Havering Children & Young People’s Plan
2014-17
OUR PLAN BUILDS ON WHAT IS WORKING WELL IN HAVERING AND CELEBRATES THE SUCCESS AND ACCOMPLISHMENT THAT THE MAJORITY OF CHILDREN CONTINUE TO ACHIEVE
Welcome to the Havering Children and Young People’s Plan (CYPP) 2014-2017. This plan sets out our joint vision and agreed approach to improving outcomes for children in Havering. It is based on local strategic priorities identified through the Havering Children’s chapter of the Joint Strategic Needs Assessment (JSNA) and consultation with young people, parents and partners.

Havering’s first Children and Young People Plan was published in 2007 and significant advances in partnership working have been delivered since then, including the implementation of the Havering Multi Agency Safeguarding Hub (MASH). Although there is much to celebrate, there is still a great deal more that can be done to improve the life journey of vulnerable children in our locality. This plan articulates our commitment to joint working across local multi-agency partnerships, to drive forward improvements under the governance of the Havering’s Children’s Trust.

In 2014-2017 we will be focusing on the importance of childhood years in shaping adult life chances and opportunities. The three priority themes are: addressing family poverty, encouraging health weight and improving wider health, wellbeing and education outcomes for the most vulnerable children. These priorities cut across many different services including schools, health services, economic development and the voluntary sector meaning that a cross cutting approach is crucial in improving life chances.

The Children and Young People’s Plan is set during a period of major change for the London Borough of Havering and wider public services. The backdrop of reduced resources and increasing demand for services for our most vulnerable groups ensures a climate in which nurturing partnerships and capitalising on the opportunities they bring remains at the heart of delivering cost effective service solutions. With a partnership approach that is focused on improving outcomes we believe the Trust can rise to the challenge!

Thank you for your continued efforts to improve outcomes for children and young people. We look forward to continuing to work with you to enable brighter, healthier and safer futures for children growing up in Havering.

**Cllr Meg Davis**  
Cabinet Member for Children & Learning  
London Borough of Havering

**Joy Hollister**  
Group Director of Children, Adults and Housing  
London Borough of Havering
INTRODUCTION

On 31 October 2010, the Department for Education withdrew statutory guidance on Children’s Trusts, but the requirement for local authorities and partners to have a Children’s Trust Board and the wider duty to cooperate to improve children’s wellbeing, as set out in section 10 of the Children Act 2004, remains in force. Havering Children’s Trust has taken the decision to continue to publish and scrutinise a Children and Young People’s Plan as a mechanism to build on collaborative working between the local authority and partner agencies.

Havering’s Children and Young People’s Plan is the overarching strategic plan for all services that directly support children and young people in the London Borough of Havering. It provides the framework within which services to children and their families will be planned, commissioned and delivered to tackle some of the causal aspects of inequality in outcomes for children. The Children’s Trust has oversight of the Plan, and use it as a tool to support and challenge services in fulfilling Havering’s vision for local children. Key stakeholders will show in their respective agency / partnership plans, how they will contribute to the overarching strategic objectives and outcomes for children. The Plan covers services for all children and young people in Havering aged 0-18, those over 18 receiving statutory services, including leaving care, and those over 18 and under 25 with learning difficulties. The local authority is responsible for preparing the Plan in collaboration with all relevant partners.

The Children and Young People’s Plan is based on evidence taken from past performance, needs assessments, consultation with local families and agreed priorities between our service users and our partners. It also encompasses our response to emerging and existing regulatory frameworks and reflects recommendations from our continuous improvement activity. This includes internal quality assurance processes, peer challenge and external inspection.

