

The Isle of Wight Children and Young People's Plan 2006 to 2009



The front cover photograph was taken at the Isle of Wight Big Day Out 2005 held at Brading Roman Villa. 4,000 children, young people and their families enjoyed a free fun day out. Over 80 services came along to explain what they provided and how they have changed based on what children had said at the previous Big Day Out.

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1. FOREWORD FOR CHILDREN AND YOUNG PEOPLE'S PLAN

The children and young people of the Isle of Wight are our future and the Isle of Wight is their future. We must do everything that we can to ensure that future is one where all children and young people are safe, healthy, can enjoy and achieve, have opportunities to make a positive contribution and can achieve economic well being.

This Isle of Wight Children and Young People's Plan sets out what we will all do to secure this future. We all have a part to play so that the Isle of Wight is a progressive Island built on economic success, high standards and aspirations and a better quality of life for all.

By

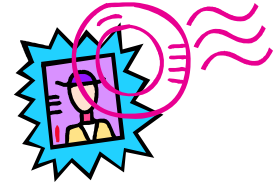
Councillor Joyce, Cabinet Member for Children and Deputy Leader

Councillor Swan, Commissioner for Children and School Results

Councilor Joyce and Councilor Swan have written the foreword to the Children and Young People's Plan to let you know that they are pleased with the plan and have given it their seal of approval.



2. AN OPEN LETTER TO ALL CHILDREN AND YOUNG PEOPLE ON THE ISLE OF WIGHT



To all Children and Young People
Isle of Wight

Dear Children and Young People

You told us what it was like to live on the Isle of Wight, what is good and what is not so good. Your views have helped us to look at the services we provide and to decide what we need to change.

You have said these are your priorities and we agree. Together we will:

- 1. Raise educational achievement**
- 2. Improve emotional well-being and mental health (by reducing bullying, alcohol and substance misuse)**
- 3. Increase support and employability for those of you aged 14 to 19**
- 4. Help more of you to get involved in things to do in your community**
- 5. Develop more support for your parents, carers and families**

This plan is our response. We will continue working with you, to plan and review these changes whilst continuing to provide services that you and your families need.

Thank you.
Yours sincerely

Councillor Andy Sutton, Leader Isle of Wight Council

Councillor Patrick Joyce, Deputy Leader and Cabinet Member for Children

Councillor Melanie Swan, Commissioner for Children and School Results

Ian Sandbrook, Strategic Director Children's Services

Graham Elderfield, Joint Chief Executive, St Mary's NHS Trust and Isle of Wight Primary Care Trust

Chief Executive, Rural Community Council

3. THE PRIORITIES FOR THE ISLE OF WIGHT CHILDREN AND YOUNG PEOPLE'S PLAN - and where they come from:

1. **Raise educational achievement**
2. **Improve emotional well-being and mental health (by reducing bullying, alcohol and substance misuse)**
3. **Increase support and employability for those aged 14 to 19**
4. **Help more young people to get involved in things to do in local communities**
5. **Develop more support for parents, carers and families**

1. The strongest priority in the Plan is to **"raise educational achievement"**. The identification of this priority comes from the ongoing analysis of results, undertaken locally, regional and national levels. The Annual Performance Assessment (Nov 2005) that education provision merits only one star confirmed that educational achievement on the Island is unacceptably low. This had already been recognised: 'Raising standards' is at the centre of the 'Improving Outcomes for Children and Young People' theme in the Council's Aim High Strategy; it underpins the Skills theme in the Island Futures Community Plan; and it gives rise to three sets of targets – for 11, 14 and 16 year olds in the Local Area Agreement. It also confirmed that there are cultural issues, relating to aspiration and accountability, which are important aspects of the work needed to tackle educational underperformance.
2. If educational underachievement is to be tackled successfully, there is a need to raise aspiration and strengthen accountabilities. This cultural issue of aspiration is closely related to the self-esteem and self-belief of children, young people and their families. Consultation with children and young people, and the findings of work undertaken within the Aim High theme of 'safer communities' has identified bullying as a significant issue. There is a set of issues around the emotional and behavioural needs of a significant minority of young people on the Island, which also links, to work of the comprehensive Children and Adolescent Mental Health Service. Whilst there are other important health priorities, such as obesity and immunisation, for the Island's children and young people, the Children and Young People's Strategic Partnership decided that to **"improve mental health and well-being (particularly by reducing bullying, alcohol and substance misuse)"** should take priority within the Plan.
3. The issues of employability and the continuation of young people in education, training and employment beyond statutory school age have been identified as key issues for the Island both in the inspection of 14-19 provision in 2003 and in the deliberations of the Island Futures Partnership and the 'Inspire' programme. The prioritisation to **"increase support and employability for those aged 14 to 19"** is confirmed by analysis of data and by the views of young people themselves.
4. The perceptions of needs emanate from different levels and agencies. The most important group are the children and young people themselves who, with their families, generate needs as individuals and in their localities and communities. The infrastructure for giving children and young people a voice are well established across the Island, from school councils through to the Wight to be Heard conferences, the Youth Council and the Big Day Out. These forums have generated a set of issues and priorities, captured particularly at the Big Day Out in October 2005. The particular

priority in the Children and Young People's Plan – **“Help more young people to get involved in things to do in their communities”** – emerged from this consultation.

5. In the evaluation of the information and data available to the Children and Young People's Strategic Partnership at the meeting in January 2006 at which it confirmed the 5 priorities for the Plan, there was a widespread view that the life chances of children and young people would be immeasurably enhanced if everyone worked together to **“develop more support for parents, carers and families”**. This would build on the work already undertaken by social care and health agencies, the Adult and Community Learning team and such initiatives as the Parent and Family Support Workforce Training Programme.

Finally, the Isle of Wight Council and partners recognised that our proven Healthy Schools Standard, our Children's Centres and our developing Extended Schools, along with our Youth Services, Libraries, Art, Sport, Museum, Adult & Community/Family Learning, Cultural and Leisure services, all play an essential role in achieving the priorities set out in this plan and the development of our Children and Young People's Trust.

4. WHAT WILL THE SUCCESS OF MEETING THESE PRIORITIES MEAN TO CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES?

Be Healthy

- Increase in immunisation rates
- Better access to a Comprehensive Child and Adolescent Mental Health Service
- Reduction in teenage pregnancy rates under 18
- Improvement in the health and quality of life for children with learning difficulties and disabilities
- Improvement in the emotional well-being and mental health of children and young people

Stay Safe

- Improvement (decrease) in the referral rate within 12 months to Children and Family Services
- Improvement in the assessment and referral process in Children and Family Services
- Reduction in the amount of time children and young people are on the Child Protection Register
- Reduction in bullying behaviour
- More choice and better matching of families for looked after children and young people
- All children in need are protected
- The welfare of looked after children and care leavers is ensured

Enjoy and Achieve

- Raising of attainment at Key Stage 2, 3 and 4 and the Value Added in between
- Reduction in the number of schools below the Key Stage 2 target for maths
- Reduction in the number of exclusions and the percentage of excluded pupils in alternative provision for more than one year
- Improvement in school attendance

Achieve Economic Well-Being

- Improvement in the attainment at GCSE, VCE and A/AS level through the 14-19 Strategy
- Increase in the provision of a vocational curriculum and qualifications
- The employment prospects of 14-19 year olds are improved

Make a Positive Contribution

- More partnership working with Health Services to involve children and young people
- There is an increase in children and young people's satisfaction with services

5. THE KEY ACTIONS WE WILL TAKE TO MEET THESE PRIORITIES:

1. Raise educational achievement

- Implement the School Improvement Strategy
- Implement the Workforce Development Strategy
- Develop the Data Management Strategy
- Implement the Special Educational Needs Strategy
- Deliver the Access and Inclusion Plan
- Review the Island's school provision

2. Improve emotional well-being and mental health (by reducing bullying, alcohol and substance misuse)

- Implement the Healthy Schools Strategy
- Implement the Anti-bullying Strategy
- Deliver the Young People's Substance Misuse Plan
- Implement the Island Alcohol Harm Reduction Strategy
- Implement the Child and Adolescent Health Service Strategy
- Implement the Teenage Pregnancy Strategy

3. Increase support and employability for those aged 14 to 19

- Implement the 14-19 Strategy
- Implement the Connexions Business Plan and the Not in Education Employment or Training (NEET) strategy

4. Help more young people to get involved in things to do in local communities

- Deliver the Youth Service Business Plan
- Deliver the Creative Partnerships Business Plan
- Develop the Youth Involvement and Participation Strategy

5. Develop more support for parents, carers and families

- Develop the Local Safeguarding Children Board (LSCB)
- Implement the Domestic Violence Strategy
- Implement Parent Education and Support Strategy
- Deliver the Early Years Development and Childcare Plan
- Implement the Children's Centres Strategy
- Implement the Extended Schools Strategy
- Deliver the Family Learning Plan

6. THE TARGETS AND OUTCOMES WE SHALL ACHIEVE

HOW WILL WE KNOW IF WE ARE MAKING A DIFFERENCE? OUTCOMES AND PERFORMANCE INDICATORS

Aim A: Be Healthy: To ensure that Island children are physically, sexually and mentally healthy and able to make positive lifestyle choices.

High level outcome	Goals	Indicator(s)	2005 Baseline Position *	Cumulative Target		
				April 2007	April 2008	April 2009
Be healthy	A1 – Reduce teenage pregnancy rates under 18	Conception rates < 18 @ 1,000	40.3 (1998) 33.8 (2003)	-25%	-35%	-50% of 1998 baseline
	A2 - Improve the health and quality of life for children with learning difficulties and disabilities	No of C&YP receiving respite care /short breaks through outreach services (Beaulieu and Family Link)	69 (Beaulieu 33)	73 (6%) (35 - 6%)	75 (9%) (35 – 6%)	77 (11%) (35 – 6%)
	A3 - Improved mental health & well-being of Children and Young People – focusing on early and appropriate intervention to prevent crisis and enable access of non stigmatised support	No. of referrals to Sp. CAMHS of < 18s No of GP referrals of < 18s for Tier 1 and Tier 2 mental health support MMR Immunisation rate at age 2	476 Estimate 96 (32 from 4 practices for 4 months) 73% (National 94%)	476 +3% 80%	466 +20% 85%	457 +30% 90%

Aim B: - Stay Safe: To ensure that Island children are safe from maltreatment, neglect, discrimination and injury and live in a safe and stable environment.

High level outcome	Goals	Indicator(s)	2005 Baseline Position	Cumulative Target		
				April 2007	April 2008	April 2009
Stay Safe	B1 - Ensuring children in need are protected – focusing on early and appropriate intervention to prevent crisis and enable access of non stigmatised support	% of children in need re-referred to social care in the last 12 months	32.3% National 22%	28%	24%	21%
		No of children assessed using the Common Assessment Framework	Estimated baseline 120 per annum	Provisional target 174 p/a	Provisional target 204 p/a	Provisional target 234 p/a
		% of child protection re-registrations during the year	15% (anticipated 2006)	14%	13%	11%
		% of parents 13-19 year old aware of / accessing Parenting Education and Support Services	Estimated baseline 55%	Provisional target 75%	Provisional target 80%	Provisional target 90%
	B2 – Reduce incidence and fear of bullying	% of children reporting bullying through the helpline (1 st year focus on improving reporting, years 2 and 3 focusing on reduction) and attendance at Accident and Emergency.	Estimate 25% To be established	Provisional target 35% To be established	Provisional target 30% To be established	Provisional target 28% To be established
	B3 - Ensuring the welfare of looked after children and care leavers	% of LAC who have had 3 or more placement moves during the year	15.7% (National 12.7%)	12%	11%	10%

Aim: C- Enjoy & Achieve: To ensure that Island children attend and enjoy and are able to maximise their potential.

High level outcome	Goals	Indicator(s)	2005 Baseline Position	Cumulative Target		
				April 2007	April 2008	April 2009
Enjoy and Achieve	C1 – For Island children to attain achievements equal to or above the national average at GCSE (LPSA)	% learners achieving 5* A-C grades in GCSE or equivalent (LPSA)	45.1%	49%	53%	56.5% (57.5% LPSA)
		% learners achieving 5* A-C grades in GCSE or equivalent including English and Maths. (LPSA)	35%	36%	38%	40% (42% LPSA)
	Additional LAA indicators	% care leavers with 5 GCSE *A-C	7.7% (national 7.2)	10%	11%	11%
		% of young people leaving care at 16+ with 1 GCSE	38.5% (National 49.6%)	45%	47%	50%
	C2 - To ensure that Island children attain achievements equal to or above the national average at Key Stage 2 (LPSA)	% eleven year old learners achieving Level 4 or above in: English (LPSA)	76%	78%	80%	82% (84% LPSA)
Maths (LPSA)		69%	74%	78%	80% (82% LPSA)	
Additional LAA indicators	% eleven year old learners achieving Level 5 or above in English	18%	20%	23%	26%	
	Maths	22%	24%	27%	30%	
	Science	42%	44%	47%	49%	
	% fourteen year old learners achieving L5 or above in English	65%	69%	72%	74%	
	Maths	72%	74%	76%	78%	
	Science	68%	70%	72%	74%	
	ICT	72%	74%	76%	78%	

Aim: D – Make a Positive Contribution: To ensure that island children are empowered and able to make a positive contribution to the lives of their families and communities.

High level outcome	Goals	Indicator(s)	2005 Baseline Position	Cumulative Target		
				April 2007	April 2008	April 2009
Make a positive contribution	D1 – Increase children and young people’s satisfaction with the service they receive	% children and young people consulted who think services to them are good or better.	Estimated baseline 60%	Provisional target 75%	Provisional target 80%	Provisional target 85%

Aim: E - Achieve Economic Well-being: To ensure that Island young people are prepared have a positive work ethic and are able to maximise their employment opportunities.

High level outcome	Goals	Indicator(s)	2005 Baseline Position *	Cumulative Target		
				April 2007	April 2008	April 2009
Achieve economic well-being	E1 – To improve the employment prospects of 14-19 year olds (LPSA)	16-18 year olds not in education, employment or training (NEET) (LPSA)	5.3% (Dec 05)	5%	4.7%	4.4% (4.1 LPSA) (stretch of 13)

7. OUR UNDERLYING PRINCIPLES

Four key principles emerged from our multi-agency planning that services requested be considered throughout the implementation of the plan. These are:

Safeguarding Children and Young People and Promoting their Welfare:

- All plans, policies, procedures and services will protect children from maltreatment, prevent impairment of children's health and development and ensure children grow up in circumstances consistent with the provision of safe and effective care.
- The Isle of Wight will establish a Local Safeguarding Children Board by 1st April 2006 to co-ordinate and ensure the effectiveness of each person and organisation for the purposes of safeguarding and promoting the welfare of children on the Isle of Wight.

Diversity:

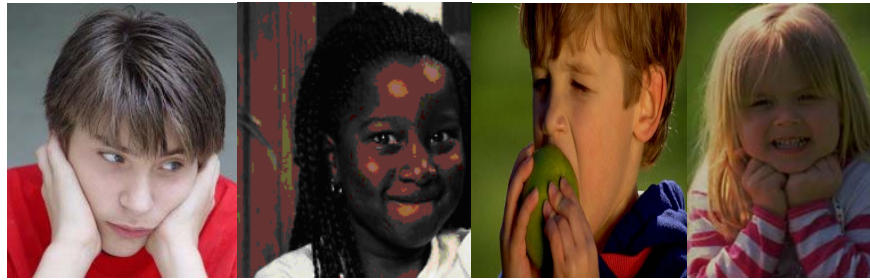
- We recognise that we need to adapt the services we provide to enable all sectors of the community to have an equality of access.
- It is hoped that all children having been treated with equality will enter adulthood with a sense of belonging and become responsible members of the Island Community.
- All policies produced and services delivered will be subject to a Diversity Impact Assessment.

Accessibility:

- Rural Proofing: Services delivered locally from user friendly accessible access points.
- Information about services and about this plan will be in plain English and available in different ways for people to access.

Not-for-Profit sector:

- Support for the infrastructure
- Increase in partnerships
- More secure funding streams
- Participation of the sector is in line with the Compact Code of Good Practice on Consultation and Policy Appraisal (www.thecompact.org.uk). [Hypertext link to Local Compact](#)



8. MAKING IT WORK – THE ISLE OF WIGHT CHILDREN AND YOUNG PEOPLE’S TRUST

The planned Isle of Wight Children and Young People’s Trust is the partnership that will deliver the commitments of the Children and Young People’s Plan

A. Nationally

1. The Children Act 2004 is focussed on the five outcomes
 - Be Healthy
 - Stay Safe
 - Enjoy and Achieve
 - Make a Positive Contribution and
 - Achieve Economic Well being.(The NHS and Social Care also work to the National Service Framework for Children, Young People and Maternity Services).
2. Plans to integrate services for children and young people by 2008 are required by law.
3. Children and young people will have a common assessment, one lead professional, and one joined up service provided near where they live.
4. The Children’s Trust is an opportunity to reduce the various meetings, boards, steering groups and partnerships that currently run the various plans, grants and funding streams. This will save time for children, young people, parents, carers, staff, volunteers and Council Members, and will reduce bureaucracy. Savings will be reinvested in preventative services to reduce further the need for services for those in crisis (although the need for and provision of these will remain).

B. Locally

1. Our Children’s Trust is called the Children and Young People’s Trust and began in shadow form in August 2005 and will go live as a formal partnership in October 2006. This builds on 2 years of development and many local examples of services already working together. The arrangements for development include:
 - Local Safeguarding Children’s Board – replaces non statutory Area Child Protection Committee to safeguard and promote welfare of children.
 - Governance Board – will set policy and provide leadership and accountability.

