

Oxfordshire's

Children and Young People's Plan

A child first county: improving positive life experiences for Oxfordshire's children and young people







Councillor John Howson, Cabinet Member for Children, Education and Young People's Services

"The Oxfordshire Children and Young People's Plan 2024 - 2028 outlines a partnership vision for improving the wellbeing and outcomes for all children and young people in Oxfordshire.

"Every child and young person will have the best possible start in life, the county will be a great place to grow up in and children and young people will have opportunities to become everything they want to be. These life chances will be reflected equally across our rural and urban communities.

"The Children's Trust will oversee and monitor the delivery of the plan ensuring that partners – county, city and district councils, police, health, education, the voluntary and community sector – all work together effectively across children's services.

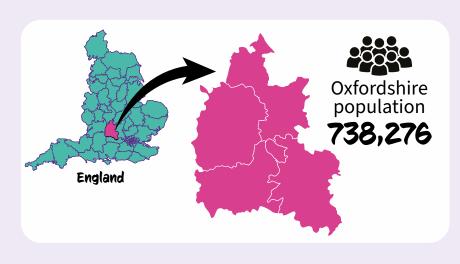
"Our plan sets out a range of priorities and outcomes for children in their early years and as they grow into young people. We will listen to and involve children and young people so we understand what matters to them and use this to shape future services. Putting the voices of children and young people at the heart of our collective work is crucial to delivering our ambitions.

"This plan provides the foundation to support children and young people, along with their families, to thrive. Together, we can build brighter futures for every child in Oxfordshire!"

Councillor John Howson



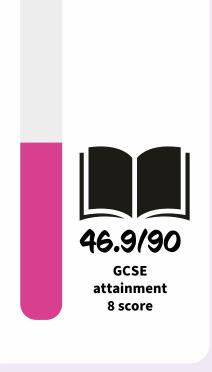
Oxfordshire's numbers



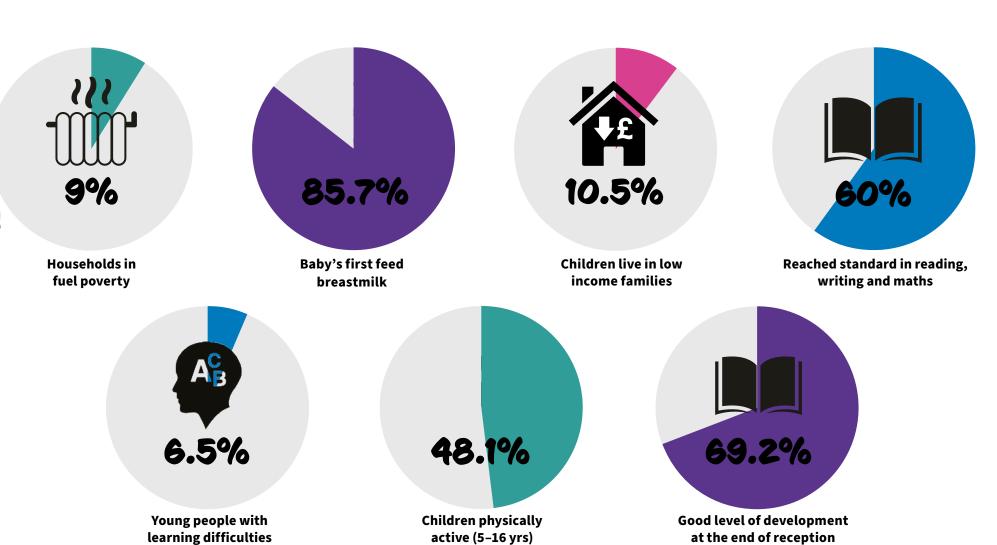








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Context and ambition

- The Oxfordshire Children and Young People's Plan is the high-level strategic ambition for all children and young people in Oxfordshire.
- This is a partnership and stakeholder plan that aims to improve the wellbeing and outcomes for all children and young people in Oxfordshire.
- The priorities in the plan are underpinned by data, intelligence and analysis of outcomes for children and young people, and are informed by feedback received from ongoing engagement and consultation with children, young people and their families.
- The direction, delivery and assurance of the plan is overseen by the Oxfordshire Children's Trust arrangements, which is the 'child focused' function of the Health and Wellbeing Board.