We have achieved much since the establishment of Havering’s Children’s Trust; in safeguarding, in educational attainment and in the wider achievements of children and their communities. Despite budget challenges, we move forward from a position of strength. We will maintain what is already excellent, while at the same time, tackling the difficult challenges presented by disadvantage and poverty with more vigour.
### VISION
Every child, in every part of the borough:
- Gets the best possible start in the early years and is ready for school
- Attends a good school and experiences success in learning
- Feels safe at home, in their local area and at school
- Develops lifelong aspirations and grows up to be a citizen who contributes positively to the lives of those around them
- Experiences the best possible health outcomes

### PARTNERSHIP PRINCIPLES
- Prevent, protect and sustain
- Know our communities
- Together with children, parents and families
- Unite to succeed
- Strong workforce
- Prove it

### STRATEGIC PRIORITIES
- Increasing the rate of children who live in poverty-free households
- Increasing the proportion of children at a healthy weight
- Improving the health, well-being and education outcomes for the most vulnerable children

### OUTCOMES
- Children feel happy, healthy and safe
- Children born to families who experience deprivation have an equal chance of achieving high levels of well-being
- Children grow to become active citizens who earn a good living
OUR CHILDREN & YOUNG PEOPLE’S PLAN IS BASED ON EVIDENCE TAKEN FROM PAST PERFORMANCE, NEEDS ASSESSMENTS, CONSULTATION WITH LOCAL FAMILIES AND AGREED PRIORITIES BETWEEN OUR SERVICE USERS AND OUR PARTNERS.
ABOUT HAVERING: THE BIG PICTURE

Havering is a geographically large London borough, with a relatively small population of children. But we have big aspirations for all children, young people and families who live here.

This section summarises local data that relates specifically to the strategic priorities of the CYPP 2014-17. Havering’s Children and Young People’s Joint Strategic Needs Assessment provides a comprehensive appraisal of local need and should be referred to for a detailed understanding of the local demographic.

Child population

Over 2001-2011, Havering’s 0-17 population grew by 3.6% to 51,638, with 21% living in Gooshays, Brooklands or South Hornchurch. Over this period, the numbers of child residents grew substantially in some wards whilst declining in others. The child population in Brooklands, Heaton, Romford Town and South Hornchurch rose by a total of 1,925 children (+17.2%), while Hacton, Pettits, Hylands and Upminster saw a decrease of 805 resident children (-7.2%). Romford Town and Brooklands in particular had a comparatively high rate of ‘young’ families (i.e. where the youngest child is aged 0-4 years); those wards with declining numbers of child residents tended to have a higher rate of ‘older’ families (i.e. where the youngest child is aged 12-18 years). The age 5-10 population is expected to grow by 24% and the 0-4 age group by 19% over 2011-2021. Conversely the 11-17 population is projected to dip slightly over 2011-16, before rising back to 2011 levels in 2021.
Child poverty

Poverty and disability are the two risk factors which have a direct association with worse outcomes on all children’s outcomes measures, once all other characteristics and behaviours are held constant (Jones, Gutman and Platt, 2013). Family poverty is associated with children having poorer non-verbal, verbal and maths skills, lower KS1 attainment and more behavioural difficulties. Havering has developed a detailed Child Poverty Needs Assessment; a synopsis is provided below.

Havering is a borough with a highly varied socio-economic make up; while the majority of children in Havering are not poor, in 2010 around 8,800 lived in income-deprived households, as defined by the ‘Income Deprivation Affecting Children Index’, and in 2012 around 4,861 (11.6%) lived in a household where no adult worked (DWP). On average, across London, the child poverty rate decreased by 3.5% over 2006-2010; in Havering it rose by 1.5%. Havering is one of only two London boroughs where the percentage of children in poverty increased over this period. More recent data on this poverty measurement has not been released by central government.

As at 2012, the rate of children living in workless households varied across the borough from 335.6 children per 1,000 in Heaton to 39 per 1,000 in Upminster. Gooshays and Heaton had both the highest rates of large, young families and the highest rates of children residing in a household where no adult works. At a national level, unemployment and teenage pregnancy are higher amongst lone parents than other family types and consequently, the children of lone parents are more likely to live in poverty than children in a two parent family; the number of single parent households in Havering rose from 4005 in 2001 to 5079 in 2011. The majority of lone parents in Havering (56%) work full or part-time (see table below). However, they are far more likely to be unemployed than couple-households with children, and are more likely to work part time hours. The employment profile of lone parents broadly matches that of outer London, with slightly fewer lone parents out of work (outer London, 46%; Havering, 44%).