- Children and Young People's Trust Executive, made up of the senior managers of the different services who work with children and young people – previously the 'strategic board.'
 - Children and Young People's Trust Partnership – a fuller representation of partners, to include those on the previous process and implementation boards.
 - Children and Young People's Forum – links together the many ways children and young people are involved.
2. The Trust joins up all services (including how they are prioritised, planned, funded, commissioned, delivered, monitored and evaluated) across the Council, the NHS, the community and voluntary sectors and possibly some private business.
 4. The Trust places children and young people at the centre of all these services.
 5. The Local Area Agreement will help join these services together by pooling/aligning budgets around shared priorities. This may then provide additional funding for the Trust provided we reach the stretched targets.
 6. Schools have budgets and possibly in the future some GPs may have budgets that they can buy services with. Schools and GPs are not required to be part of the Children's Trust but we will develop further ways to work with them more closely.
 7. The Trust is not just about services within Children's Services (old Local Education Authority and the children and families part of Social Services) but links with Family Learning, Housing, Planning, Cultural and Leisure Services, Transport, Connexions, Environment, Economic Development, Connexions, Youth Offending Team, Safer Communities, Libraries, hospital services, Training Providers, Isle of Wight College, the proposed Health and Social Care Trust and other community and voluntary groups and possibly some private businesses.
 8. The Trust is part of the Council's approach outlined in [Aim High](#). To make it work effectively functions such as IT, finance, buildings, workforce development, human resources, communications all need to be in place and joined up across services.
 9. The opportunity of working more with community and voluntary groups (including paying them to deliver services) is that they can apply for grants and funding statutory services cannot. They could also provide more advocacy and non-stigmatised services.
 10. Every year Council services will be monitored on the progress in achieving the five outcomes by an examination called Annual Performance Assessment and all services within this plan every three years by an examination called a Joint Area Review. The result from which will affect our grade compared to the rest of the country.

Commissioning (How we plan, develop and deliver services to achieve the five outcomes)

The Isle of Wight Council is considering establishing a Local Public Service Board (LPSB) to oversee all commissioning of services. For the period of this plan 2006 to 2009, the Local Area Agreement will provide the opportunity to move towards greater flexible use of budgets. During 2006, the Children and Young People's Trust will establish a working group to develop an integrated commissioning process to support the implementation of the Children and Young People's Plan and the joint delivery of services in the context of the LPSB.

Workforce Development [hypertext link to the Strategy](#)

Timetable for the development of integrated services for children and young people:

Phase 1 August 2005 to March 2006 – Development Phase (Consulting on our Plan and identifying progress and piloting ways of working in each of the 5 geographical clusters).

1. Involvement, participation and consultation with children and young people
2. Integrated commissioning
3. Information Sharing and Assessment
4. Common Assessment Framework, Lead Professional. integrated referral and care pathways
5. Interagency governance and accountability
6. Workforce planning, development and reform
7. Local Safeguarding Children Board.
8. Developing our Children and Young People's Plan

Phase 2 April 2006 to October 2006 – Implementation Phase (launch our Plan and implement these seven functions across the Island learning from each Cluster).

Phase 3 October 2006 – Operational Phase: (Fully functioning Trust) launched at the Big Day Out.

[Hypertext link to project management programme](#)

The Involvement of Children and Young People in Developing this Plan

A group of twenty four children and young people trained in Legislative Theatre and Participatory Arts ran a set of workshops at the Big Day Out 2005 to which over 4,000 children, young people and their families attended. The results from the workshops informed the development of this plan.

A series of electronic Talkback panels toured the Island during February and March 2006. A summary of the findings is included in Appendices C. An online survey and new children and young people's section on iwight.com was created and sent to all schools, the community and voluntary sector, and all staff. Copies of the draft plan were available in every library and were publicised in local media and television. Posters advertising the draft plan and consultation were also sent out to children and young people not educated in school, all partners within the shadow Children and Young People's Trust and all faith and church communities.

GOVERNANCE ARRANGEMENTS (HOW WE MAKE SURE MONEY IS SPENT IN THE BEST WAY POSSIBLE TO ACHIEVE THE FIVE OUTCOMES)

The key delivery and governance arrangements are through the Children and Young People’s Trust Board structure:

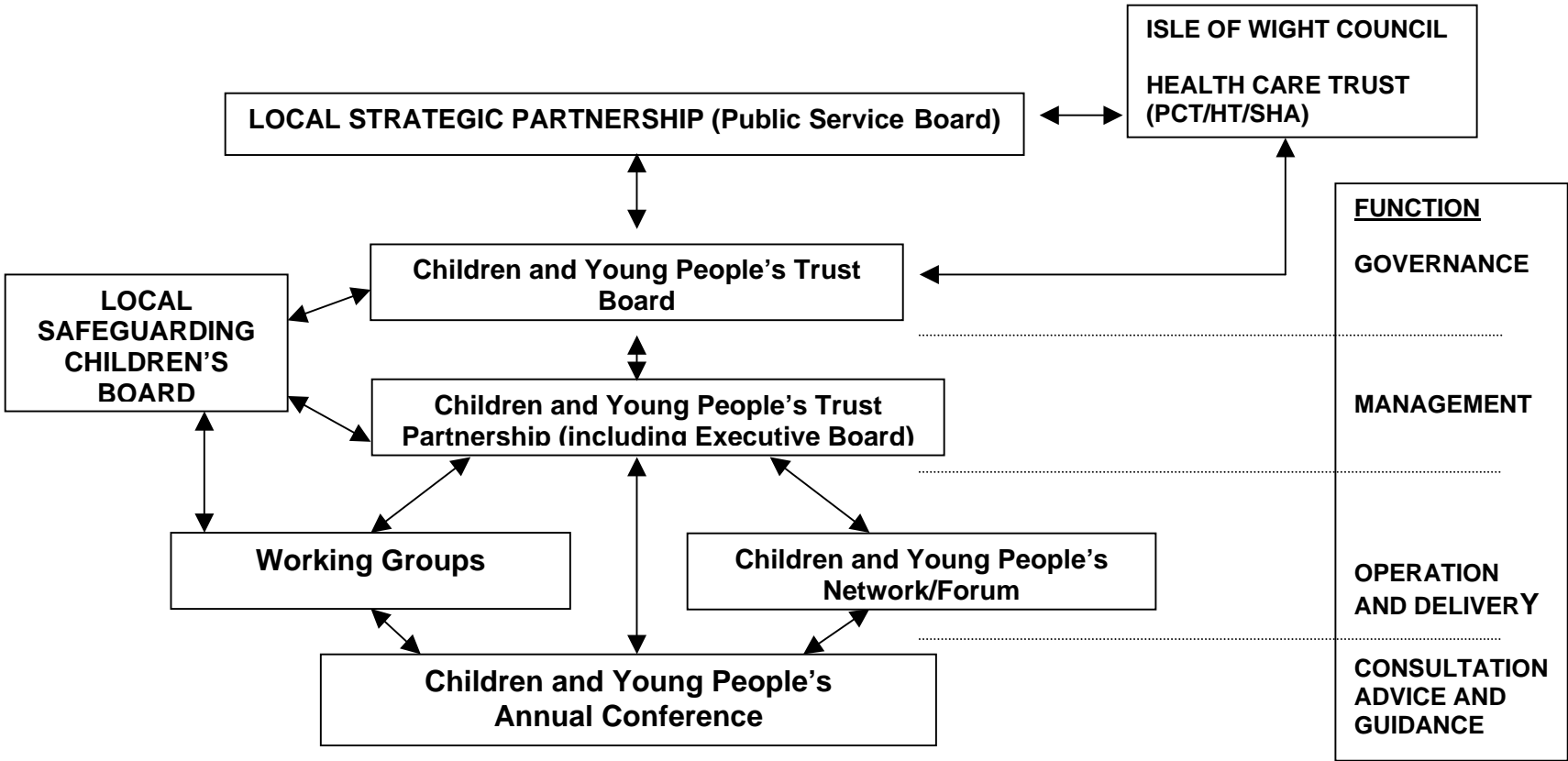


DIAGRAM 1

[Hyperlink to Board arrangements including membership details and terms of reference on iwight.com](http://iwight.com)

THE PROPOSED GOVERNANCE ARRANGEMENTS

Island (Local) Strategic Partnership

Children and Young People's Trust

Safeguarding Board

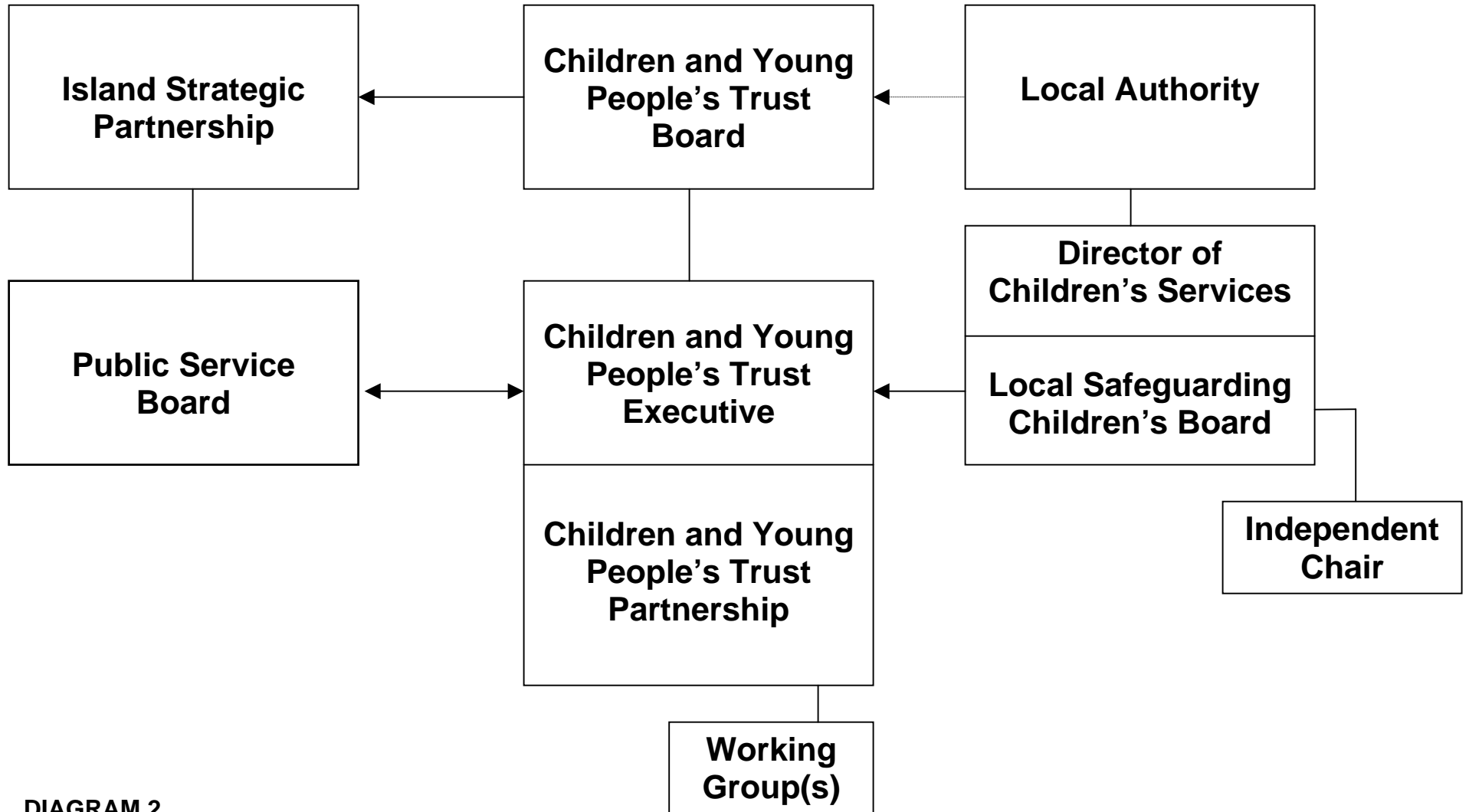


DIAGRAM 2

9. THE ACTION PLANS

Priority 1. Raise your educational achievement

Outcome: Enjoy and Achieve

Objective 1.1: Ensure all Island schools support all children and young people to learn and achieve their potential

Objective 1.2: Ensure all children and young people with Special Educational Needs, those Looked After, those from ethnic minority communities and those with a disability are able achieve their potential

Objective 1.3: Ensure all children and young people are enabled and encouraged to attend and enjoy school and to achieve highly or be in school or alternative education provision all of the time

KEY ACTIONS	LEAD	START DATE	BY WHEN
1. Draft and implement the School Improvement Strategy	Lead Inspector	04/06	04/09
2. Draft and implement the Workforce Development Strategy	Workforce Development Leads	04/06	04/09
3. Develop the Data Management Strategy	Information Sharing and Assessment Lead and Director of Public Health	04/06	04/08
4. Implement the Special Educational Needs Strategy	Head of Educational Psychology	04/06	04/09
5. Draft and deliver the Access and Inclusion Plan	Senior Education Officer, Access and Inclusion	04/06	04/09
6. Review the Island's school provision	Head of Learning Effectiveness; Senior Education Officer, Premises Development	06/06	04/09

SUPPLEMENTARY ACTIONS	LEAD	Start Date	By When
7. Continue to develop the Island's special schools policies to support the needs of children and young people with learning difficulties and disabilities (LDD)	Head teachers at St George's and Medina House Schools	04//06	04/09
8. Provide personal development programmes of education and activity to provide groups of young people who are at the highest risks of entering the criminal justice system, becoming a victim of substance misuse, developing alcohol problems or becoming involved with anti – social behaviour and risky sexual activity	Fire & Rescue Service, Safer Communities Partnership, Early Interventions and Director of Children's Services	04/06	04/09
9. Implement and evaluate the LACES work plan including the successful re-location of the Looked After Children Education Service (LACES)	Service Manager for Performance Management & QA and Team Manager of LACES	04/06	04/07
10. Deliver Schools Liaison Programme including Getting it Right substance misuse lessons and Think Safe Week	Police and Partners	04/06	04/07
11. Enhance provision for pupils at risk of exclusion including access to treatment for substance misuse, truancy sweeps, Antisocial Behaviour Contracts and Antisocial Behaviour Orders	Safer Communities Partnership and Head of Learning Effectiveness	04/06	04/07
12. Deliver a Continuing Professional Development strategy that focuses on pupil learning and achievement	Workforce Development Leads	04/06	04/09

Priority 2. Improve your emotional well-being and mental health (By reducing bullying, alcohol and substance misuse)

Outcome: Be Healthy

Objective 2.1: Ensure all children and young people are discouraged from smoking and substance abuse (including drugs, volatile substances and alcohol) and are supported in giving up

Objective 2.2: Ensure all children and young people have access to a Comprehensive Child and Adolescent Mental Health Service (CAMHS)

Objective 2.3: Ensure all children and young people are enabled and encourage to take part in opportunities for physical activity

Objective 2.4: Ensure all children and young people have access to information, advice, guidance and support to make healthy life choices and lead healthy lifestyles

KEY ACTIONS	LEAD	START DATE	BY WHEN
13. Implement the Healthy Schools Strategy	Healthy Schools Manager	04/06	04/09
14. Implement the Anti-bullying Strategy	Senior Education Officer, Access and Inclusion	04/06	04/09
15. Deliver the Young People's Substance Misuse Plan	Safer Communities Partnership	04/06	04/09
16. Implement the Island Alcohol Harm Reduction Strategy	Safer Communities Partnership with Healthy Schools and Youth Service	04/06	04//09
17. Implement the Child and Adolescent Health Service Strategy	NHS Commissioner for Children's Services	04/06	04/09
18. Implement the Teenage Pregnancy Strategy	Teenage Pregnancy Co-ordinator	04/06	04/09

SUPPLEMENTARY ACTIONS	LEAD	START DATE	BY WHEN
19. Promote the Local Strategic Partnership 'Healthy Island' theme through Healthy Families – to tackle fuel poverty and to provide an intensive family based support programme to work with significantly obese children.	Healthy Island Theme is led by the I.W. Health and Equality group. Organisations.	04/06	04/09
20. Encourage all schools to offer all young people two hours of PE per week within and beyond the curriculum. (Support the effective Sports Partnership operating across the Island, giving, for example, younger learners the opportunity to have specialist coaching in a range of sports and games. Deliver and support the Government's physical education school sport and club links strategy and the local Play Strategy.	Cultural and Leisure Services, Children's Centre Manager and Physical Activity Alliance with Healthy Schools	04/06	04/08
21. Develop a joint Transport and Leisure concessionary card and <ul style="list-style-type: none"> • Work with the foster carer service to increase to number of One Cards issued to foster carers and their dependents • Extend and develop the junior One Card to increase junior participation in key target areas and • Increase the provision of junior gym activities, to include the provision of a junior health, fitness and wellbeing centre • Provision of free holiday swimming initiatives to all island juniors 	Cultural and Leisure Services	04/06	04/08
22. Ensure the health needs of children and young people with learning difficulties and/or disabilities are provided by provision of accessible co-ordinated inclusive health care	Service Manager Family Services	ongoing	
23. Provide training and support to foster carers to care for and support Looked After Children (LAC) who are smoking, drinking, or misusing substances	Team Manager of the Fostering service	04/06	04/08
24. Continue to maintain and improve the health of looked after children	Service Manager Joint Commissioning & LAC	ongoing	
25. Development of multi-disciplinary teams together with the specific development of a mental health service for Looked After Children	Service Manager Looked After Children and Principal Educational Psychologist	09/06	04/08
26. Young Parents Project to support young parents through education programmes on an individual basis	NHS	ongoing	
27. Ensure children and young people are supported by palliative care services and end of life care through links with the Long Term Conditions National Service Framework and the NHS Cancer Plan	NHS	ongoing	

Priority 3: Increase support and employability for those of you aged 14 to 19

Outcome: Achieve Economic Well-Being

Objective 3.1: Ensure all young people have access to information, advice, guidance and support to make and follow choices in education, employment and training that is planned and delivered in a co-ordinated way

