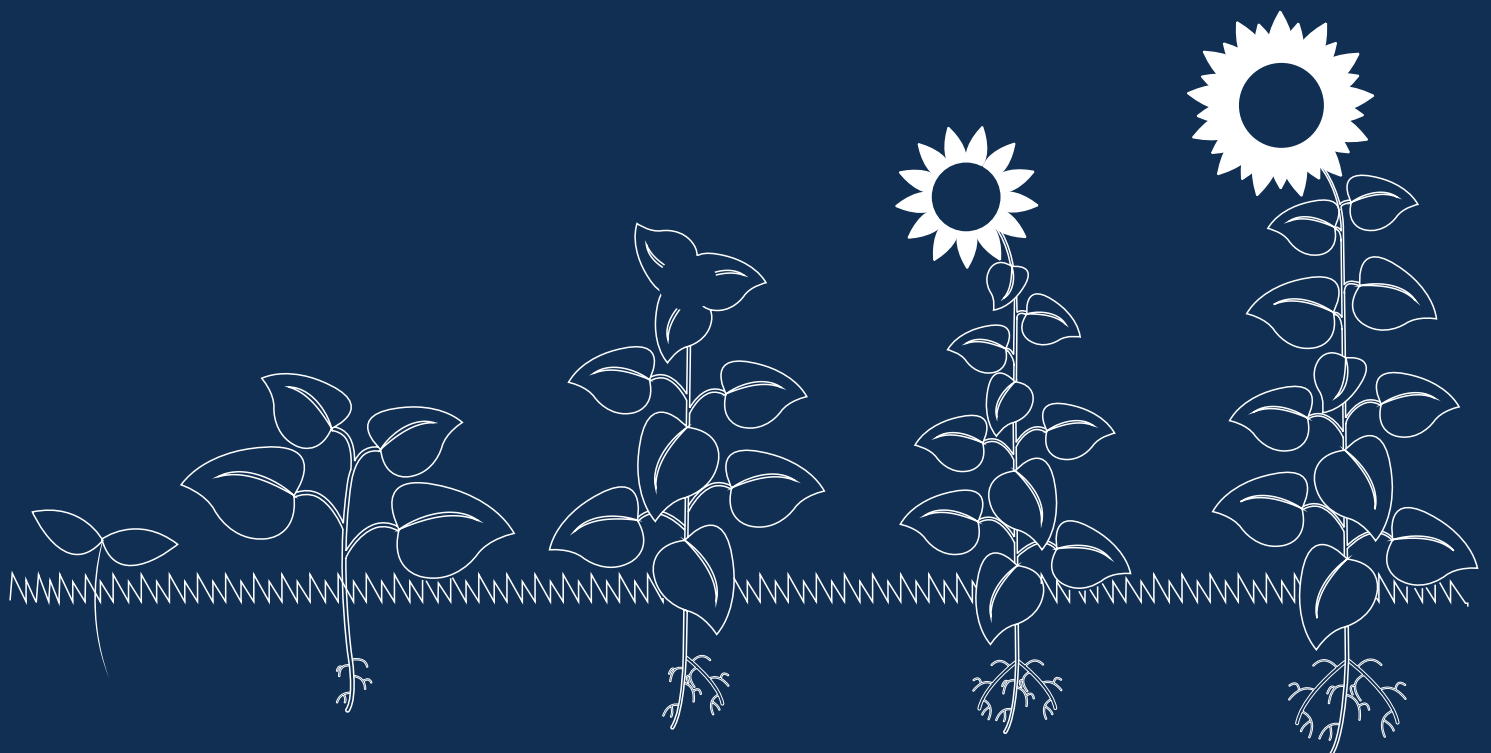
‘Room to Grow’

Children, Young People and
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Appendix B

Our Reform Programmes

This annex provides a short description of our nine priority programmes.
It explains why they are a priority and what we plan to do.