Start well and early help

Priorities

- All children should have the best start in life.
- All children should be ready for school and additional support is given in our most deprived neighbourhoods and disadvantaged groups.
- More children and their families take up the opportunity of early years education and childcare, especially those with additional needs.

Outcomes

- Our children in their earliest years have their health and development checks, and support is given to enhance their wellbeing and potential.
- Our rising fives (children aged four or five) are ready for school and are at their optimum health, physical and social development.
- Early years children access opportunities for play, learning and development through provision.
- Children in need of additional support are identified, including those entitled to free school meals and those with special educational needs and disabilities (SEND).
- More children are assessed and identified for speech, language and communication development in early years.



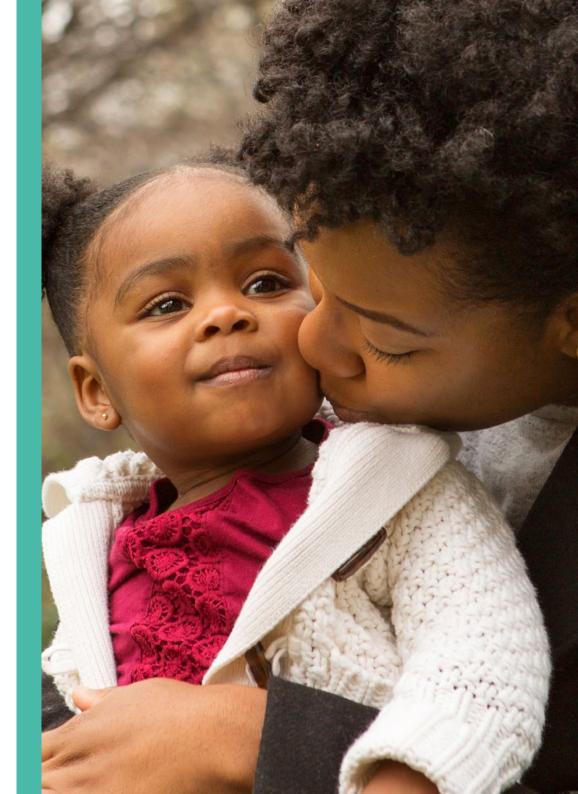
Live well: young lives

Priorities

- Keeping children and young people safe from harm.
- Providing help and support across the system at the earliest opportunity.
- Improving the experience of good mental health and emotional wellbeing of children and young people.
- Supporting children and young people with caring responsibilities.

Outcomes

- More children are safe at home and in their communities.
- Universal and early help is available to children and young people and their families at an earlier stage.
- More children and young people report a more 'contented' view of their lives and where they live. They increasingly know where to get advice and support when they have worries.
- Young carers are increasingly recognised and the partnership system provides greater opportunities to support them.



Achieve well

Priorities

- Improve school experience.
- Improve school attendance.
- Narrow the disadvantage gap across all key stages, while continuing to support positive outcomes for all.
- Ensure preparedness and support for all young people on their journey to meaningful employment, education and training.
- Where young people continue to draw on care and support in adulthood, we work together to ensure they are encouraged to live as independently as possible and are confident moving into adulthood.

Outcomes

- Children routinely have a school place, have high attendance and can access learning.
- More children have better educational outcomes and fulfil their potential.
- More young people from an earlier age are helped to prepare for their futures as young adults.
- Early help and prevention reduces the number of young people at risk of youth violence, harm outside the home and entering the criminal justice system.