<table>
<thead>
<tr>
<th>Employment status, lone parents, Census 2011</th>
<th>Sex</th>
<th>Havering</th>
<th>Outer London</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time employment</td>
<td>Female</td>
<td>21%</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Part time employment</td>
<td>Female</td>
<td>30%</td>
<td>27%</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>Female</td>
<td>42%</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>2%</td>
<td>3%</td>
</tr>
</tbody>
</table>

1 Measured as the proportion of children living in families in receipt of out of work (means tested) benefits or in receipt of tax credits where their reported income is less than 60 per cent of median income.

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Deprivation and worklessness, teenage pregnancy, attainment at key stages 2 and the rate of young people not in education, training or employment at age 19 are all known to be associated and linked with inter-generational cycles of deprivation. Childhood obesity is also associated with deprivation, as rates of childhood obesity are clustered in neighbourhoods of greater disadvantage. Local ‘heat maps’ of each of these factors broadly mirror each other, with children residing in the north and east of Havering less likely to be in education training or employment at age 19, more likely to be a teenage parent and more likely to be obese by age 4-5 than their peers in areas of the west and south west of Havering.

Havering’s Annual Children & Young People’s Survey obtains the views of Havering pupils across a range of topics. The last survey took place over November - December 2013. 25 schools participated (17 Primary, 10 Secondary) resulting in 1440 respondents. As part of the survey, children are asked ‘would you like to go to University / Higher Education in the future’; in 2013, 60% of all respondents said ‘yes’ and 31% answered ‘don’t know’. When asked what may prevent them from going to university, or getting the job they want, lack of money was perceived to be the biggest barrier.
Disability

The second risk factor independently associated with poorer outcomes is longstanding illness / disability in childhood. In line with Ofsted recommendations, Havering has championed a policy that recognises that behavioural difficulties do not necessarily mean that a child or young person has a Special Educational Need (SEN) and should not automatically lead to a pupil being registered as having SEN. Consequently only children with specific and identified SEN are supported through the special education need framework in Havering; this results comparatively low rates of special educational need (SEN) managed through school action, school action plus or statements, particularly at secondary level. The rate of children identified through the SEN framework with a learning difficulty, moderate learning difficulty or autistic spectrum disorder is significantly lower than the England rate. The number of children with profound and multiple learning difficulties was the same in 2012 as in 2008 and was comparable to the England rate. Similarly the rate of children with severe learning difficulties is not significantly different to the England rate although the rate has risen from 2008. As only children with specific and identified SEN are supported through the special education need framework, this results in comparatively lower levels of attainment for this cohort as these children often have high levels of need.

2,437 children with a Havering GP accessed a direct service from a NELCS speech and language therapist over Oct 12 – September 2013. 1365 (56%) of these children were aged 5-10, although as at January 2013, only 533 primary-school pupils were identified as having speech, language and communication needs that required support through school action plus or a statement. Nevertheless, at primary level, speech, language and communication difficulties are by far the most common type of identified SEN, followed by moderate learning difficulties and behaviour, emotional and social difficulties (School Census, January 2013). Together these account for 74% of primary level SEN.

At secondary level, moderate learning difficulties are more prevalent, followed by behaviour, emotional and social difficulties and speech, language and communication needs – these account for 62% of identified secondary level SEN.

Children in care

Havering has consistently low rates of children in care and on average there are approximately 190 children in Havering’s care at any one time. There were a total of 300 children in care living in the borough as at 31st March 2013; 100 were in Havering’s care and 200 were placed in Havering by other authorities. Consequently, Havering is a net importer of children in care. This is partly a result of increasing numbers of children being placed in Havering by other local authorities (increase from 185 in 2010/11 to 200 in 2012/13) and partly due to less children looked after by Havering being placed outside the borough boundaries (decrease from 85 in 2010/11 to 75 in 2012/13). This has implications for local health services (including CAMHS), schools, and children’s safeguarding.