1. EARLY HELP REFORM

Why this is a priority:

We need to reform our early help offer. We have too many children and families whose needs are escalating to require statutory intervention. We have too many children with special educational and other additional needs not able to access the right community-based offer. We have too many families reliant on children services because we are not facilitating, supporting and enabling our community and voluntary sector providers to expand their reach and impact; the statutory agencies' relationship with these partners is not as strong as it should be. Our children are not consistently school ready, and this impacts on their early education and learning, and this disadvantage gap is rarely closed. We are not providing good enough support to our adolescents to prepare them for adulthood.

What we will do:

We will develop an Early Help and Prevention Board whose role will be to deliver a refreshed early help and prevention strategy and supporting plan. We will reimagine our offer through the adoption of the 'Thrive' model. Thrive is a model designed initially for Children and Adolescent Mental Health Services (CAMHS) services, but has been successfully translated into the social care sector by some other local authorities. We will look at all the services currently on offer in Stoke-on-Trent and look at what's working and what's not making sure we listen to the views and opinions of parents and families. We will work out where the essential gaps are and fill them. We will pursue four key priorities – best start in life, support to schools, confident parenting and successful transition to adulthood.

If you're keen to know more about Thrive, try this link implementingthrive.org/about-us

2. NEW FRONT DOOR

Why this is a priority:

The current front door model is referred to as the 'MASH' which stands for Multi-Agency Safeguarding Hub and is led by the police. Although the police are very valued colleagues, the current model means we miss opportunities for early conversations with professionals about worries or concerns relating to children and families. There is much emphasis put on 'referral' to the MASH, via a form-based approach, set against a threshold document. This creates an expectation of the need for a safeguarding concern to be able to contact the council, and encourages 'referrers' to 'argue children's needs upwards' to 'get it over the line'. All the global evidence shows we must radically change this. We want professional colleagues in our partnership to talk together if they have a worry – not complete a form. We want to discuss children needs, not talk about thresholds.

What we will do:

We will 'remove' the front door/initial contact element from the pan Staffordshire MASH, and change our approach, to fully embrace a restorative, strengths-based way of working. With support of global expert, Professor David Thorpe, of Lancaster University, we are creating a city based single front door, with emphasis on conversations not paper based referrals, and children's needs not thresholds. This approach puts our children at the centre of the conversation and repositions our relationships with the person contacting us. There is a good evidence base to support this model of working.

For more information on the approach we're adopting look here;

childrensocialworkmatters.org/the-evidence-for-change

and try here for an account of Norfolk County Councils recent experience with this model

communitycare.co.uk/2018/07/09

And if you're interested in reading any of Prof David Thorpe's research

researchgate.net/David_Thorpe4

3. QUALITY OF PRACTICE

Why this is a priority:

Although the Ofsted inspection report was an initial driver to pursue practice improvement and culture change, this has become a passion for the city. Our current processes, decisions and approaches may not always be keeping children and young people safe and they are responsible for too many children coming into our care – this is not the right outcome for many of our children. This is a significant workstream for our social care colleagues, however it stretches across to early help, SEND, education and learning. The programme focuses on the key knowledge, skills and abilities of our workforce, looking at training and development, including mentoring and coaching. It reviews our processes and systems, our strategies and policies, and our priorities and impact on our children.

What we will do:

There is much work to be undertaken here, with urgency, pace, thought and diligence. This workstream oversees the first phase of Team Evaluations, currently focussed on the children's assessment and safeguarding teams. The model is broadly based on the Salford NHS Foundation Trust nursing assessment and accreditation system. We've made a few tweaks in establishing the local approach. The approach will eventually be rolled out across all teams in social care from autumn.

We will introduce a 'restorative practice model', which will initially focus on children's social care, but will be rolled out across early help, and then special needs inclusion, and then further, across the partnership. This approach radically changes the relationship with families, from a 'do for' or 'do to' to an empowering, enabling and strengths based 'do with' and 'do alongside'. Restorative approaches reinforce the value base of our work with children, families and communities.