KEY ACTIONS	LEAD	START DATE	BY WHEN
28. Implement the 14-19 Strategy	Lead Inspector	04/06	04/09
29. Implement the Connexions Business Plan and the Not in Education Employment or Training (NEET) strategy	Connexions	04/06	04/09
SUPPLEMENTARY ACTIONS	LEAD		
30. Opportunities for the Young - develop greater business involvement with schools with Young Chamber of Commerce so that young individuals will be more ready for work.	Isle of Wight Learning Partnership and Education Business Partnership	04/06	04/07
31. Implement the Multi-Agency Transition Policy	NHS Commissioner Children's Services	04/06	04/07
32. Implement the HOUSING SERVICES CONSOLIDATED ACTION PLAN Incorporates Housing Strategy, Homelessness Strategy, Audit Commission and Beacon Review action plans. Action is taken to ensure that young people have decent housing including provision of rent deposits (and where necessary rent in advance); support and security assistance to those at risk of homelessness through domestic violence; mediation support to those threatened with exclusion	Housing Service and the Mental Health and Special Needs Housing Fora	04/06	04/08
33. Expand and join up the initiatives preparing care leavers for education/training and employment such as the Chamber of Commerce working to improve employment opportunities for children looked after and care leavers via Local Public Service Agreements	Sixteen Plus Team, Chamber of Commerce and Connexions	04/06	04/07
34. Expand and join up the initiatives preparing young people with a learning difficulty / disability and/or physical disability for education/training and employment	Transitions Team	04/06	04/07
35. Develop MAGS (Multi-Agency Group Services)	Youth Service	04/06	04/08

Priority 4. Help more of you to get involved in things to do in your community

Outcome: Make a Positive Contribution

Objective 4.1: Ensure all children and young people have their achievements and successes celebrated

Objective 4.2: Ensure all young people have access to opportunities to be involved in how services are planned and delivered and reviewed

Objective 4.3: Ensure all young people have access to opportunities to be active members of their local communities

KEY ACTIONS	LEAD	START DATE	BY WHEN
36. Deliver the Youth Service Business Plan	Youth Service	04/06	04/07
37. Deliver the Creative Partnerships Business Plan	Creative partnerships Cultural and Leisure Services	04/06	04/07
38. Develop the Youth Involvement and Participation Strategy	Children and Young People's Trust Manager;	04/06	10/07
SUPPLEMENTARY ACTIONS	LEAD		
39. Grow the success of the competition pathway through the Island Youth Games by supporting the 2012 Olympic plans including Para and Special Olympics and creating more excellent Island sports performers	Cultural and Leisure Services	04/06	2012
40. Increase involvement in Rock Challenge Events	Extended / Healthy Schools Lead Officers	04/06	04/09
41. Implement a fully costed £0.50p per journey Southern Vectis bus ticket for children and young people	Isle of Wight Council	04/06	04/06
42. Increase the numbers of children and young people involved in community-based regeneration including Ryde, East Cowes, Sandown and Pan Neighbourhood Partnership	Isle of Wight Economic Partnership	04/06	04/08
43. Deliver the Inspire Project as the High School Challenge run by IWEP and funded by South East England Development Agency (SEEDA)'s Enterprise Insight team – designed to develop personal and business skills of young people.	Isle of Wight Economic Partnership	ongoing	
44. Gipsy Moth IV Project –IWEP currently working with UK Sailing Academy to recruit 120 local children to undertake personal development and sail training. 15 of these young people will be chosen to take part in a leg of GM's world tour. Education packs going into all local schools and schools nationally helping to develop an excellent profile for IW	Isle of Wight Economic Partnership	ongoing	

Priority 5. Develop more support for your parents, carers and families

Outcomes : ALL

Objective 5.1: Ensure all parents, carers and families have access to information, advice, guidance and support to help them support children and young people achieve their potential across the 5 outcomes

KEY ACTIONS	LEAD	START DATE	BY WHEN
45. Implement the Domestic Violence Strategy	Safer Communities Partnership	04/06	04/09
46. Implement Parent Education and Support Strategy	Parent and Family Support Co-ordinator	04/06	04/09
47. Deliver the Early Years Development and Childcare Plan	Early Years and Childcare Services	04/06	04/09
48. Implement the Children's Centres Strategy	Early Years and Childcare Services	04/06	04/09
49. Implement the Extended Schools Strategy	Extended Schools Manager	04/06	04/09
50. Deliver the Family Learning Plan	Adult and Community Family Learning	04/06	04/09
SUPPLEMENTARY ACTIONS	LEAD		
51. Co-ordinate a risk education programme including <ul style="list-style-type: none"> • Dedicated road Policing unit educates Island children regarding road safety • Risk Education for Accident Prevention focuses on water safety, road safety and working with paramedics in schools and Crucial CREW weeks • Fire & Rescue service provides comprehensive Fire Safety education to children 	Healthy Schools/Safer Communities Partnership	04/06	04/08

10. HOW THE PROGRESS AND PERFORMANCE OF THE PLAN WILL BE MONITORED, EVALUATED AND MANAGED:

The Children and Young People's Trust Board and the wider The Children and Young People's Trust Partnership will receive regular reports on the progress of the Plan and commission corrective action as appropriate.

In addition, the Children and Young People's Plan forms an important part of the Council's Aim High corporate plan and will therefore fall within the performance management arrangements for Aim High. This involves regular reporting to the Aim High Strategy Group and to Cabinet through the Quarterly Performance Management Review (QPMR) process.

The Children and Young People's Trust will publish an annual report on the outcomes achieved through the implementation of the Plan in March each year which will inform revisions and updates to the Plan, which will be published in April each year.

INVOLVING CHILDREN AND YOUNG PEOPLE IN REVIEWING THE PLAN.

The Children and Young People's Trust is establishing a Forum for children and young people that draws together existing representations of children and young people from across the Youth Council, Connexions, School Councils, Looked After Children's Service, Special Schools and Black and Minority Ethnic Communities and Faith Communities, Voluntary and Community groups and services. A core group of these young people have been trained in legislative theatre to review services and policies. This Plan was presented to the Policy Commission for Children and School Results by a group of these young people for the Commission's endorsement. [Hypertext link to watch the video.](#)

The Children and Young People's Trust has a young persons participation lead to develop this work further and to run a peer education training programme so more young people gain the skills to evaluate services, interview new members of staff, contribute to service planning and policy development. The young people will gain accreditation for their involvement as part of their school or College courses.

A group of these young people will help develop and run the Big Day Out 2006, 2007 and 2008 at which the first six months of this plan will be reviewed by children and young people and their families and then each year. For more information about how you can be involved please go to iwight.com/Big Day Out 2006

Appendices

A. WHAT IS OUR LOCAL VISION FOR CHILDREN AND YOUNG PEOPLE ON THE ISLAND?

Our Vision

The Council has a clear vision for its activities that it shares with the Local Strategic Partnership, Island Futures. That vision is that by 2020 we will be: -**“A progressive Island built on economic success, high standards and aspirations and a better quality of life for all”**.

Our Corporate Objectives are:

- Sustainable Regeneration and Development of the Island
- Improving the Health and Well Being of Island communities
- Creating Safer and Stronger Communities

And

- To improve Outcomes for Children and Young People

Giving children and young people the freedom and opportunity to achieve their full potential and equipping them with the skills to make an effective transition into a successful and healthy adult life.

We will work together on the Five Outcomes so that Island Children and Young People:

- Are healthy, safe, and well cared for;
- Do well at preschool & school;
- Are valued equally;
- Are part of a caring family and social circle of friends;
- Living in a community that is increasingly free of crime and anti social behaviour;
- Have a secure income and home as part of a family or as an individual and
- Become independent and able to make choices

OUR COMMITMENT

Our plan is based on a commitment to:

- The [United Nations Convention on the Rights of the Child](#)
- Listen and respond to children and young people
- Join support together in local communities
- Support children and young people in need or at risk

The Island is committed to a co-ordinated approach to prevention across all services for children and young people. A statement of intent has been issued and agreed by the Local Authority, Health Care NHS Trust and the Primary Care Trust.

“The strong commitment made by the three authorities is that:

- in future they wish to see health and social care services delivered jointly with a view to full integration of those services wherever that either improves services to the people we serve, the working experience and development of our staff or creates greater efficiencies”

This statement is based on the principle:

- “that services should be driven by the needs of the service user and our wider community rather than professional or organisational boundaries
- that all managers are expected to apply this principle in the future design and delivery of services”

In order to support children and young people a range of work will be undertaken through:

- the Government’s information sharing index initiative;
- to facilitate the lawful sharing of information between all organisations with responsibility for children;

Through the development of:

- agreements to help us all work better together;
- More ways for children and young people be involved in how services are planned, delivered and reviewed;
- Children and young people having one lead professional to help them;
- common referral and assessment

B. WHO AND WHERE ARE THE CHILDREN AND YOUNG PEOPLE WE STILL NEED TO HELP AND SUPPORT?

[Hypertext link to Audit Commission and Office National Statistics](#)

WHAT IS A NEEDS ASSESSMENT?

A Needs Assessment is a way to know and understand the way things are. We now know what the five local priorities of this plan are as they have been identified by children, young people, parents, carers, communities, staff and volunteers. What we now need to understand is what the needs are in each local community based on research and evidence.

Once we know the priorities and understand the need we can plan what we will do. This will ensure that the actions set out in this plan under each priority are targeted to those areas we know where the needs are. The following needs assessment in this plan identifies where and how many children and young people there are on the Isle of Wight (and will be in the future) and the circumstances in which they live.

The circumstances in which children and young people live affect how healthy they are, how safe, how much they can enjoy and achieve, how much they can make a positive contribution and how far they can achieve economic well-being.

The following information is from the South East England Public Health Observatory report from the Government Office for the South East 'The health and well being of children and young people in the South East of England 2005' and the Isle of Wight NHS Public Health Report 2004.

How many children and young people there are today affects what services are planned and how and where they are delivered.

The Office for National Statistics mid year estimate for 2003 suggested there were 29,900 children and young people aged under twenty years old on the Isle of Wight. On average over the three year period 2000 to 2003, the Isle of Wight had the third largest decrease in birth rate across the South East region.

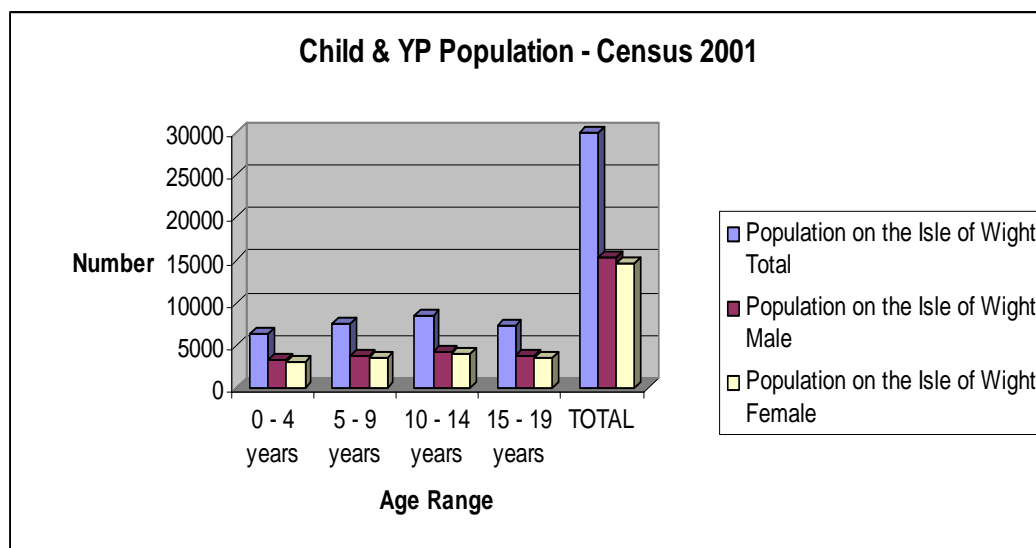


Figure 1: The population of children and young people on the Isle of Wight in 2001

Where children and young people live affects what services are planned and how and where they are delivered.

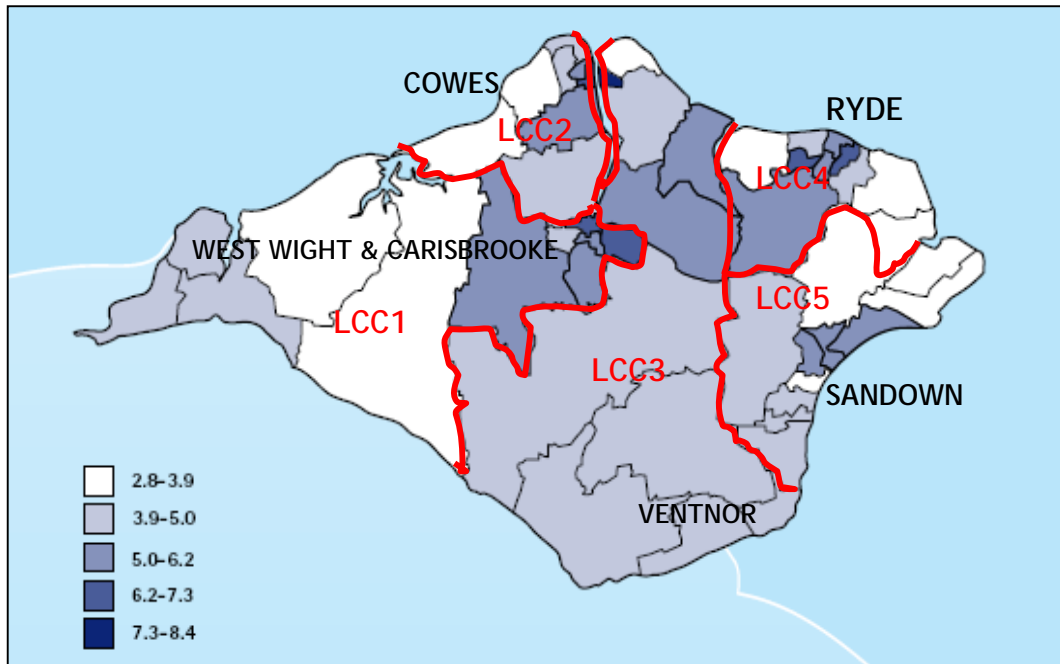


Figure 2: POPULATION OF 0-4 YEAR OLDS as a percentage of total population in each ward

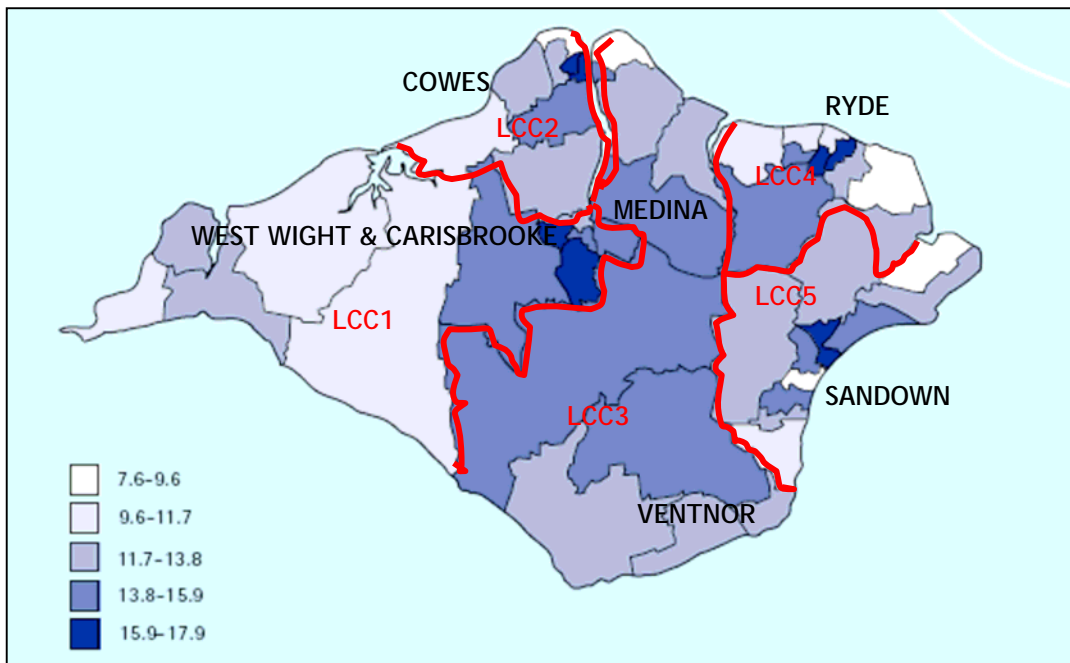


Figure 3: POPULATION OF 5-15 YEAR OLDS as a percentage of total population in each ward

Currently as a percentage of the total population in each electoral ward more children and young people live in towns. However children and young people do live in villages and so will have to travel to towns to access some services and things to do and places to go. Some services already travel to villages so they are more accessible.

How many children and young people there are in the future will affect what services are planned and how and where they are delivered.

Between 2003 and 2028, the Isle of Wight will have a 3% increase in the number of under ten year olds and a 3% decrease in the number of ten to 19 year old.

How many children and young people from different ethnic minorities and faith groups there are now and in the future will need to reflect how services are planned and delivered.

Ethnic Groups	IW Nos.
White	130,982
Mixed White & Black Caribbean	270
Mixed White & Black African	65
Mixed White & Asian	243
Other Mixed	141
Asian or Asian British – Indian	189
Asian or Asian British – Pakistani	88
Asian or Asian British – Bangladeshi	89
Asian or Asian British – Other Asian	66
Black or Black British – Caribbean	160
Black or Black British – African	109
Black or Black British – Other Black	35
Chinese	123
Other ethnic group	171

Figure 4: ETHNIC MAKE UP OF THE ISLAND, 2001

How many children and young people with a disability, learning disability and/or difficulty there are now and in the future will affect what services are planned and how and where they are delivered.

Research indicates there are a number of risk factors that can lead to children and young people not achieving their potential. If we turn the risk factors into positives these become known as protective factors. The actions in the Children and Young people’s Plan will reduce the following risk factors and increase the protective factors.