Of the 100 children who came into Havering’s care in 2012/13, 30 (30%) did so through police powers of protection. This is an increase from 18% in 2010/11 and 21% in 2011/12. However, in 2012/13, the overall rate of use of police protection per 10K of the age 0-17 population (5.84/10,000) was
‘middling’ compared to other London authorities. Therefore the use of powers of police protection are comparable to other London authorities, but the proportion of children coming into care through this route appears high as comparatively few children enter care.

In 2012/13, 100 children exited Havering’s care, with 55 exiting to return to live with their parents or relatives. This is the 2nd highest ratio of exiting care to parents / relatives in England. As at March 2013, the proportion of children in care with up to date annual health assessments was lower than the England and London rate at 68%. Children in care are far more likely to experience mental ill-health than their peers; in 2012/2013, screening test results for 95 children in care aged 5 to 16 showed that (56%) were at a high or borderline risk of clinically significant mental health problems.

Until recently, children in Havering’s care were more likely to experience a series a different placements over short periods of time than their peers looked after by other authorities. Extensive analysis and a detailed improvement plan have led to a reduction in the number of times children move placements, and local performance indicators are now closer to the England rate.

Havering’s children in care are encouraged to take part in reviews of their care plan and have the choice of various different ways of doing so. One way children can give their views to their review is via ‘Viewpoint’. Over 2013-14, the response rate for children using the age 5-15 year old Viewpoint surveys was 24% (n=91). Children using Viewpoint say they are generally are happy at school, think they are getting the right help and feel safe at school. Their carers help them with schoolwork when they need it. They have high aspirations for themselves, with careers in teaching, policing and football the most frequently cited ambitions. Most children using Viewpoint think they get the right amount of help from adults, although 31% (n=24) of the children who answered the question ‘does your social worker visit you as often as you need’, said ‘not really’ or ‘not at all’. Children generally say their social workers listen to them and that their social worker helps them in a number of different ways. Of the children that used Viewpoint in 2013-14, 58% said they have had a change of social worker over the last term, although when asked how they felt about this, the most popular answer was ‘happy’. Children using Viewpoint generally report that they feel safe, both in their local area and in their placement. Overall they are happy in their placements.
Healthy weight

In 2012/13, approximately one in five reception-aged children in Havering were overweight or obese (21%); this is slightly below the England (22.3%) and London (23%) average. This figure rises to one in three (35%) for children aged 10-11 (above the England (33%) and below the London average (37.4%)). Data available for the first time in 2013 shows that the rate of obesity increased by 8.7% for children who were reception-aged and measured in the first year of the National Child Measurement Program and who were measured again in 2012/13 as Year 6 pupils. Obesity affects children’s health and social outcomes; children who are obese are at greater risk of developing long term conditions and thus the disabilities that may result as a consequence. For children aged 4-5 and 10-11 years, obesity in Havering is positively correlated with measures of child poverty and child deprivation (i.e. higher rates of poverty and higher rate of obesity are associated) and negatively correlated with educational attainment (i.e. higher rates of obesity and lower rates of educational attainment are associated), particularly at key stage 4.

As part of a 2013 survey of children resident and / or attending school in Havering, 108 children and young people responded to the question ‘what are the 3 most important health issues for young people in Havering’. ‘Exercise’ was the most commonly cited response, followed by ‘smoking’ and then ‘what we eat’. The same question was asked in a parallel survey of adults and of the 73 respondents, ‘what they eat’ was the top response, followed by ‘exercise’.
I live in Harold Hill. I like it because my school is close and there are so many people (nice) walking. I don't like it because there are so many people. I find it dangerous because I've heard stories.