We will place significant focus on our corporate parenting responsibilities including the development of our children and young people's voices and choices and strengthening the governance around our responsibilities and aspirations for our children in care and care leavers. This includes a focus on our children's placements, their health and wellbeing and their aspiration and achievements, including education and employment and the impact of the 'virtual school'. We will challenge the perceptions of our children in care, and encourage the spirit of corporate parenting to extend beyond the council and statutory partners, and reach out into the business communities and local communities.

We've too many children and young people going into care, and we have undertaken a deep dive diagnostic of children who have entered care over the past 12 months, and can see our approach with children and families has not managed or changed the risk to children. We will strengthen partnership assessments, interventions, knowledge and support relating to domestic abuse, drugs and alcohol and parental mental health. This will be monitored through the emerging City Safeguarding Partnership due to go live later in Autumn 2020 (see Annex C).

4. CHILDREN IN CARE, INCLUDING SUFFICIENCY

Why this is a priority:

We have too many children in care, including children entering under section 20, and interim care orders (ICO) placed at home. Our children and young people's voice is not as prominent as we want and does not always influence their pathway. There is not an early enough focus on permanency and we have too many younger children entering residential provision. Our diversion from care needs strengthening, and we do not work enough with families to repatriate children home to families and then support them where this has occurred. We have too many sibling groups separated. We do not have enough foster carers, and some of our carers are not as strong as they need to be, which impacts placement stability. We have too many of our children in care out of full-time mainstream education. The education and employment outcomes of our care leavers are not good enough, and our offer to them inconsistent.

What we will do:

Through this priority we will reimagine the residential model of care in the city, linked to reinvigorated foster care provision and a focus on our approach with care leavers, enabled by an imaginative sufficiency strategy and links to the developing commissioning strategy, particularly for the purchase of independent sector provision, across the education, health and social care. Furthermore, this workstream will also support the development of our corporate parenting responsibilities, specifically relating to the role of the panel, training members and officers, and developing our pledge and strategy.

We will develop a repatriation strategy and plan, including new work processes, training and development, to raise the focus and success of returning our children back with their families or carers where this is possible and the best outcome for the children.

We will develop a Family Group Conferencing offer and make this a universal offer to all families with a social worker. Supported by our restorative practice and evidence through research, we know that enabling and facilitating families to support each other, achieves sustainable benefits for vulnerable children.

We want organisations in our Partnership to become Fostering Friendly employers, and to develop local opportunities and benefits for employees to become carers to our city children unable to live with their families. We will develop a refreshed model of 'modern foster carer' ensuring a talented and support foster care workforce, armed with the tools and techniques to manage the most vulnerable and trauma experienced children.

We are supporting the successful development of the Regional Adoption Agency and will seek to shorten the journey to adoption for children for whom this is likely to be the best outcome. We aspire for all our city children to experience a loving and nurturing family experience, that provides the strong foundations for our most vulnerable children to feel valued, respected and be successful parents themselves one day. This will be supported by effective, integrated trauma informed support. We are developing the framework for this model of support.

5. INCLUSION

Why this is a priority:

We have too many children and young people who with additional needs that are not receiving a timely and appropriate level of early support, resulting with their needs escalating. The 'system' of support is difficult for our parents to navigate, and they spend much time and energy trying to identify and navigate access to support. The outcome gap for children with additional needs is too wide, and suggests our services don't make the impact we want them too. This results with us spending too much focus and resource on managing expectations and complaints, and paying for costly services that could have been avoided.

Children from across the age spectrum are being disenfranchised from accessing education and services due to their needs. This can be social and emotional as well as physical disability and life limiting illnesses. We don't get it right early in a children's life, and the lack of consistency in achieving school readiness sets a trajectory of under-performance that often spirals into classroom management and behaviour issues and then requests for Education, Health and Care (EHC) plans – we have above national average number of children EHC plans. Later in adolescence we don't support our young people in their preparation for adulthood.