Child/Young Person Development	Parenting Capacity	Environmental Factors
<p>Looked After Children School Exclusion / Truancy Non-Attendance at school Under-achievement Bullying Others Lack of punctual attendance Children without a school place Children with special educational needs Being bullied Developmental delay Failure to thrive Child's disability Long Term sickness Anxiety & Depression Not registered with GP/Dentist Multiple A+E attendance Missed medical appointments Mental ill health Substance misuse Poor nutrition Early sexual activity Teenage pregnancy Physical/emotional abuse/neglect Unmet physical needs Missing child Running Away from home Refusing to return home Violence towards parents Anti-social behaviour Young child left alone Behavioural problems Extreme changes in behaviour Illegal employment Racial, cultural, gender, disability, sexual orientation discrimination Fatigue Unaccompanied minor Young carer</p>	<p>Condoned absence Lack of support Parental/experience of education and valuing of education Parent/carer disability Mental Health problems Poor maternal health Not accessing ante/post natal care Poor parent/child relationships Inability to recognise health/ education/ care needs Inappropriate anxiety regarding child/health/education Domestic violence Poor parenting skills Family wishes Preoccupied with own needs Parental criminality Parental substance misuse Parent or family member with a learning disability Parent or family member with disability or poor health Family conflict Parent/carer refuses support Refugee/asylum seeker</p>	<p>Lack of positive social role models Inadequate Housing High mobility Isolation Lack of extended family support Absence of stimulation (e.g. toys, play equipment, books, language opportunities) No other agency support Low income Siblings caring for younger children Financial problems Significant bereavement Homelessness Living in deprived locality/neighbourhood Anti-social friendship network</p>

The circumstances in which children and young people live today and in the future affects what services are planned and how and where they are delivered.

OUT OF 67 LOCAL AUTHORITY AREAS IN THE SOUTH EAST IN 2004 THE ISLE OF WIGHT HAS:

- 10th highest percentage of dependent children living in house holds with no working adults
- 8th highest percentage of dependent children living in lone parent families
- 24th highest percentage of all households with children living in council, other social or private rented accommodation
- **Highest percentage of all households including lone households with dependent children living in accommodation with no central heating**
- 3rd highest percentage of primary school pupils eligible for free school meals and is only one of four local authority areas in the South East above the England average.
- Joint second highest percentage of secondary school pupils eligible for free school meals and is only one of four local authority areas in the South East above the England average.
- 7th highest percentage of unemployed economically active 17 to 19 year olds
- 2nd lowest pupil based average of pupils achieving 5+ grade A*-C GCSEs
- Lowest percentage of pupils permanently excluded pupils from secondary schools
- 2nd highest percentage of five to 19 year olds providing one or more hours of unpaid care per week
- 23rd highest percentage of under 18 conception rates per 1000 females aged 15 -17
- **Highest percentage of primary school pupils with statements of special educational needs**
- 3rd highest percentage of secondary school pupils with statements of special educational needs
- 3rd highest number of looked after children under 18 years old
- 19th highest number of children on the child protection register
- 5th lowest percentage of children immunized for MMR by age 2
- 3rd highest number of children and young people with a limiting long-term illness per 1000 under 20 year olds
- 19th lowest mortality rate for serious injury per 1000 15 to 24 year olds
- **Highest hospital admission rate for serious injury per 1000 5 to 14 year olds**
- 28th highest percentage of low weight births by local authority 1991-2001
- 9th lowest infant mortality rate per 1000 live births

HOW DOES THE ISLAND COMPARE WITH OTHER AREAS IN ENGLAND?

The English Indices of Multiple Deprivation (IMD) are indicators calculated for small geographical areas that help in our understanding of the circumstances in which children and young people live today on the Isle of Wight particularly the inequalities in health and social exclusion / inclusion they experience.

Previously the IMD was calculated at the level of electoral wards, of which the Island has 48. The IMD 2004 has been calculated by the Office of the Deputy Prime Minister (ODPM) for relatively small geographical units termed ‘Super Output Areas’ (SOAs), which have an average population of 1,500. The Isle of Wight has 89 SOAs, out of a total of 32,482 in England (ODPM, 2004).

The circumstances in which people live are divided into seven themes called Domains and are each scored by a collection of measurements called Elements.

Domains	Elements
Income	Income Support, Income-based Job Seekers Allowance, Working Families Tax Credit, Disabled Persons Tax Credit, Supported Asylum Seekers
Employment	Unemployment count, Incapacity Benefit, Severe Disablement Allowance, New Deal participants
Health deprivation & disability	Years of potential life lost, comparative illness and disability ratio, emergency hospital admissions, measures of mental ill health
Education, skills & training	Average points score Key Stages 2, 3 & 4, proportion not staying on at school/further education above 16, secondary school absence rate, proportion under 21 not entering higher education,
Barriers to housing & services	Household overcrowding, homelessness, difficulty of access to owner-occupation, road distance to specific services (GP, convenience store, primary school and post office)
Living environment	Condition of housing, central heating, air quality, road traffic accidents injuring pedestrians/cyclists
Crime	Burglary, theft, criminal damage, violence

SOA data has been summarised at Local Authority District level. The Island is one of 354 districts in England. The ODPM has emphasised that it is not possible to summarise a district’s deprivation with a single figure. Instead, SOA domain scores have been aggregated into six measures for each district, and the ODPM recommends that all are considered together in assessing district-level deprivation.

The six district-level measures are:

Average Score	the population-weighted average of the combined SOA <u>scores</u> in the district
Average Rank	the population-weighted average of the combined SOA <u>ranks</u> in the district
Extent	the proportion of a district's population living in the most deprived SOAs in England (only districts with SOAs in the most deprived 30% are included)
Local Concentration	a measure of how concentrated a district's deprivation is
Income Scale	the number of people who are income-deprived
Employment Scale	the number of people who are employment-deprived

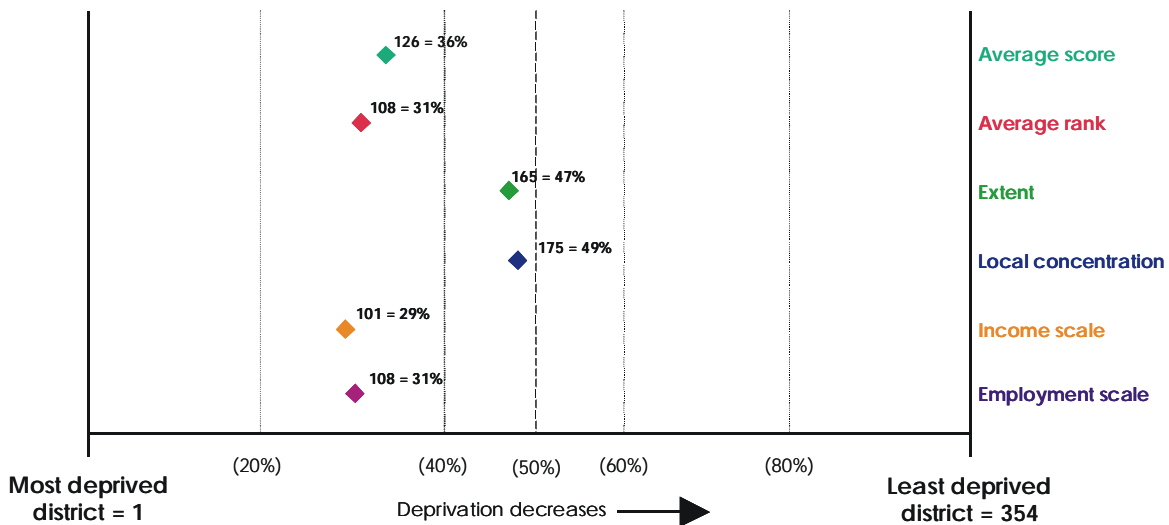


Figure 5: Distribution of the Isle of Wight's district level summary ranks compared to the other 353 districts in England

Explanation: for 'average score', the Isle of Wight is ranked 126 out of 354; placing it among the 36% of English districts most disadvantaged for this indicator.

Figure 1 shows that all six district measures for the Isle of Wight are below the average for England (50%) but two of the values, 'extent' and 'local concentration' are nearer to the average than the other four measures. This contrasts with Portsmouth's district values, which are tightly clustered, as are those for Southampton.

Local concentration: The Island does not have the concentration of inner city deprivation seen in Portsmouth and Southampton. The Island's deprivation is more dispersed, each of the Island towns having a share of deprivation.

Extent: The Island's distribution of deprived areas is different from that of Portsmouth and Southampton in that it has no SOAs among the bottom 10% of English SOAs, yet the Island's average scores (31%/36%) are not so very different to Southampton (27%/27%) and Portsmouth (25%/25%).

HOW DOES THE ISLAND COMPARE WITH OTHER DISTRICTS IN THE SOUTH EAST?

Compared with other English regions, the South East continues to be relatively affluent. Out of 67 Local Authority Districts in the South East Region, only six fall into the nationally most deprived 20% on at least one of the six district measures: Hastings (on 4 measures), Brighton & Hove (2), Southampton (2), Medway (1), Portsmouth (1) and Thanet (1).

The Isle of Wight falls outside the most deprived 20% districts nationally on all the district measures. However in four of the six measures it is among the seven most deprived districts in the South East region – see Box B. As the region contains nine significant urban areas, where deprivation is usually higher, this puts the Island among the most deprived of the region's rural areas, and on some measures more deprived than some of the region's urban areas.

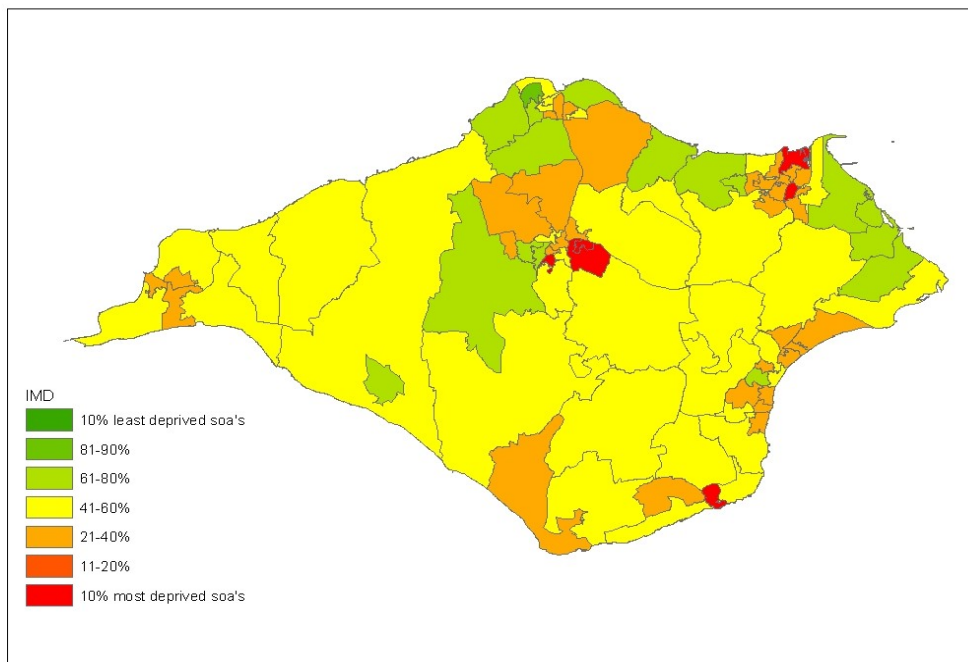
District-Level Measure	Isle of Wight ranking in the South-East Region (out of 67 Districts)
Average score	7 th
Average rank	6 th
Extent	15 th
Local concentration	17 th
Income scale	7 th
Employment scale	7 th

Figure 6: Isle of Wight District-Level Rankings within the South East Region

WHAT IS THE ISLAND'S EXPERIENCE OF DEPRIVATION AMONG THE SEVEN DOMAINS?

Having considered deprivation at a district and whole Island level the following sections consider the 89 Super Output Areas that make up the Isle of Wight.

Map 1: Aggregate IMD 2004 for the 89 Super Output Areas that make up the Isle of Wight

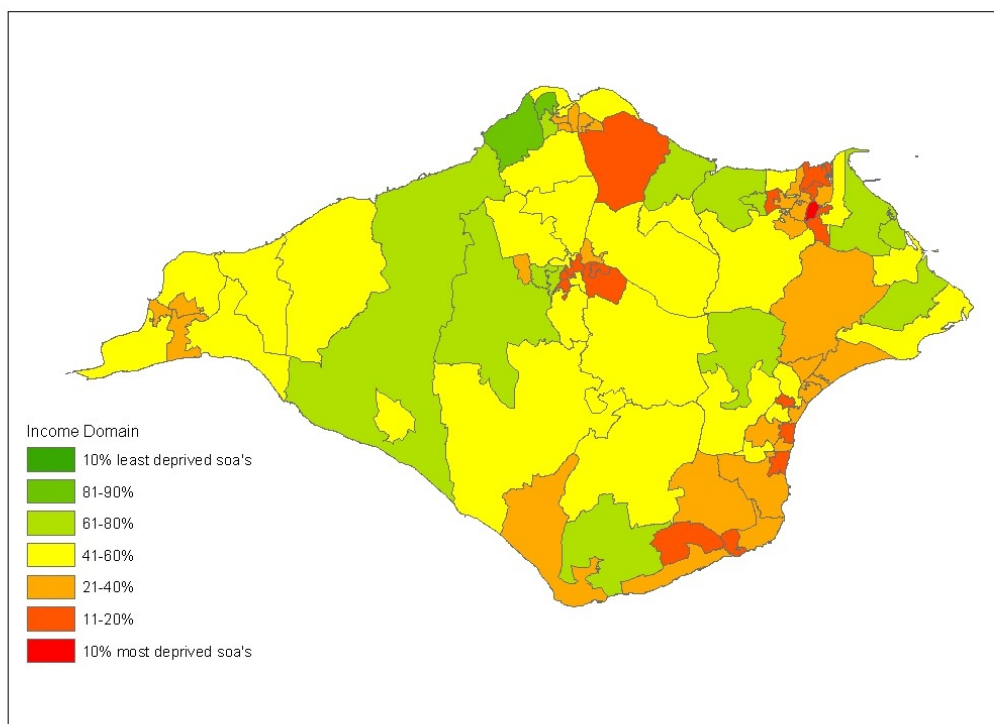


Key		Number of IW SOAs
■	Among the 20% most deprived English SOAs	6
■	Among the 21-40% lower-medium range of English SOAs	33
■	Among the 41 – 60% medium range of English SOAs	33
■	Among the 61 – 80% upper-medium range of English SOAs	16
■	Among the 20% least deprived English SOAs	1
	TOTAL	89

In 2000, 15 of the Island's 48 wards (31%) were among the most deprived 20% of wards nationally, and two of these were among the most deprived 10%. In 2004, only six of the Island's 89 SOAs (7%) are among the most deprived 20% of SOAs nationally (Ryde St. Johns, Newport Pan (both SOAs), Ryde North East, Ventnor East and Newport Mountjoy). In 2004 the Island had no SOAs in the most deprived 10%. This data appears to show a significant improvement in the Island's relative level of deprivation since 2000, although 60 out of the Island's 89 SOAs are still more deprived than the national average.

INCOME

**Map 2: Income domain
for the 89 Super Output Areas that make up the Isle of Wight**

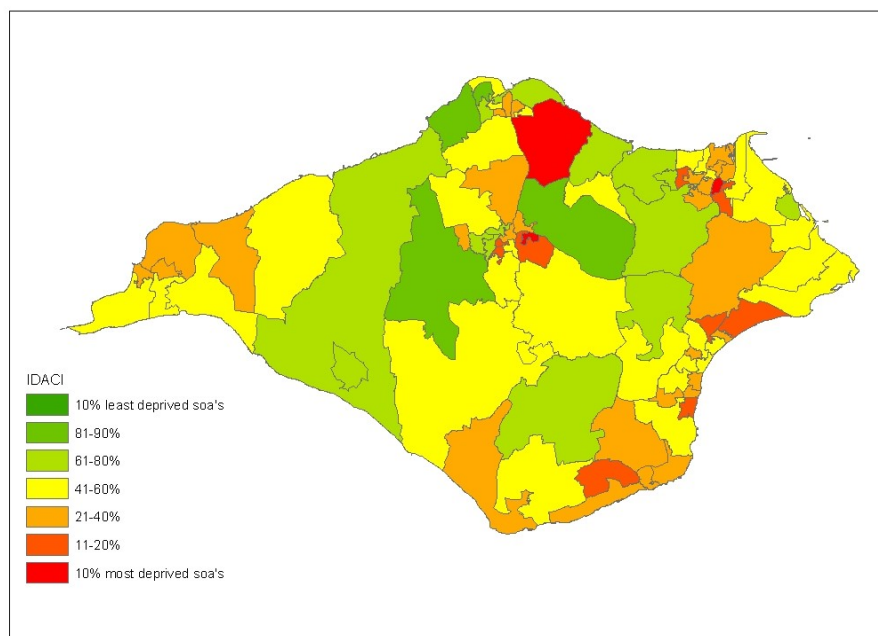


Key		Number of IW SOAs
■	Among the 20% most deprived English SOAs	16
■	Among the 21-40% lower-medium range of English SOAs	29
■	Among the 41 – 60% medium range of English SOAs	29
■	Among the 61 – 80% upper-medium range of English SOAs	13
■	Among the 20% least deprived English SOAs	2
	TOTAL	89

Income deprivation on the Island is significantly worse than the Island's overall deprivation score. 16 SOAs fall in the most deprived 20% nationally: these are in Ryde, Newport, Ventnor, East Cowes, Shanklin and Lake. One of these SOAs, in Ryde St. Johns, falls into the most deprived 10%.