I live here. I like Harold Wood because I live round the corner from my school. I feel safe in Harold Wood because there is local police. I don't like the scooter park in Harold Wood because some people gang up and bully people.

I go to a club called majorettes here.

I like Romford because of the busy market stalls.

I like Harold Wood because the train station is safe, well sound.

I live here. I like Harold Wood because everything is really near as I live near a shop and street and I'm not far from my secondary and primary school and the station. I feel very safe where I live. I don't like about it is that the police station always looks closed.
PARTNERSHIP PRINCIPLES: OUR FRAMEWORK FOR CHANGE

Planning for all our strategic priorities is based on the following foundations:

- Prevent, protect and sustain
- Know our communities
- Together with children, parents and families
- Unite to succeed
- Strong workforce
- Prove it

Prevent, protect and sustain

We know that prevention is better than cure and that sustaining change can be challenging. Therefore all our partnership plans will be based around the principles of prevent, protect and sustain.

- **Prevent**: helping families and communities to prevent and therefore reduce negative outcomes for children
- **Protect**: protecting children from the impact of negative events and intervening to shape consequences
- **Sustain**: supporting families and communities to make positive change sustained change

We recognise that our most vulnerable and at risk children and young people require support at an early stage and in a timely manner. In times of reduced budgets, prevention, early intervention and sustaining positive change is now more important than ever, and is key to not only making a real difference to the lives of children and families, but also to delivering the budget reductions all partners will need to deliver over the lifespan of this plan.
Know our communities

A comprehensive understanding of our local communities and how they are changing are the foundations of intelligent commissioning and meaningful business planning. As central government moves towards a ‘payments by results’ (PbR) model of funding for key areas of work, including family support, our ability to analyse our outputs and outcomes achieved becomes increasingly important. Improving how we collate, interpret, share and utilise business intelligence will help us make sure we focus on efforts in the right areas, and enable the partnership to be flexible and responsive to changing local conditions.

Together with children, parents and families

Involving service users in the design and delivery of interventions makes the intervention more likely to engage those who most need support, and therefore more successful. The expertise and knowledge held by parents and families is respected in Havering, and their capacity to share responsibility is increasingly recognised and nurtured. We will build on our established forums, strengthening them to make sure they have a direct and tangible impact on service design and delivery. Our key forums include:

- Young Inspectors
- Youth Parliament
- Children in Care Council
- Viewpoint
- Youth Council
- Advocacy service
- Positive Parents

We also know that stereotypes and stigma can impact on how likely families are to seek help when needed. Work carried out under this CYPP will incorporate a more proactive and planned approach to how we communicate key messages about local issues and services that affect children and families. Carefully targeted messages are likely to support efforts to destigmatise and normalise the process of seeking help and increase the visibility and reach of universal and targeted interventions.
Unite to succeed

Successful programmes of intervention rarely stand-alone; the most effective and efficient services will usually draw on a range of professional skills and expertise. This requires high quality strategic leadership and a shared vision. Whether in relation to the corporate ownership required to address child poverty, or the need for interventions to be integrated into whole-school strategies, the evidence is clear: the most effective approaches are those that are embedded across organisations and are seen to be part of the whole system.

The current and continuing economic situation means that CTB member agencies will need to take difficult decisions regarding the cost effectiveness of services and resource management. Budgets and grant allocations are decreasing for all partners over the lifetime of this CYPP. The presents pressures and challenges, but also opportunities for partners to work collaboratively on joining services and linking with neighbouring boroughs. The relationship between some partners is changing as the Clinical Commissioning Group implements its first round of contract reviews, Public Health becomes embedded within the Local Authority and agencies respond to the implications of the Children and Families Act 2014.

Strong workforce

An effective partnership requires a well-informed workforce that is aware of the partnership vision and able to innovate in response to our challenges. Only a highly skilled and adaptable workforce will be able to deliver the most effective and efficient services to children and families in the borough. Our ability to deliver against our priorities is dependent on having such a workforce in place.