What we will do:

Through this priority we will develop our city-wide approach to inclusion by developing high aspiration and achievement for all our City's children, with a particular focus on our vulnerable learners, including children with special education needs and disabilities and children requiring an Education, Health and Care (EHC) plan. Underpinned by an emerging ambitious vision and inclusion strategy, which will position our developing graduated response, through early years, and throughout childhood to preparation for adulthood (including 'transitions'), coherent and aspirational adult learning, and supported internships. The scope of this work will review the needs of our SEND and EHCP children, through their personal, social and emotional development, in schools, in their families, and as they make their way into the world. This ambition will result with repurposed provision, a focus on early help, appropriate placements, improvements in students supported in mainstream school, and successful transitions to adulthood and independence.

6. EDUCATIONAL IMPROVEMENT

Why this is a priority:

The level of educational outcomes in City remains low, with the city being in the bottom quartile for almost all measures. These have not improved at the pace we want for our city children. The problems start in early years. The gap that exists at early years foundation stage rarely closes throughout schooling.

There is an inequality gap evident through problems with phonics at Key Stage 1 (KS1) that links to poor speech and language development in the early years. Not surprisingly therefore at KS1 we are particularly poor on 'reading and writing', although fare slightly better on maths. This gap grows in Key Stage 2 (KS2) with the gap continuing to grow re reading and writing. In secondary school we claw back a little of the gap but in terms of attainment 8 we are 136th in country and progress 8 we are 129th. Our academic outcomes at Key Stage 5 (KS5) are weak; just 10% of the cohort achieve AAB or equivalent against 21.3% nationally. Exclusions and persistent absence rates are higher than the national average.

The percentage of our schools 'Good' and 'Outstanding' is improving, however we are still below national average for primary phase.

What we will do:

We have a strategic role to 'champion' the needs of children and young people. This workstream will develop an education improvement strategy, and establish a set of shared principles with schools and colleges, to underpin an emerging shared vision for education excellence for our children, also working very closely with the Regional Schools Commissioner (RSC). Our shared ambition is for all education provision to be Good or Outstanding. This will require us to work with the RSC, to improve our support to Governors, develop a school improvement network/cluster, establish a continuous improvement model of improvement and undertake moderation of school self-evaluations and reinvigorated focus on transitions to secondary school.

Educational improvement is generally focussed on attainment at key stages through the child's education and learning journey (starting with the Early Years Foundation Stage – Nursery education); however, this must be balanced with a focus on the social and emotional development of the children.

This programme must also deliver the right balance of mutual challenge and support. We have to ensure that our schools and colleges have the tools, expertise and resources to succeed.

7. SCHOOL PUPIL PLACE PLANNING AND CAPITAL PROGRAMME

Why this is a priority:

We lack assurance that we have the right plan for the right educational provision in the right places at the right time. This is true for general needs and special needs provision. This workstream will develop our strategy (and methodology) for place planning, setting out our principles/aspirations for school organisation, underpinned by our vision for children.

What we will do:

By reviewing the current demand for childcare, early education, primary, secondary, special school and post -16 provision, we will review the impact of current provision and the model of education offer for the next 10 years. We will understand how sufficiency impacts our areas, such as inclusion (specialist transport), review the impact the inclusion strategy has on mainstream demand and link to our refreshed approach to in-year access. This will provide a sound basis for securing the necessary investment in our educational estate and ensuring we have the right mix of provision and providers.



8. 14-25 SKILLS AND LEARNING

Why this is a priority:

In July 2019 the adult learning service was judged by Ofsted as Inadequate (see [ofsted.gov.uk](https://www.ofsted.gov.uk).) As part of the response, there is significant improvement to be achieved under the auspices of a refreshed 14-25 strategy and reimagined ambition for our offer to young people. This is crucial if we are to fulfil our priority to enhance life chances for all our children and young people, particularly with respect to securing the right vocational pathways.