INCOME DEPRIVATION AFFECTING CHILDREN

Map 2a: Income Deprivation Affecting Children Index for the 89 Super Output Areas that make up the Isle of Wight



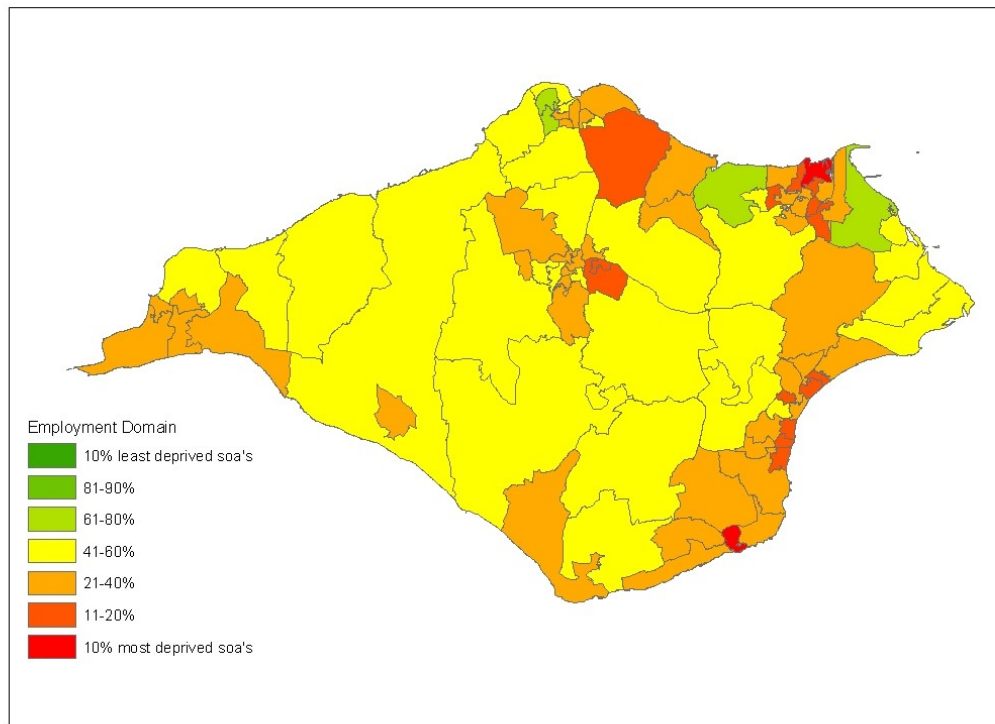
Key		Number of IW SOAs
■	Among the 20% most deprived English SOAs	12
■	Among the 21-40% lower-medium range of English SOAs	28
■	Among the 41 – 60% medium range of English SOAs	30
■	Among the 61 – 80% upper-medium range of English SOAs	15
■	Among the 20% least deprived English SOAs	4
	TOTAL	89

12 SOAs feature in the 20% of SOAs nationally experiencing the most children's income deprivation. They are in the towns which also experience overall income deprivation, with the addition of Sandown. Three SOAs are among the most deprived 10% nationally: in Ryde St. Johns, Newport Pan and East Cowes.

Newport Pan ward, which contains two SOAs, is one of 35 Neighbourhood Management programmes awarded national government funding to improve local services through the community working with local agencies. Both SOAs feature in the 20% most income-deprived nationally, overall and for children.

EMPLOYMENT

**Map 3: Employment domain
for the 89 Super Output Areas that make up the Isle of Wight**

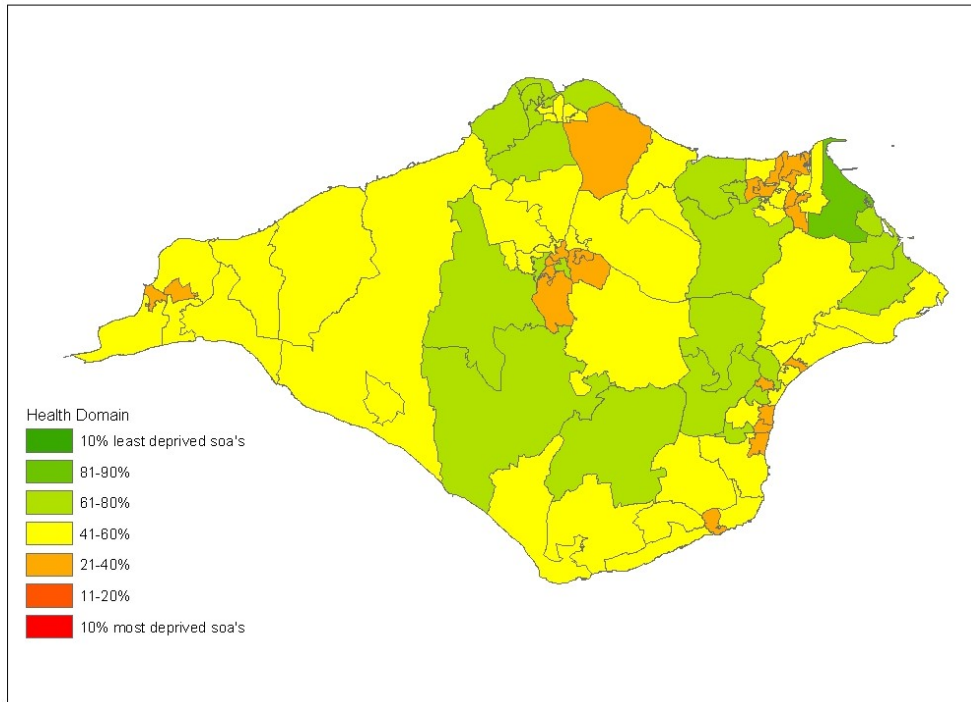


Key		Number of IW SOAs
■	Among the 20% most deprived English SOAs	16
■	Among the 21-40% lower-medium range of English SOAs	41
■	Among the 41 – 60% medium range of English SOAs	28
■	Among the 61 – 80% upper-medium range of English SOAs	4
■	Among the 20% least deprived English SOAs	0
	TOTAL	89

The Island has 16 SOAs among the 20% most employment-deprived nationally, again located in the Island's main towns. Six of these SOAs are in Ryde, but the only ones in Newport are the two in Pan. Two of these SOAs, in Ryde North East and Ventnor East, feature among the bottom 10% nationally.

HEALTH AND DISABILITY

**Map 4: Health and Disability domain
for the 89 Super Output Areas that make up the Isle of Wight**

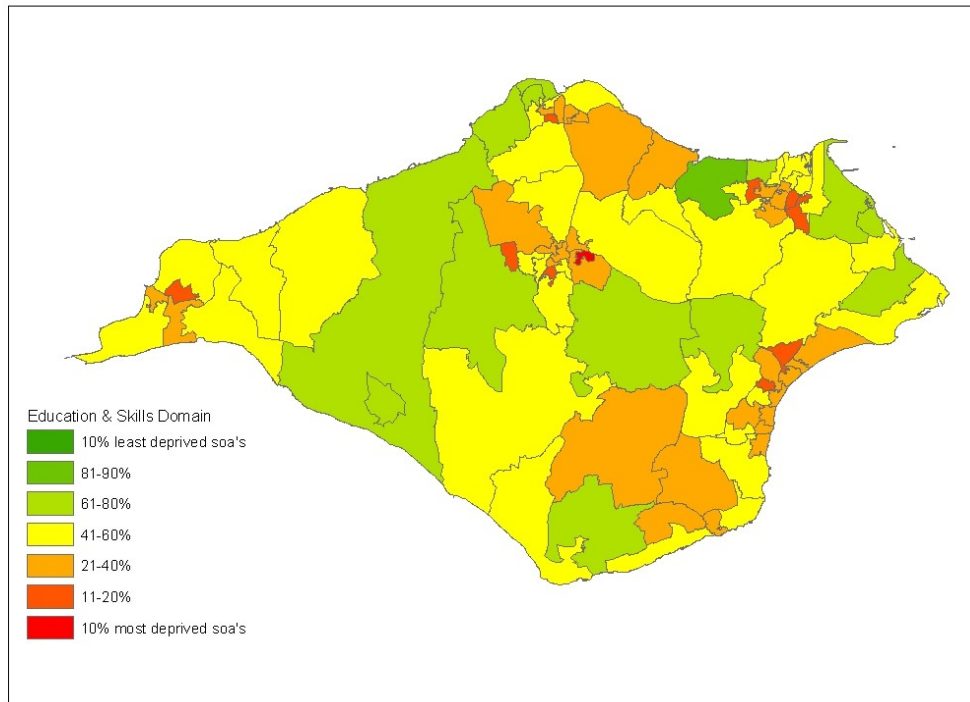


Key		Number of IW SOAs
■	Among the 20% most deprived English SOAs	0
■	Among the 21-40% lower-medium range of English SOAs	22
■	Among the 41 – 60% medium range of English SOAs	43
■	Among the 61 – 80% upper-medium range of English SOAs	23
■	Among the 20% least deprived English SOAs	1
	TOTAL	89

In the 2000 IMD Health Domain, 9 out of the 48 wards featured in the most deprived 20% nationally; but in 2004 none did. 10 SOAs with scores in the bottom half of the Health Index also score low in the Income and Employment Indices: they are in Ryde (North East, North West and St. Johns), Newport (Pan, Mountjoy and North), Ventnor East, Lake North and Shanklin North. The link between health status, income and employment is well-documented. ‘Saving Lives: Our Healthier Nation’ states that: “...the story of health inequality is clear: the poorer you are, the more likely you are to be ill and die younger. That is true for almost every health problem”.

EDUCATION, SKILLS AND TRAINING

**Map 5: Education, Skills and Training domain
for the 89 Super Output Areas that make up the Isle of Wight**

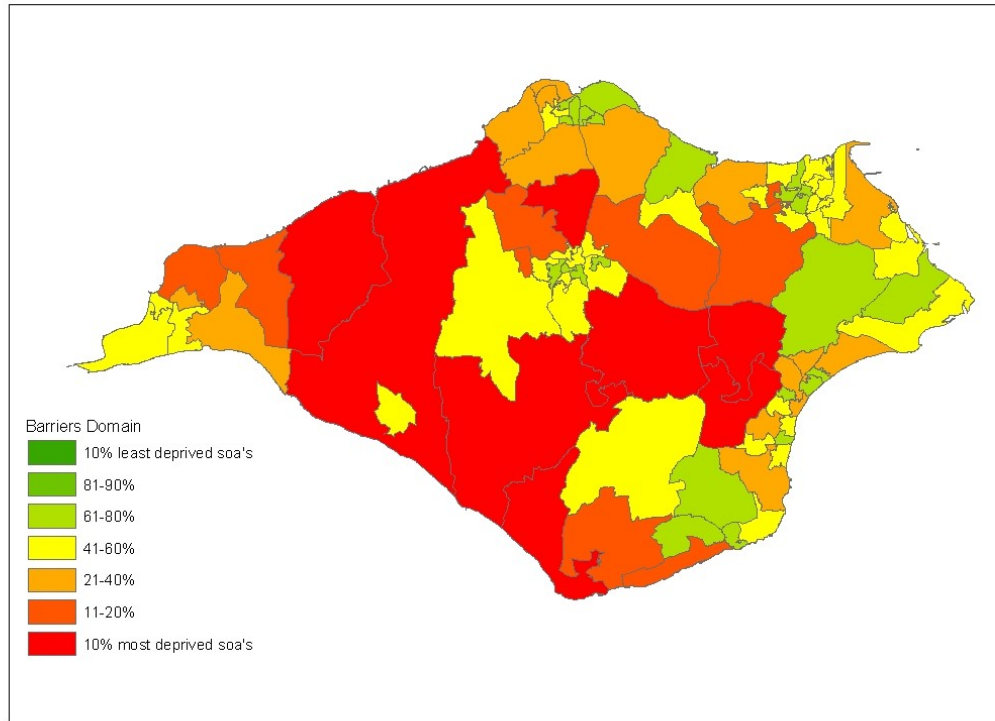


Key		Number of IW SOAs
■	Among the 20% most deprived English SOAs	10
■	Among the 21-40% lower-medium range of English SOAs	30
■	Among the 41 – 60% medium range of English SOAs	35
■	Among the 61 – 80% upper-medium range of English SOAs	13
■	Among the 20% least deprived English SOAs	1
	TOTAL	89

The Island's 10 SOAs which feature among the 20% most deprived nationally for Education, Skills and Training show a greater spread across the Island, with Cowes, Sandown, Carisbrooke and Freshwater featuring, in addition to the Newport and Ryde SOAs which are deprived in most domains. One SOA, in Newport Pan, is among the 10% most deprived nationally. Educational attainment is also linked to inequalities in health in its widest sense, particularly through its influence on socio-economic inequalities. For example, young people with poor educational qualifications and skills will generally have access to lower income jobs.

BARRIERS TO HOUSING AND SERVICES

**Map 6: Barriers to housing and services domain
for the 89 Super Output Areas that make up the Isle of Wight**

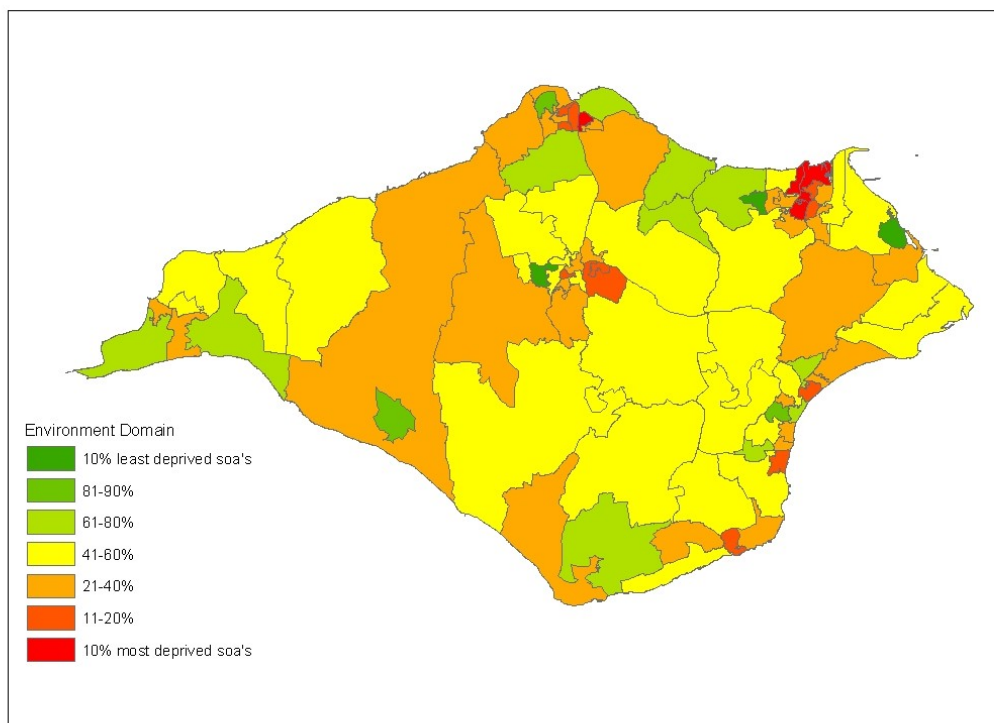


Key		Number of IW SOAs
■	Among the 20% most deprived English SOAs	17
■	Among the 21-40% lower-medium range of English SOAs	15
■	Among the 41 – 60% medium range of English SOAs	33
■	Among the 61 – 80% upper-medium range of English SOAs	24
■	Among the 20% least deprived English SOAs	0
	TOTAL	89

The Barriers to Housing and Services Domain contains two groups of elements covering housing and 'road distance to specific services' (GP, convenience store, primary school, post office). 17 SOAs fall within the most 20% deprived nationally, of which eight are in the bottom 10%. All of the SOAs in the most deprived 10% and most in the 10 – 20% bracket, are rural or on the outskirts of towns. The 'distance to services' elements, where rural areas will inevitably score worse than more urban areas, is likely to be contributing to the level of deprivation in the rural SOAs.

LIVING ENVIRONMENT

**Map 7: Living Environment domain
for the 89 Super Output Areas that make up the Isle of Wight**

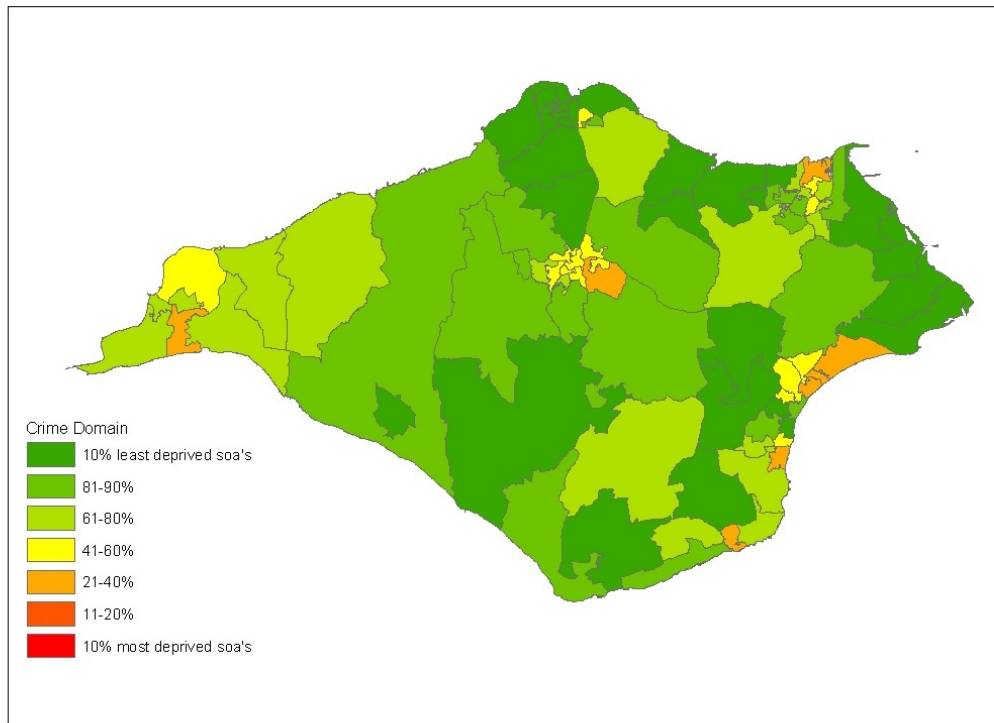


Key		Number of IW SOAs
■	Among the 20% most deprived English SOAs	16
■	Among the 21-40% lower-medium range of English SOAs	29
■	Among the 41 – 60% medium range of English SOAs	27
■	Among the 61 – 80% upper-medium range of English SOAs	11
■	Among the 20% least deprived English SOAs	6
	TOTAL	89

The Living Environment Domain is new in 2004 and includes elements relating to housing condition and central heating. 16 of the Island's SOAs are among the 20% most deprived nationally, of which five are in the most deprived 10%: four in Ryde and one in East Cowes. Cowes, from which only one SOA appears once in the most deprived 20% in all the other Indices, has three SOAs in the most deprived 20% in this domain. Again, there are well-documented links between housing and the environment and health inequalities. Poor quality housing, including cold housing, is directly associated with poor health.