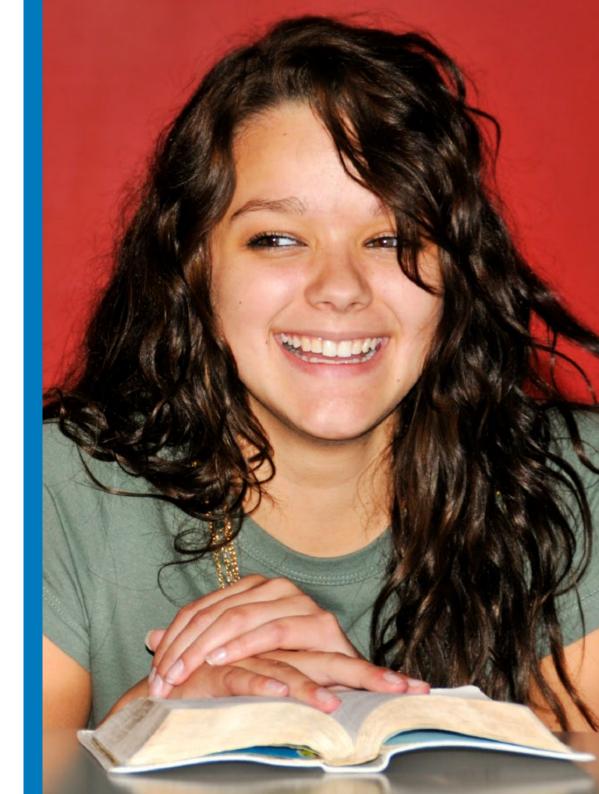
Voices of children and young people

Priorities

- Children are young residents, and Oxfordshire is a place that caters for their needs.
- Services across Oxfordshire are designed to meet the needs of young residents and respond to what matters to them.
- Decisions are taken and services commissioned that take into account the wellbeing of future generations.

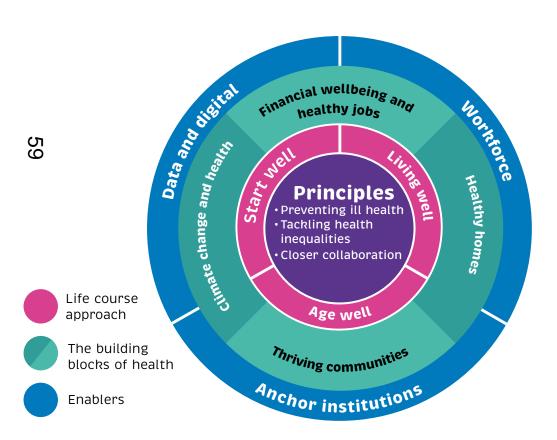
ენ Outcomes

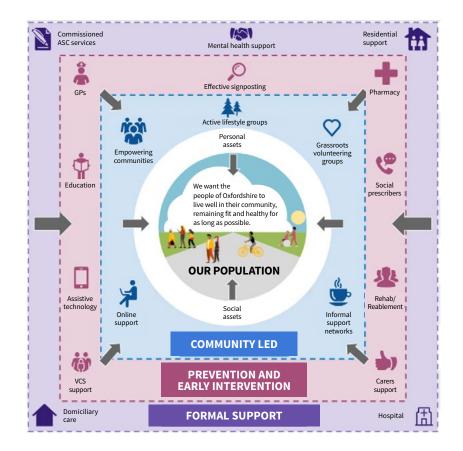
- The views of a wide range of children and young people help shape the strategic plans of the council and partnerships.
- Children and young people are able to let decision makers know what matters to them through a wide variety of channels.
- Intergenerational fairness is put at the heart of the council's decision-making.



Overarching strategies

All commissioning strategies and activity are guided by our joint Health and Wellbeing Strategy and the Oxfordshire Way strategic approach. Strategies are informed by analysis of our Joint Strategic Needs Assessment through co-production and public engagement.





Summary of Oxfordshire's Health and Wellbeing Strategy.

A diagram depicting Oxfordshire Way strategic approach.