What we will do:

We will develop a refreshed 14-25 learning and skills strategy to ensure the right services are commissioned to the right quality. We will focus upon apprenticeships and training, innovation and enterprise, basic skills, e-learning, employability, those not in education, employment and training (NEETs) and careers advice. We will work closely with employers, Chamber of Commerce, universities and the Local Enterprise Partnership.

Learning can inspire and bring communities together and support emotional wellbeing and mental health. In our wider adult skills strategy, we therefore also want to focus on the wider family context, particularly in addressing worklessness of parents.

In terms of the City Council's provision, there is a post Ofsted improvement action plan which includes launching a governing body for our virtual adult education college. We will focus on improving quality of teaching, learning and assessment, including initial assessment, teaching in the classroom and tracking. We are focussed on improving data analysis to help learners progress to further training.

9. HEALTH AND WELLBEING

Why this is a priority:

If our city children and young people are to thrive and achieve their goals and ambitions, we must invest in their emotional wellbeing and mental and physical health. There is significant need for shared vision and integrated prevention and targeted support for our young people. Health and Wellbeing is everyone's business, and cuts across a number of key priority areas, including early help and prevention, inclusion, school improvement and quality of practice.

What we will do:

The Staffordshire Sustainable Transformation Partnership (STP) has established a Children and Young PeopleYP Health and Wellbeing governance and programme. We will need this reconciled with the city's ambitions for children and young people through joint commissioning and provision through the integrated health and care partnership model. Contributions to early help reform, inclusion strategy and offer for children in care will be particularly important. Additional areas of specific interest will be care for children with common long-term conditions in the community, public health offer for adolescents and health support to schools and colleges.