CRIME

**Map 8: Crime domain
for the 89 Super Output Areas that make up the Isle of Wight**



Key		Number of IW SOAs
■	Among the 20% most deprived English SOAs	0
■	Among the 21-40% lower-medium range of English SOAs	6
■	Among the 41 – 60% medium range of English SOAs	17
■	Among the 61 – 80% upper-medium range of English SOAs	19
■	Among the 20% least deprived English SOAs	47
	TOTAL	89

Crime, a new domain in the 2004 IMD, is the one in which the Island is least deprived. There are no SOAs in the 20% most deprived nationally, and only six in the 21 – 40% bracket. 74 of the Island's 89 SOAs fall in the least deprived 50% nationally in this domain.

HEALTH POVERTY INDEX

The Health Poverty Index is a new tool, commissioned by the Department of Health, to contrast 'health poverty' experienced by population groups that are defined by geography, social or economic position or cultural identity (Health Poverty Index, 2004). The Index comprises three broad domains: 'root causes', 'intervening factors' and 'situation of health'. Together these domains include 26 indicators considered relevant to health inequalities, each made up of sub-indicators. The methodology is at an early stage and the lowest level at which data is currently available is local authority district. It is intended that by the end of 2005, data will be available at sub-district level and for population sub-groups.

The data below contrasts the Isle of Wight's health poverty with that of England. It is presented as a Spider diagram, with the Isle of Wight's scores shown in red and England's in blue. A score of zero, at the centre of the diagram, indicates the best situation in terms of health poverty and a score of 1, at the outer edge, the worst situation. The smaller the area enclosed by a district's line, the better its health poverty situation.

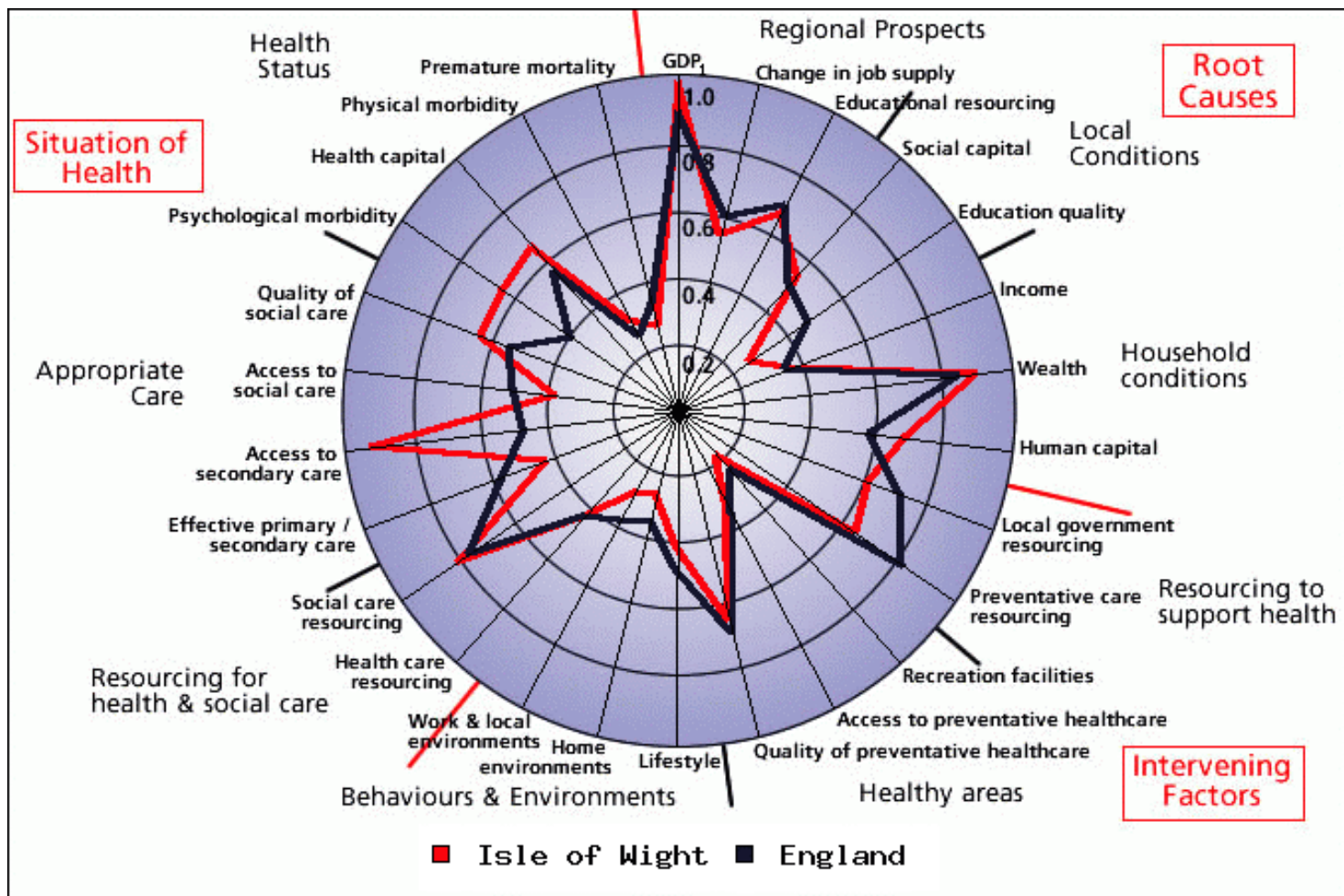


Figure 7: Health Poverty Index for the Isle of Wight compared with England

The diagram shows that the Island's profile compares with England's as follows:

- 14 indicators – better than England
- 1 indicator – the same as England
- 11 indicators - worse than England

CONCLUSIONS

The IMD 2004 data, compared with that for 2000, appears to show that, while the Island still has significant concentrations of income and employment deprivation, it is less deprived overall. In respect of the health domain, the apparent reduction in deprivation is especially marked.

Although the 2004 IMD is measured for smaller geographical areas than electoral wards, it is possible that the top-level health domain measures still conceal variations, both between the elements within the health domain, and between the health status of distinct population groups across the Island. Up to now, insufficient detailed information has been available to quantify any such variations. Further more detailed investigation of the Island's deprivation is needed.

HEALTH INEQUALITIES AT COMMUNITY LEVEL

More detailed information is needed about the health status of individual communities to inform an assessment of health inequalities between them. This could be obtained through developing a health profile for each community on the Island. The profile would be based on the smallest practicable geographic unit (generally SOAs or electoral wards), and would comprise a detailed set of indicators to describe not only the population's health status, but also the broader determinants affecting their health, such as health behaviours, socio-economic and environmental factors. The profiles would provide a picture of the main health and deprivation issues in each community, and highlight health inequalities between communities. There is national recognition of the value of such profiling to monitor inequalities within PCT or Local Authority areas

Such profiling could then inform the multi-agency work of the Children and Young People's Trust under the auspices of the Local Strategic Partnership, to ensure that the actions in this plan target areas of greatest need, and address health inequalities and other measures of deprivation effectively.

MAPPING OF SOCIALLY EXCLUDED GROUPS

Information is also needed about the children and young people in the population groups on the Island which are experiencing or are at risk of social exclusion. Such data would inform the Island's Social Exclusion Strategy.

The government's Social Exclusion Unit defines social exclusion as:

"a shorthand term for what can happen when people or areas face a combination of linked problems such as unemployment, discrimination, poor skills, low incomes, poor housing, high crime, bad health and family breakdown"
(Social Exclusion Unit, 2004).

Bad health and health inequalities are among the causes of social exclusion. However the causes of health inequalities, such as low incomes, poor educational attainment and poor housing, also contribute to social exclusion. Health inequalities and social exclusion are

therefore inextricably linked. The Social Exclusion Unit identifies specific population groups at higher risk of social exclusion. Nationally these include children in care, homeless people, prisoners, problematic drug users and certain minority ethnic groups.

The Social Exclusion Unit has identified the following policy priorities for future action:

- Continuing to drive down child poverty.
- Continuing to increase investment in early years.
- Continuing to raise educational attainment for all, and support the transition into work.
- Narrowing unjustifiable inequalities in poor health.
- Turning round the growth in homelessness.
- Accelerating action in tackling concentrations of crime and poor living environments in the most deprived areas.

We now know how many children and young people there are on the Isle of Wight, where they live as a percentage of the population and how many there will be in the future.

We know what the five local priorities of this plan are as identified by children, young people, parents, carers, communities, staff and volunteers.

We now understand what the circumstances are in each local community and therefore what the needs are likely to be based on research and evidence in this needs assessment.

Now we know the priorities and understand the need we can plan what we will do. The actions set out in this plan under each priority will be targeted to these areas we now know where the needs are.

What we now need to do during 2006 is to better understand where services are, how accessible they are and who uses them.

C. WHAT WAS THE INVOLVEMENT OF CHILDREN & YOUNG PEOPLE IN DEVELOPING THIS PLAN?

A group of twenty four children and young people trained in Legislative Theatre and Participatory Arts ran a set of workshops at the Big Day Out 2005 to which over 4,000 children, young people and their families attended. The results from the workshops informed the development of this plan.

The workshops included:

The Big Day Out - an introduction to the concept, history and execution of this event since its inception

The Diary Room - writing and drawing the activities through the four days leading up to and including the 2005 Big Day Out

The Warm Up – how the artists worked with young people to create a confident team

The Dramatic Tableau – how personal and social issues can (and did) take shape in physical form and influence policy

Beating Time – how young people can (and did) discover their creative potential through picking up a percussion instrument

Singing the Changes – how moving songs of experience were created from a welter of word association and a half hour of silence

Taking Place – how young people and artists adapted to the spaces in which they worked, moving from a youth and community centre to the field that was once the beach at Brading Roman Villa

Artists in residence – the experience of making art in a public space, as organisers, actors, musicians and members of a grand parade

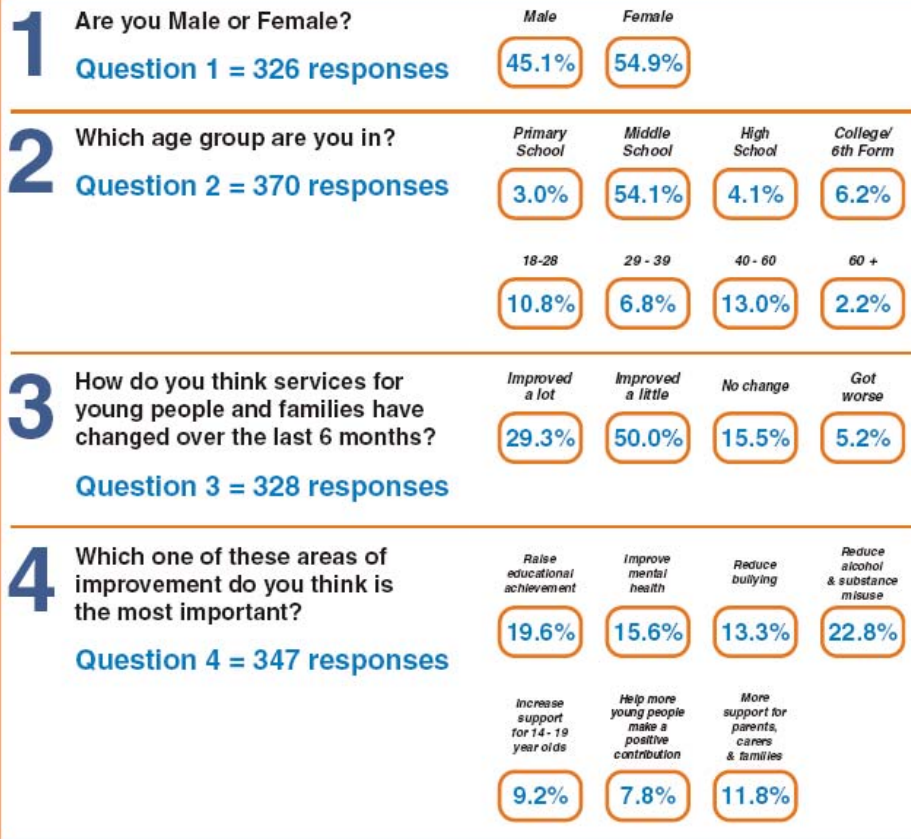
Walking the Walk – the personal journey around the labyrinth, discovering the public's commitment to better services for children and young people (plus the overall context of the Big Day Out and the services represented there)

Isle of Wight Children & Young People's Plan 2006 - 2009

Total Responses from all dates and locations

(February - March 2006)

1371 responses by 425 users



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IOW Council - Young People's Plan (Feb/Mar 2006)

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D. WHAT ARE THE FIVE OUTCOMES AND WHAT DO THEY MEAN TO CHILDREN AND YOUNG PEOPLE?

The aim of the Island's Children and Young People's Plan is to set out how we will achieve the five **outcomes** for and with children and young people.

- **BE HEALTHY**
- **STAY SAFE**
- **ENJOY AND ACHIEVE**
- **MAKE A POSITIVE CONTRIBUTION AND**
- **ACHIEVE ECONOMIC WELL BEING.**

A consultation with young people in a Middle School about the colour coding of the 'Every Child Matters' five outcomes was undertaken. The group was asked to record the images that came to mind when thinking of the colour linked to a particular outcome. We then adopted these colours as part of our raising awareness of the outcomes with children, young people, services and schools. The results were:

Being Healthy: Green

- Apples, lettuce, vegetables, asparagus, spring onions, cucumber, pears, grapes, kiwi, fruit, greens, brussel sprouts, broccoli, cabbage, peas, beans - links to healthy eating and a balanced diet to combat obesity, diabetes, heart disease and some cancers
- Grass - links to physical exercise and keeping fit
- Trees/oxygen - links to a healthy environment, rain forests and nature trails
- Green cross for medicines and pharmacies
- 'Go' traffic light meaning action / activity

Staying Safe: Red

- 'Stop' traffic light links to road safety
- Stop smoking
- Stop and don't talk to or take anything from strangers. Don't get into cars or vans with strangers
- Stop and think
- Eat red fruit (e.g. tomatoes) and vegetables to stop you getting ill or obese or fat - staying safe from hospitals
- Fire service/engines/extinguishers
- Danger signs
- Blood/getting hurt - avoid
- Bullying - links to 'seeing red' and unmanaged anger/violence
- 'Time out' - 'stop the world I want to get off' - links to going to the quiet room so that you are safe from misbehaving or bullying
- Hot - beware hot implements in the kitchen. Stay safe from burns
- Sun safety

Enjoying and achieving: Blue

- Sea, water, ocean
- Water sports/swimming/sailing
- Holidays - giving yourself a well deserved break/treat
- Calm - try to stay calm before exams in order to achieve more
- Sky - looking up into it and dreaming/ the sky's the limit
- Freedom - having your own free will
- Cold, clean, fresh air

Making a positive contribution: Yellow

- Springtime - new beginnings, sunflowers
- Summer, sun, sand, beaches, hot places, bees and wasps - links to happiness
- Corn, wheat, harvest time - positive contribution
- Being positive - brightness
- Smiley faces
- Butter
- Excitement of making things happen
- Love - having a loving family around you

Achieving economic wellbeing: Purple

- £20 note - links to the financial management aspects - working hard at school so you can get a good job with enough money to live on
- Beetroot - links to the 'grow your own' / 'grow, cook and eat' projects and healthy eating on a low income
- Lavender - again 'grow your own' and sell bags for profit

E. THE IMPACT OF LOCAL SERVICES. ARE WE MAKING A DIFFERENCE?

How have we already helped and supported some children and young people?

The priorities from 2003 to 2006. “What you have already said and what we have already done?”

The start of this plan can be traced back to 2003 at the first Big Day Out at Blackgang Chine Fantasy Park when we asked you how we should better prevent things going wrong for children and young people and how to support them to help make things right. This builds on the idea of the Wight 2B Heard Conferences for older young people that continues growing every more successful.

Even before 2003, many services regularly involved children and young people in how they ran their services and spent their funding such as the Youth Service, The Youth Trust, Schools, Early Years and Education and Social Services.

Since 2003 we have joined many of these ways of involving children and young people together as services themselves joined together in the draft [Charter of Rights for the Consultation and Participation of Children and Young People](#). The Charter has been incorporated into the Council’s Corporate Consultation Strategy and outlines the variety of ways that children and young people are actively involved in how funding is spent and services planned, run and reviewed.

Children’s Services is rolling out the computer-based interactive consultation programme called Viewpoint and the Youth Trust has developed their virtual Trust called greengoldfish.com. Healthy Schools Children’s Centres and Extended Schools use draw and write, Connexions have their own young people’s sub-committee, the Youth Service supports the Youth MP and Youth Council and Children’s Services run the Corporate Parenting Panel and Support Children’s Advocacy. Schools, the Isle of Wight College and the community and voluntary sectors have many more examples.

All the five outcomes

1. You said you wanted more things for schools

You helped us develop and run the Enhanced Healthy Schools to all schools

The Enhanced Healthy Schools programme provides schools with many additional resources, training and ongoing support through linking many services outside of schools into schools to help teachers make lessons more varied and exciting.

Stay Safe

2. You said you wanted more help to avoid accidents

You helped us develop and run the Risk Education and Accident Prevention Training through the Enhanced Healthy Schools with

- First Aid Training provided by the Ambulance Service.
- Road Safety Training through exciting interactive theatre productions.
- Water Safety Training with the Coastguards based on the Royal Lifesaving Association's 'Rookie Programme.'
- Safety in the Home Training preventing accidents and injury and promoting personal safety.
- So far over 6,000 of you have taken part and by April 2007 we will know how far the number of accidents resulting in a hospital visit has fallen by.
- The Police have the Schools Liaison Programme in place and play a major role in Junior Citizen Week

Be Healthy

3. You said you needed more help for healthy teeth and gums You helped us develop and run the Smiler Oral Health Promotion

The Health Promotion Department within the Primary Care Trust has built on the successful Sure Start Oral Health Promotion programme to provide training, resource packs and support to schools to undertake Oral Health Promotion across the whole Island through the Enhanced healthy Schools programme.