Further information

Statutory boards responsible for oversight and delivery

- Health and Wellbeing Board
- Children's Trust arrangements
- Oxfordshire Place-Based Partnership
- Public Health Board
- Education and Inclusion Partnership
- Children and Young People Emotional Health and Wellbeing Board
 SEND Improvement and Assurance Board
- Oxfordshire Safeguarding Children Board and other strategic safeguarding arrangements
- Youth Offending Management Board
- Serious youth violence statutory function
- Oxfordshire Community Safety Partnership
- Oxfordshire Domestic Abuse Strategic Board
- Drug and Alcohol Partnership

Related strategies

- Health and Wellbeing Strategy, 2024-2030
- Health and wellbeing outcomes framework, 2024–2028
- Early help and prevention
- Local Area SEND Strategy
- SEND Sufficiency Delivery Strategy, 2022/23–2026/27
- Our commitment to future generations
- The Oxfordshire Way in adult social care
- All-age Unpaid Carers Strategy for Oxfordshire
- Commissioning Strategy for Children We Care For Placements 2020–2025
- Oxfordshire's Overarching Domestic Abuse Strategy, 2022–2025

Data and insight

- Oxfordshire Joint Strategic Needs Assessment
- Education Commission report, October 2023

Oxfordshire JSNA, health and wellbeing facts and figures 2024

Compared to England average (statistical significance indicated by icon colour): Worse () Similar () Better () Not compared **EARLY YEARS** 738,276 £493,222 193 7,201 2.2% 85.7% 2.3 10.5% 69.2% 6.4% 1. Oxfordshire 2. Average house 3. Apprenticeship 6. Low birth weight 7. Baby's first feed 8. Infant mortality rate 9. Children live in 4. Babies born 10. Good level of 5. Mothers population price vacancies of term babies breastmilk per 1,000 live births low income families development at the smoking at birth end of reception SECONDARY **PRIMARY** SCHOOL **SCHOOL** 46.9 59 7.8 6.5% 4.4% 60.0% 30.6% 48.1% 19.2% 90.6% 20. Children we care **19.** GCSE 18. Victims of child **17.** Young **16.** Not in 15. Reached 14. Year 6 children 13. Children 12. Reception 11. MMR for two for per 10,000 (under attainment 8 score sexual exploitation people with learning education. standard in reading. overweight or obese physically active children overweight doses (5 vrs) per 10,000 (0-17 yrs) (5-16 yrs) 18 yrs) difficulties employment or writing and maths or obese training WORKING AGE 8.9 224.1 22.7 950 £38,495 2,091 9.0% 83.8% 2.1% 7.6 **21.** Under 18 22. Young people 23. Under 18s 24. Chlamydia 26. Median 27. Adults in 28. Adults 29. Homeless **30.** Mean 25. Households in conceptions per hospital admissions hospital admissions diagnoses per full-time salary employment unemployed households happiness score fuel poverty 1,000 for self-harm per for alcohol-specific 100,000 (15-24 yrs) (out of 10) 100,000 (10-24 yrs) conditions per 100,000 534 231 0.4% 2.3% 13.1% 71.4% 11.2% 57.8% 40. Eat their 39. Alcohol related 38. Killed or 36. Adults with 35. Adults with 34. Adults are 33. Adults have 32. Adults 37. Adults with 31. Adults "5-a-day" hospital admissions seriously injured learning disabilities coronary heart diagnosed physically active chronic obstructive overweight or obese smoke per 100,000 (40-64 yrs) on roads disease depression (19+ yrs) pulmonary disease 9.6 226.2 14.5% 3.0 35.3% 335 11.3 5.5% **64.9 years** 68.0 years 41. Rate of deaths **42.** Deaths from 43. Adults with 44. Deaths from 45. HIV late **46.** New sexually 47. Victims of 48. Adults with 49. Average **50.** Average from suicide cancer per 100,000 long-term illness or drug misuse per diagnosis transmitted domestic abuse diabetes (17+ yrs) female healthy life male healthy life per 100,000 disability infections per 100,000 expectancy 100,000 per 1,000 expectancy PEOPLE 14.8% 22.3% 0.7% 1.8% 1.843 84.9% 7.9% **84.8** years **81.1** years 59. Excess winter 58. Died at home **57.** Average female 56. Average male life 55. Adults with **54.** People had a **53.** Hospital 52. Uptake of flu 51. Unpaid carers deaths (85+ yrs) (85+ yrs) dementia stroke admissions due to vaccination in over (age standardised life expectancy expectancy falls per 100,000 proportion)

(65+ yrs)

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