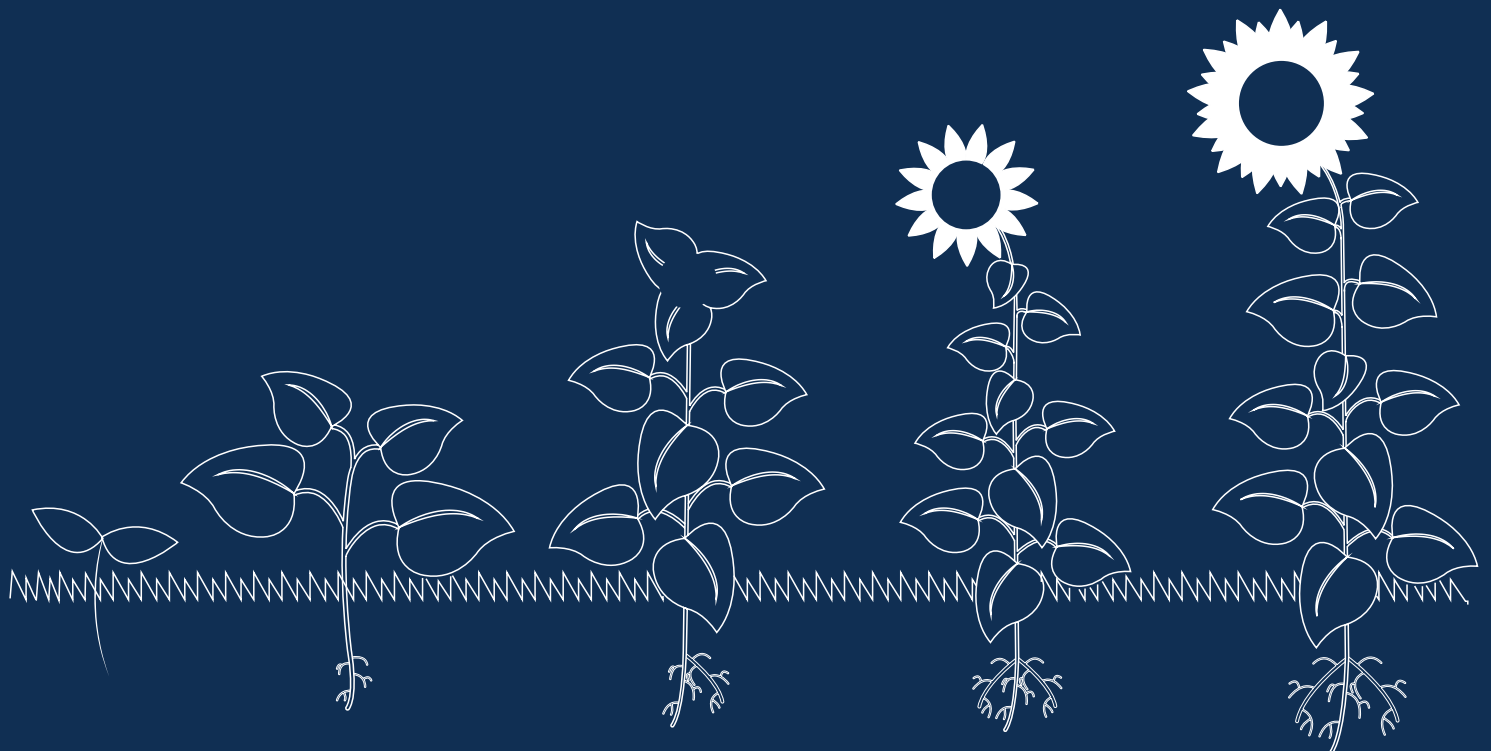
Stoke-on-Trent

‘Room to Grow’

Children, Young People and
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Appendix C

A Guide to our Partnership





Delivering this strategy is the task of many teams and organisations working in many different combinations to provide the right services at the right time. It is best conceived as a flexible and adaptive network using different blends of skills and resources to support our children and families.

By far the most important part of the organisational model is the work of integrated, multi-disciplinary teams operating deep in communities – in homes, schools, GP practices, children’s centres and community centres. The role of governance is to bring co-ordination, oversight and accountability to our partnership effort, and to ensure that we draw on the resources and powers of a wide range of partners. Good governance helps connect our work to other big policy and delivery themes such as community safety and economic development. If Stoke-on-Trent is genuinely to be a city where children and young people are our first priority, then we need a wide and deep contribution.

This short annex provides a brief description of some of main governance mechanisms that will have a crucial role in the delivery of this strategy. It is not an exhaustive list and the way we organise may itself change and adapt over the life of the strategy.

Children, Young People and Families' Strategic Partnership Board

This is the overarching coordinating board for the delivery of this strategy. It is chaired by the lead Cabinet Member for Children and Young People from Stoke-on-Trent City Council and has representation from across the Partnership at senior level. It will have oversight of the delivery of the portfolio of programmes and projects. This is the Board that will assess what progress we are making against the priorities we have set, including mitigation of risk. It is where the partners can hold each other to account for our relative contributions to the delivery of the strategy and programmes.

Children's Improvement Board

This is the Board that is overseeing the required improvements in children's social care in the city. In this period of our improvement journey it is chaired by the Children's Commissioner appointed by the Department for Education. It has a membership that is reflective of the local partnership but also includes our principal improvement partner, Leeds City Council and the Department for Education. The Board holds the Council and its partners to account for the delivery of the agreed Improvement Plan as well as identifying support that the city may require to secure the necessary improvements.

Health and Wellbeing Board

The Health and Wellbeing Board is a statutory Board convened by every upper tier authority. Our Board develops and oversees the delivery of a local Health and Wellbeing Strategy for the city, based on a Joint Strategic Needs Assessment that is produced by the Director of Public Health. The core purpose of the Board is to bring about improvements in the health of the population. Health commissioners have, by law, to take account of the objectives of the Health and Wellbeing Strategy in setting their commissioning strategies. In the context of the 'Room to Grow' strategy the Board will have a crucial role in ensuring that the key health and wellbeing ambitions for children and young people are met. This includes public health provision, community health, mental health and specialist services. The statutory role of Healthwatch on this Board should ensure that the child and family voice on health matters is heard.