So far over 5,500 of you have taken part and by April 2007 we will know how far the number of missing, decayed or filled teeth has decreased by.

Enjoy and Achieve

4. You said you wanted more help for children who were looked after You helped us develop and run the Looked After Children's Education Centre

Children and young people have set up and help run their own drop in centre. The centre provides Study Support, Social and Educational Activities, Information and Resources, Training and Advice for corporate parents, and the annual Oscar Award Ceremony to celebrate all the achievements of children and young people. By August 2007 we will know how far the number of looked after children and young people achieving in school at Key Stage and GCSE has risen by.

Make a Positive Contribution

5. You said you wanted more help to stop children getting into trouble with the Criminal Justice System You helped us develop and run the Early Interventions Team

The team support children and young people and their families providing improved access to services and opportunities to develop their potential. These include mentoring, diversionary activities and one to one support to promote changes in lifestyles and behaviour so children do not get into trouble with the police and do not become involved in crime. The team supports 50 children, young people and their families every year of which only 14% go on to commit another crime or anti social behaviour.

Be Healthy

6. You said you wanted more help around healthy eating You helped us develop and run the Community Chefs

The Chefs are part of the Island Healthy Eating Alliance employed through the NHS. The Chefs provide many fun and interesting sessions to schools, Extended Schools, breakfast clubs, Children's Centres, community groups and events like the Big Day Out so children and young people can learn about healthy food and their 'Five a Day' fruit and vegetables. In the last six months 2,600 have taken part and by April 2007 we will know how far the rate of obesity has fallen by.

Achieve Economic Well Being

7. You said more help should be given to children and families who misuse drugs

We developed and ran the Island Drug and Alcohol Service Family Information and Support

- Support to families of those who misuse drugs including group work, information, therapy and raising awareness of the problems.
- Support to parents who misuse drugs. This includes family therapy, play therapy and parenting skills training. This is in addition to the treatment they receive.
- So far the total number of children, young people and their families supported is 111 and by December 2006 we will know if and by how far the rate of referrals to Specialist CAMHS or Child protection referrals has fallen by.

Enjoy and Achieve

8. You wanted more help moving to middle school You helped us develop and run the Social Inclusion Primary Pupil Support

We have produced a professional package of curriculum support for primary and middle school aged children and young people to address bullying, support friendship formation and add to Personal Health and Social Education (PHSE) programmes as part of Healthy Schools. This includes friendship groups, Brain Gym, and Protective Behaviours. This is part of the Island approach to prevent bullying. Over 800 children and young people have been given direct support and by September 2007 we will know how many of which have reported the service helped them in staying in school.

Make a Positive Contribution

9. You said you wanted more ways to be involved in how services are planned and delivered You helped us develop and run The Big Days Out

The aims of the Big Day Out are:

- To run an annual free whole-day event at a leisure/theme park-type location on the Isle of Wight for Island families.
- To launch Family Learning Week.
- To provide free transport and ensure that there is easy access from all areas of the Island.
- To provide entertainment to celebrate the Island's diversity.
- To provide children, young people and families the opportunity to find out about services and have their say on how they are planned and delivered.
- In total 10,000 children, young people and their families have attended the 3 Big Days Out

Make a Positive Contribution

10. You asked for more ways to be involved in evaluating services

You helped us develop and run Participatory Theatre Workshops

Training young people as evaluators through Legislative Theatre using the creative arts such as music, poetry and installations to help children and young people express themselves.

So as you can see we do listen and respond to what you say. We need to do more. Children and young people have identified five more priorities with this plan.

F. WHAT HELP AND SUPPORT CHILDREN, YOUNG PEOPLE, THEIR FAMILIES AND OTHERS HAVE SAID IS STILL NEEDED?

“Stop Bullying
“More places to play”
“More places to hang out”
“Help people who take drugs”
“Help people stop smoking”

These are the responses from the 2004 Planning for Real® exercise at the Big Day Out on what a Children and Young People’s Trust should address. A large-scale map of the Island was displayed and people literally flagged up issues that concerned them in the localities those issues related to.



The priorities for 2006 to 2009. “What we have said we still need to do.”

[Aim High](#) is the Isle of Wight Council’s Change Management Plan and it influences all that the Council does so that it can become the best in the country. The Isle of Wight has been chosen to develop a [Local Area Agreement](#) (LAA) for 2006 – 2009 which will give us more flexibility to use the resources we have to address the needs you and we know need to be addressed.

We summarised the last two years worth of consultations with children, young people and families to inform this development. The Island Youth Council considered this summary and recommended them to the LAA planning process.

A total of 7,548 children and young people have said the outcomes they have identified are:

- Better transport
- Support to improve mental health
- Stopping bullying
- Places to hang out and things to do
- Reducing alcohol, smoking and drug misuse
- Stopping crime and violence
- Support for healthier eating
- Greener environment and more recycling Support in education and getting a job.

**G. Isle of Wight
Children and Young People's Trust
Local Area Agreement
Shared Priorities**

Economic Development

Increased employer spend and number of learners undertaking training at level 2 and 3 in the following priority sectors: **(LPSA)**

Construction, Hospitality, Health and Social Care (including Childcare)

% working age population economically active
Incapacity benefit claimants and lone parents assisted into employment

with specific targeting of wards with over 10% of working population on incapacity benefit)

Number of people helped into work through the supported employment route

Healthier Communities

Targeted smoking cessation quitters and support for disadvantaged groups **(LPSA)**

The Number of young people participating in at least 1 hour moderate intensity sport and physical activity on 3 or more days each week on average over a year **(LPSA)**

Number of Schools delivering very good School Sport and Physical Activity programmes

within and beyond the school day
Number of people involved in sport and Physical Activity out of schools hours.
Number of school initiatives focusing on diet and nutrition

Obesity rates among children under 11
Age standardised mortality rate from suicide & undetermined injury per 100,000 population.

Percentage of cases where homelessness is avoided through intervention measures. **(LPSA)**

Average time in temporary accommodation.

Number of units of affordable housing per year

Percentage of affordable new homes built to Lifetime Home standard
Number of homes made suitable under Housing Health & Safety Rating System

Number of households assisted in

Children and Young People

- A1 - Reduce teenage pregnancy rates under 18**
- A2 - Improve the health and quality of life for children with learning difficulties and disabilities**
- A3 - Improved mental health & well-being of C&YP**
- B1 - Ensuring children in need in hard to reach families are safeguarded/ protected – (LPSA) in particular in Ryde, Newport and Sandown**
- B2 - Reduce the incidence of and the fear of bullying**
- B3 - Ensuring the welfare of looked after children and care leavers**
- C1 – For Island children to attain achievements equal or above the national average at GCSE (LPSA)**
- D1 – Increase children and young people's consultation and participation in service development in relation to:**
 - Health: Support to improve mental health; reducing alcohol, smoking and drug misuse; support for healthy living**
 - Safety: stopping bullying, crime and violence; increasing places to hang out and go**
 - Education and economic well being: Support in education and getting a better job**
 - Cross cutting: better transport**
- D2 – Improve access to family support and young people mentoring**
- E1 improved 14-19 attainments in order that they are ready for employment including reduction in NEET indicator**

Safer, Stronger and Greener Communities

Crime reduction target of 17.5% by March 2008
Domestic abuse repeat victimisation

Number of young people entering drug treatment
Number of young people retained in treatment for 12 weeks
Number of young people with planned discharge post 12 weeks

Reported incidents of antisocial behaviour based on calls to the Police **(LPSA)**

Recorded offences of criminal damage **(LPSA)**
Population fear of crime **(LPSA)**

Perception that teenagers hanging around are a problem **(LPSA)**

Absenteeism at high schools **(LPSA)**

Amount of antisocial fire setting **(LPSA)**

Number of young people prosecuted **(LPSA)**

Number of charges for the supply of class A drugs
Incidence of inappropriate sales of age sensitive products (tobacco, alcohol, fireworks, solvents) when test purchases are attempted

Number of license reviews undertaken by the licensing authority

Number of accidental fires in dwellings

% new people engaging in community/civic activities in Pan relative to total pop

Number of people engaged in Neighbourhood Involvement Problem solving groups

Number of hate incidences reported to the police –(race, religion, sexual orientation)

Number of people attending diversity training **(LPSA)**
Percentage of local people who volunteered or played an active role in a community or voluntary organisation, at least 3 times in the last year

Number of VCO staff/volunteers achieving units of business skills/management qualification **(LPSA)**

Number of public service contracts being delivered by VCO organisations **(LPSA)**

Number of people engaging in Adult and Community Learning programmes in the 9 most deprived wards

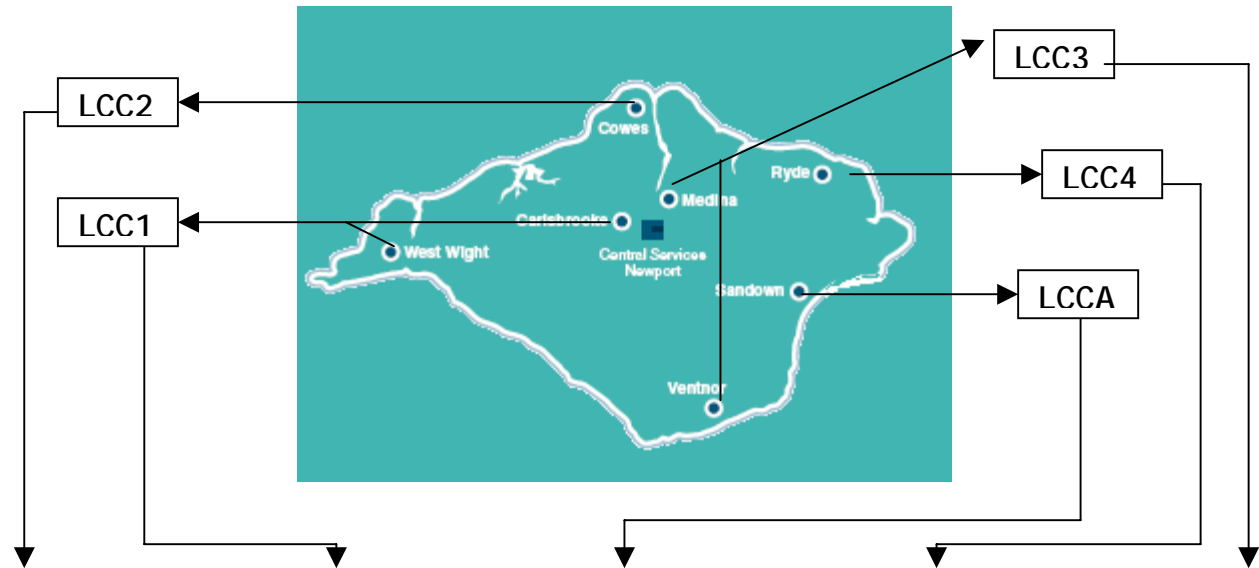
Number of people as above gaining qualifications
% residents who feel the views of its users in how they deliver services Pan IOW

Number of road traffic accidents

Number of deaths and serious injuries from above

H. HOW WILL WE USE THE SERVICES WE HAVE TO IMPROVE OUTCOMES?

Local Community Clusters by Schools Cluster



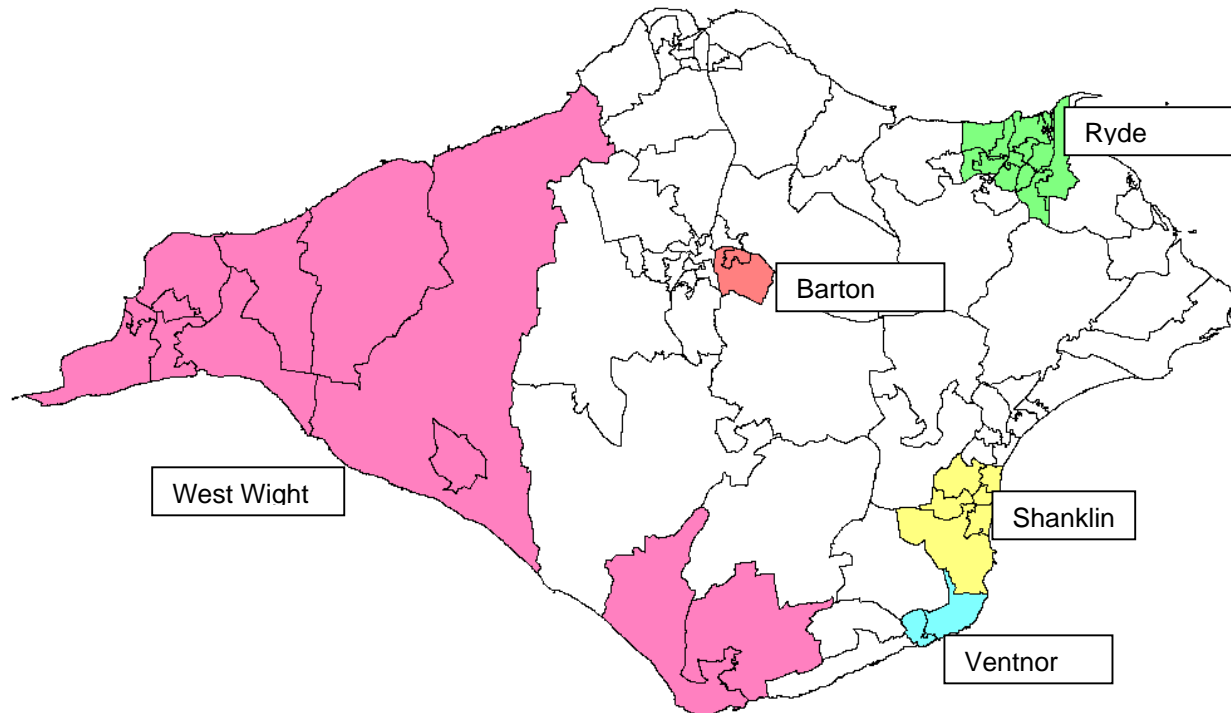
LCC2	LCC1	LCC5	LCC4	LCC3
COWES CLUSTER	CARISBROOKE CLUSTER	SANDOWN BAY CLUSTER	RYDE CLUSTER	MEDINA CLUSTER
HIGH SCHOOL	HIGH SCHOOL	HIGH SCHOOL	HIGH SCHOOL	HIGH SCHOOL
Cowes	Carisbrooke	Sandown	Ryde	Medina
MIDDLE SCHOOLS Kitbridge; Osborne Solent; Somerton.	MIDDLE SCHOOLS Archbishop King RC; Nodehill; Trinity CE West Wight.	MIDDLE SCHOOLS Lake; Sandham.	MIDDLE SCHOOLS Bishop Lovett CE; Forelands; Mayfield; Swanmore.	MIDDLE SCHOOLS Downside; Ventnor.

LCC2	LCC1	LCC5	LCC4	LCC3
COWES CLUSTER	CARISBROOKE CLUSTER	SANDOWN BAY CLUSTER	RYDE CLUSTER	MEDINA CLUSTER
PRIMARY SCHOOLS Cowes; East Cowes; Holy Cross RC; Hunnyhill; Love Lane; Northwood; Whippingham; Wootton; Gurnard.	PRIMARY SCHOOLS All Saints: Arreton St.George's CE; Brighstone CE; Carisbrooke CE Chillerton; Newport CE; Nine Acres; St.Saviour's RC; St.Thos.of Cant.y RC Shalfleet CE;Totland; Yarmouth.	PRIMARY SCHOOLS Bembridge CE Brading; Broadlea; Gatten & Lake; Newchurch; St. Helens; St. Johns CE; Sandown; Shanklin CE.	PRIMARY SCHOOLS; Binstead; Dover Park; Greenmount; Haylands; Nettlestone; Oakfield CE; St. Mary's RC	PRIMARY SCHOOLS Barton; Chale; Godshill; Niton; St. Boniface CE; St. Margaret's CE St.Wilfrid's RC; Summerfields; Wroxall.