Community Safety Partnership

The Community Safety Partnership is made up of a group of statutorily defined responsible authorities that together must seek to protect their communities from crime and help people feel safer. In the context of this Strategy, the Community Safety Partnership will have a crucial role with respect to prevention and early intervention. This includes work on violence prevention, youth justice and child exploitation. It will have a specific interest in those young people who are victims of crime as well as young offenders, recognising these are often the same young people. The Partnership will prioritise those who are most vulnerable.

Local Enterprise Partnership (LEP)

The Local Enterprise Partnership is a voluntary partnership between local authorities and businesses with the purpose of promoting the economic development of their geography by creating the conditions for business development and growth. It has a strong focus on skills that includes the future workforce and is therefore a crucial partner in providing the opportunities for young people to fulfil their potential. Our LEP covers Stoke-on-Trent and Staffordshire and has many important projects that bring benefit to our city.

Early Help and Prevention Board

The Early Help and Prevention Board is non-statutory Board that reports directly to the main partnership board. It is charged with co-ordinating the development and delivery of our Early Help Plan to ensure that families receives the support they require before they are no longer able to cope and crisis occurs. It has a wide membership across the Partnership, with a particular emphasis on the role of the voluntary & community sector and schools. It has a significant span of oversight from our work on early years development through to support to adolescents as they enter adulthood.

Local Safeguarding Partnership

The new statutory framework for safeguarding children introduced in 2018 requires the three safeguarding partners (local authorities, police and clinical commissioning groups (CCGs)): to join forces with relevant agencies, as they consider appropriate, to co-ordinate their safeguarding services; act as a strategic leadership group; and implement local and national learning, including from serious safeguarding incidents. Relevant agencies include schools, youth offending teams, prison governors, immigration officials and many more. In Stoke-on-Trent we are establishing a dedicated partnership model for the city that will be independently chaired.

Corporate Parenting Panel

The City Council is the corporate parent for the children and young people in its care, and has an ongoing responsibility to care leavers as well. It is an extraordinarily important responsibility and privilege, one that can only be carried out well with the full support of local partners and with a continued commitment to listening to the children and young people themselves. As corporate parents, all councillors (and senior managers) stay informed about children in the council's care, and care leavers. The Corporate Parenting Panel provides an essential forum for regular, detailed discussion of issues, and a positive link with children in care. Members of the Panel will use their position to raise awareness of the role amongst colleagues, and provide support to the lead Cabinet Member for children's services.

Youth Offending Board

The Youth Offending Board provides the leadership and strategic direction for the prevention of young people becoming engaged or victims of crime. It ensures the services they receive address casual factors, including health, speech and language and mental health, and that their wider community and network has accessible opportunities and support for them to aspire and achieve. It has a very close working relationship with the Community Safety Partnership.

Education Improvement Partnership

This will be a new Board and will have responsibility for coordinating educational improvement. We believe in a holistic model of child development. Children and young people with good emotional and mental wellbeing usually achieve their potential more often. The role of the Education Improvement Partnership is to work with and support schools and colleges in their work with our children and young people, including those with additional needs. It will do this through the development and delivery of an education improvement strategy and plan. The Partnership will work very closely with external partnership such as the Opportunity Area established by the Department for Education, and with the Regional Schools Commissioner.

Inclusion Board

This will be a new Board and will co-ordinate the development and delivery of our Special Needs Inclusion strategy and plan. It will take a life course approach, ensuring that additional needs are identified as early as possible in a child's life and that a partnership is developed with the parents or guardians. The Board will ensure we build up our community-based offer to these children and families and that we join up relevant services. It will see to ensure that these young people get the support they need through school and college, and that there is a positive transition to adult provision.