Our schools are part of the rolling out of the Extended Schools programme. The Extended Schools development has been built upon the successful local Healthy Schools programme, by 2003 100% of schools were participating. The National Healthy Schools Programme (NHSP) is working to a national target for half of all schools in England to achieve national healthy school status by December 2006, with all schools working towards becoming healthy schools by 2009. [Hypertext link to the Isle of Wight Extended Schools Strategy.](#)

Wards covered by phase one Children's Centres

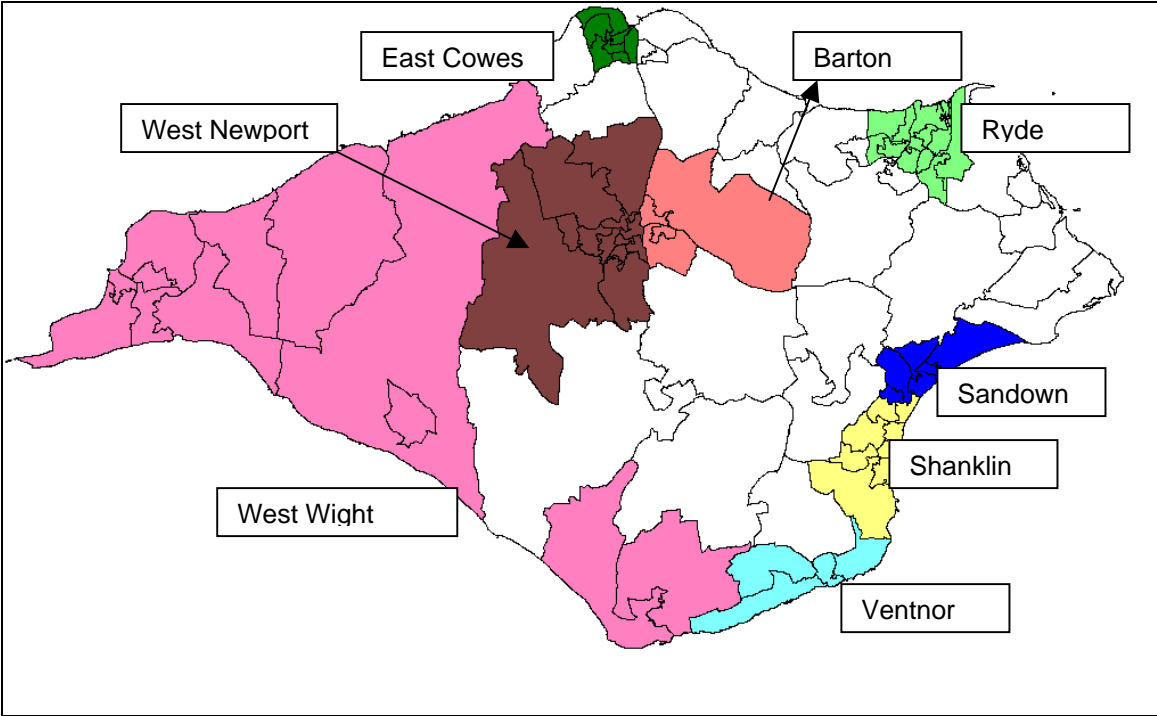
**Phase one
2004-06**



Phase 1	
Centre Name	Number of children 0-5
Barton	187
East Cowes	0
Furze Hill	391
Ryde	980
Sandown	0
Ventnor	137
West Cowes	0
West Newport	0
West Wight	623
Reached each phase	2317
Total reached	2317

Proposal for phase two

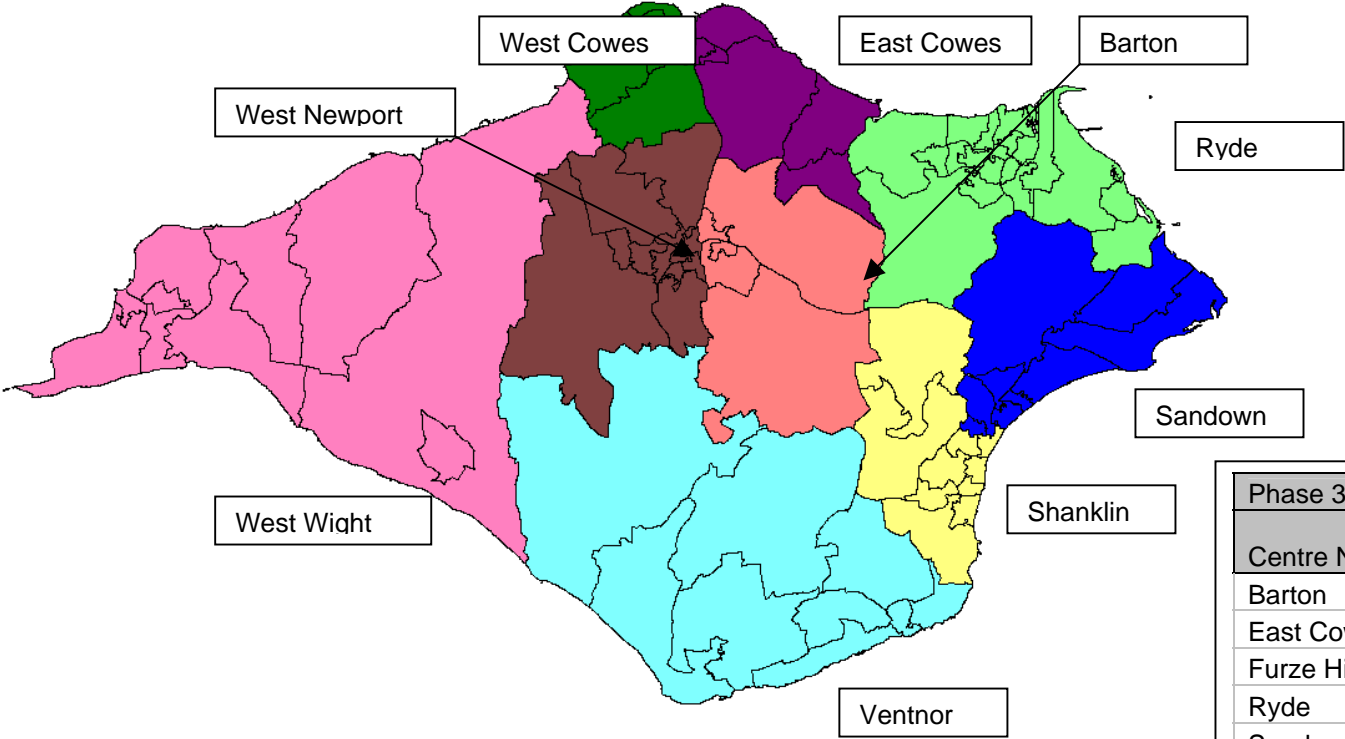
Proposal for
Phase two
2006-08



	Phase one	Phase two
Centre Name	Number of children 0-5	
Barton	187	+159
East Cowes	0	0
Furze Hill (Shanklin)	391	+63
Ryde	980	980
Sandown	0	493
Ventnor	137	+150
West Cowes	0	517
West Newport	0	970
West Wight	622	622
Reached each phase	2317	2352
Total reached	2317	4669

Proposal for phase three

Proposal for phase three
2008-1010



Phase 3			
Centre Name	Phase 1	Phase 2	Phase 3
Barton	187	+159	62
East Cowes	0	0	593
Furze Hill(Shanklin)	391	+63	+101
Ryde	980	980	+447
Sandown	0	493	+203
Ventnor	137	+150	+323
West Cowes	0	517	+167
West Newport	0	970	970
West Wight	622	622	-112
Reached each phase	2317	2352	1784
Total reached	2317	4669	6453

I. A NOTE ON SCHOOL ORGANISATION

The Isle of Wight schools are organised on a primary-middle-high school pattern, with transfer at 9+ and 13+, with a post-16 pattern of school-based sixth form provision and further education provided by the Isle of Wight College and work-based providers.

The capital funding for the Building Schools for the Future programme on the Isle of Wight should become available in 2010 or soon after. If we are to make best and wisest use of this capital funding, and of other sources such as the recently announced primary rebuilding programme and the Local Learning and Skills Council's capital funding programme, we do need to start planning ahead.

We have to consider how we might adjust things to:

- raise standards;
- provide a better balanced curriculum offer post-16;
- sustain and improve support to children in more isolated communities;
- maintain and strengthen the staffing capacity to teach the key stage 3 curriculum;
- take surplus places and inefficiencies out of the system;
- improve the recruitment profile of the Island to attract good teachers from other local authorities.

A review of school provision will start in the summer of 2006. it is likely that the following issues will surface in the debate:

- the potential for trust or academy schools;
- the potential to broaden the brief of the primary schools towards the 'children's centre' concept by extending their remit across all 5 outcomes and developing multi-agency provision 0-7;
- the potential to strengthen curriculum coverage at Key Stages 2 and 3 through federation and other collaborative arrangements;
- the potential for further development of extended schools and the links with their communities;
- the potential to improve curriculum provision for 14-19 year olds.

J. WEB LINKS TO OTHER SERVICES

Across the country, the Government has asked each area to produce one overarching plan for all services that affect children and young people. This plan covers all services including: [Hypertext link to the following plans or websites](#)

- a. [Early Years and Extended Schools and Out-of-School Child Care](#)
- b. [Education](#)
- c. [Adult and Community Learning](#)
- d. [Youth Services](#)
- e. [Children's Social Services](#)
- f. [Planning and Regeneration](#)
- g. [Housing and Registered Social Landlords](#)
- h. [Play and Leisure Services](#)
- i. [Traffic and Transport](#)

It will also cover:

- a. [The National Service Framework for Children, Young People and Maternity Services in Health and public health services for children and young people, including child and adolescent mental health and sexual health. Hypertext link to local NHS NSF website](#)
- b. [Advice and guidance for 14-19 year olds \(including Connexions\)](#)
- c. [Services to tackle the misuse of drugs and alcohol](#)
- d. [Services provided by relevant youth justice agencies](#)
- e. [Voluntary and community services including the Isle of Wight Compact and the Compact Children and Young People's Service Code](#)
- f. [Education provided other than by the local authority.](#)

This plan will help all these services to join up much more closely to support children, young people and their families. The need for the plan has come from the Children Act 2004 and comes with guidance called Every Child Matters: Change for Children. Click on the links below to find out more.

[Every Child Matters: Change for Children, Choice for Parents, the best start for children: a ten year childcare strategy](#) and the [National Service Framework for Children, Young People and Maternity Services](#) and the Green Paper: [Youth Matters.](#)

K. LINKS TO OTHER PLANS

[Hypertext links to all the following plans](#)

The other plans below have been referenced in the action plans particularly in relation to the assessment of need. Hypertext links below will take you straight to copies of these plans.

The local authority will continue to have an [Accessibility Strategy](#), under the Disability Discrimination Act 1995 (as amended by the SEN and Disability Act 2001)

It will also have a duty to publish a [disability equality scheme](#) under the Disability Discrimination Act 2005

The local authority will have an [SEN policy](#) (as required under the Special Educational Needs (Provision of Information by Local Education Authorities) (England) Regulations 2001. Both this and the Accessibility Strategy can be subsumed within another suitable plan, as long as the duties are met, but should be clearly signposted, in the interests of availability.

[A Children's Fund plan](#) is required until 2008, and local partnerships and local authorities have received advice on how to fit this into the CYPP.

Local authorities will continue to prioritise capital investment on the basis of asset surveys and locally agreed management plans.

The local police authority's [Three Year Strategy Plan and local policing plan](#).

The statutory annual [Youth Justice Plan](#) prepared by the local multi-agency Youth Offending Team

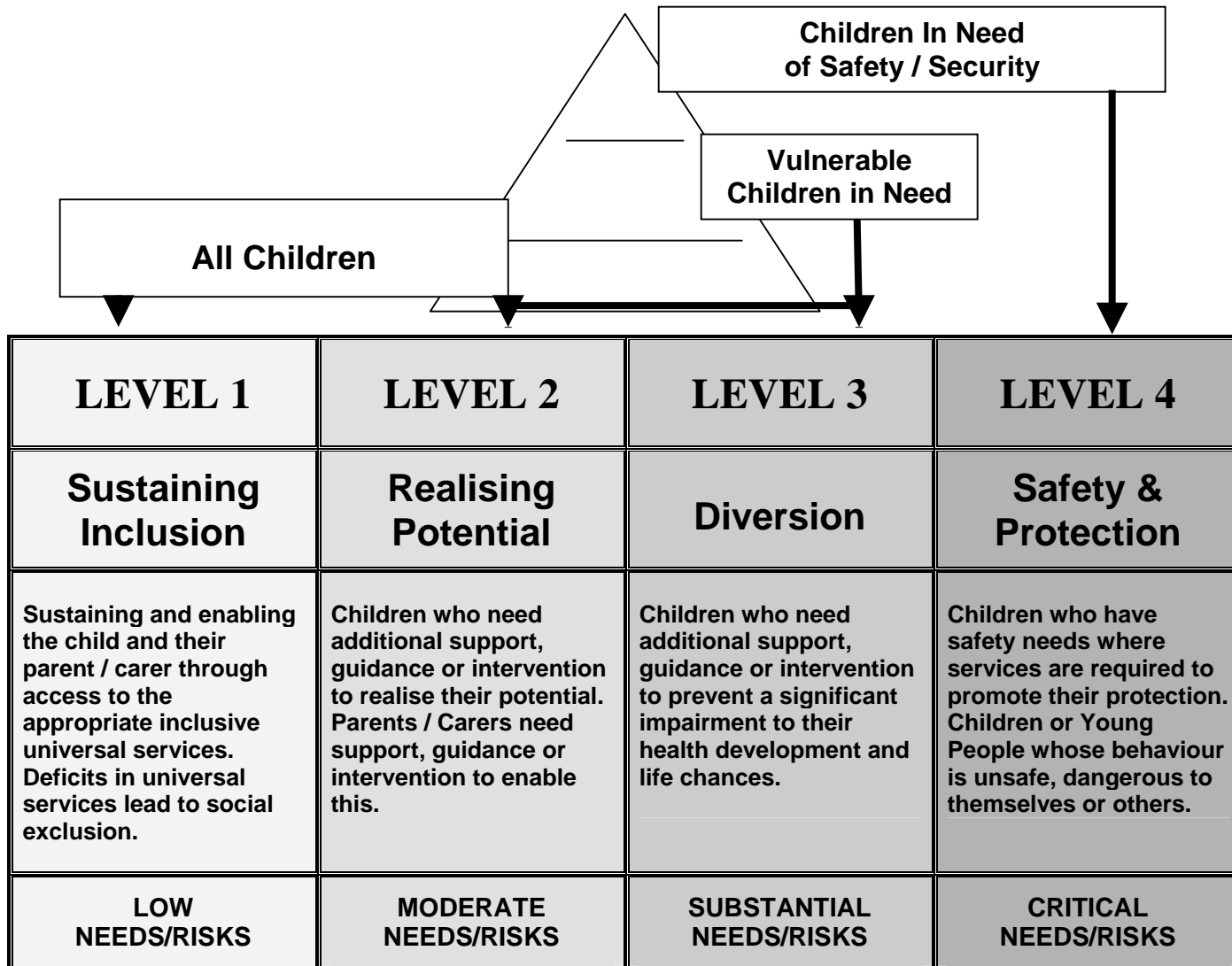
The [Probation Area Annual Plan](#), based on the Business Plan of the National Probation Service for England and Wales.

[The Crime and Disorder and Misuse of Drugs and Alcohol Strategies](#)

Plans linking to the CYPP	Statutory plans replaced ¹	Non-statutory plans replaced
<p>Community Strategy</p> <p>Best Value Performance Plan</p> <p>LA operational plans on education, social services, asset management, and other functions as set out in Section 1.</p> <p>PCT Local Delivery Plan</p> <p>Hampshire and Isle of Wight Police Authority and Hampshire and Isle of Wight Constabulary Plans and the National Policing Plan</p> <p>Youth Justice Plan</p> <p>Probation Area Annual Plan</p> <p>Crime and Disorder and Misuse of Drugs and Alcohol Strategies</p> <p>Learning and Skills Council Plans</p> <p>CAMHS</p> <p>Healthy Schools Programme Plan</p> <p>Play Strategies</p> <p>Connexions Partnership Plans</p> <p>Local Development Frameworks</p> <p>Planning documents on matters listed in Section 1.</p>	<p>Behaviour Support Plan</p> <p>Children's Services Plan</p> <p>Class Sizes Plan</p> <p>Early Years Development and Childcare Plan</p> <p>Education Development Plan</p> <p>Local Authority Adoption Services Plan</p> <p>School Organisation Plan</p>	<p>Area Child Protection Committee Business Plan</p> <p>Asset Management Plan</p> <p>Behaviour Improvement Plan</p> <p>Excellence Cluster Plan</p> <p>Excellence in Cities Plan</p> <p>ICT Development Plan</p> <p>Primary Strategy Plan (formerly literacy and numeracy plans)</p> <p>Teenage Pregnancy Strategy (to be subsumed by the CYPP from April 2006)</p> <p>Underperforming Schools Plan</p> <p>Youth Service Plan</p> <p>Local Preventative Strategy</p> <p>Children's Centre Implementation Plan</p>

¹ The repeal of statutory planning requirements came into force on 1 March 2005

L. ACCESS TO SERVICES



LEVEL ONE - LOW RISKS/NEEDS

At this level of need, the focus is on enabling the child and their parent or carer to seek help through the use of an appropriate universal service, such as health, education or the voluntary sector.

Children and families assessed at this level will receive advice and support to obtain the relevant services available on the Island.

LEVEL TWO - MODERATE RISKS/NEEDS

Children and families assessed to be at this level need additional support, guidance or intervention. This would be with the aim of helping them to keep to their expected standard of health, development and learning if they are to realise their potential.

Children and families assessed at this level will receive short-term, reviewed support.

LEVEL THREE-SUBSTANTIAL RISKS/NEEDS

Children at this level need additional support, guidance or intervention to deal with threats to their health, development and life chances. The aim would be to divert the child or family from things that might result in harm or put the individual or others at risk.

LEVEL FOUR - CRITICAL RISKS/NEEDS

Children with needs that are assessed to be at this level require services that will protect them. They may be at risk of harm or be experiencing a breakdown in their care. Their behaviour may be unsafe, dangerous to themselves or others; they may have committed a serious crime.

Those who are assessed at Tier Three or Four will have had a multi-agency assessment which points to complex needs for help. A plan of services will be made with the family and the child(ren) dependent on their age/s. The plan may involve a number of agencies agreeing how to work with the family and their child(ren) and how success can be achieved.

The assessment may indicate that the family and/ child(ren) may require intensive and longer-term support.

M. GLOSSARY

ACPC	Area Child Protection Committee
BEST	Behaviour and Education Support Team
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Services
CDT	Children's Disability Team
CHILDREN'S FUND	Government funded initiative to develop services for 5-13 year olds
CONNEXIONS	Government funded initiative to develop services for 13 – 19 year olds
ChYPSP	Children and Young People's Strategic Partnership Board – now the Children and Young People's Trust Board
CYPU	Children and Young People's Unit – now the Children Young People and Family Directorate
DAT	Drug Action Team
DH	Department of Health

EYDCCP	Early Years Development Child Care Partnership
IDAS	The Island Drug & Alcohol Service
ISA	Information Sharing & Assessment (formerly Identification, Referral & Tracking (IRT))
ISP	Island Strategy Partnership
JCB	Joint Commissioning Board
LA	Local Authority
LAA	Local Area Agreement
LACES	Looked After Children Education Service
LAC	Looked After Children
LDP	Local Delivery Plan (Health)
LSP	Local Strategic Partnership
LPSA	Local Public Service Agreement
NHS	National Health Service
NSF	National Service Framework for Children, Young People and Maternity Services

PCT	Primary Care Trust
PI	Performance Indicator
PPG	Partnership Planning Group
PSHE	Personal Social & Health Education
PRU	Pupil Referral Unit
SRB	Single Regeneration Bid
(LOCAL) SURESTART	Government funded initiative to develop services for 0-5 years olds
TISS	Treeside Intensive Support Service
YOT	Youth Offending Team

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Design Team to provide this paragraph translated into ten community languages