Prove it

Families deserve to know their services are tried and tested, yet a lack of cost and outcome data can hinder efforts to prove the value of interventions. Engaging with data and understanding the evidence around ‘what works’ is essential if services are to deliver excellence and local services are to provide value-for-money. Commissioned and internally delivered services can expect an increasing level of challenge to evidence the effectiveness of their work, particularly as payment-by-results arrangements become increasingly common.
OUR STRATEGIC PRIORITIES

The framework set out above provides the foundation for how the partnership will approach all its work. Unprecedented financial challenges mean the partnership has to focus on a small number of outcomes that it can really make a difference to. In November 2013, the Children’s Trust Board (CTB) scrutinised Havering’s refreshed children and young people’s JSNA. In January 2014, a workshop was held with the CTB to identify our top priorities, based on the CTBs analysis of the JSNA. Recognising that the childhood years are fundamentally important in shaping adult life chances and opportunities, the CTB will focus its activity on three key themes over 2014-17:

- Increasing the rate of children who live in poverty-free households
- Increasing the proportion of children at a healthy weight
- Improving the health, well-being and education outcomes for the most vulnerable children

Each priority is underpinned by a shared commitment to removing barriers to access, participation and achievement, and not tolerating discrimination and abuse. The Children’s Trust has a relentless focus on improving outcomes for all, reducing inequalities and narrowing the gap between those who are vulnerable or disadvantaged and their peers.
Increasing the rate of children who live in poverty-free households: why is this a priority in Havering?

In Havering, large areas of affluence mask smaller underlying areas of significant deprivation. Our child poverty needs assessment maps the incidence and impact of child poverty in Havering and finds that the most affected areas are in the north, east and southeast of the borough. Children residing in these areas are less likely to achieve their potential and more at risk of poor education and health outcomes.

Havering’s Children’s Trust is focused on breaking the cycle of disadvantage – where children start in life should not determine where they end up. Our goal is break the link between demography, deprivation and destiny within Havering. Children experiencing poverty face multiple disadvantages that often continue throughout their lives and are all too often passed on to the next generation. Whilst some children thrive despite poverty, for many children growing up in poverty can mean a childhood of insecurity, under-achievement at school and isolation from their peers. Children who grow up in poverty are four times as likely to become poor adults, becoming the parents of the next generation of children living in poverty.

By working together and taking a whole community approach, we will support families to lift themselves out of poverty, thereby reducing the impact of poverty on children and young people’s educational attainment and life chances. This means focusing on the children and families most in need, and the areas that are most deprived, tackling the issues that will make a difference in the long term. Our approach will cover employment and skills, health, housing, financial support, education, family support and childcare.

Delivery of this priority is closely linked to the development and implementation of an Economic Development Strategy for Havering. It is also supported by the work of our local Business Enterprise Partnership (a partnership between LB Havering and local businesses), formed to help determine local economic priorities and lead growth and job creation.
Key activity and outcome areas:

- Identifying children and families most in need, through careful analysis, and a partnership approach;
- Helping families to access a range of employment and training services in their communities, including adult and community learning, careers advice, volunteering and employment support;
- Increasing awareness of local services and targeting health, parenting and family support services (including through children’s centres);
- Promoting and maximising uptake of benefits;
- Ensuring there is sufficient flexible and affordable childcare, so far as is reasonably practicable;
- Increasing take up of free Early Years education in the most disadvantaged areas and extending free Early Years education to all eligible two year olds;
- Raising the quality of Early Years education in disadvantaged areas;
- Promoting and supporting a relentless focus on improving educational outcomes of children from low income families across the Havering school system;
- Identifying and supporting schools in greatest need to promote educational aspiration and the belief that all children can, and will, succeed;
- Creating opportunities and supporting young people to find employment, helping to break intergenerational cycles of poverty;
- Ensuring there is sufficient, affordable, quality (including warm) housing for families and vulnerable young people, as far as is reasonably practicable, and
- Using Havering’s Assets Framework to support young people to develop the soft skills of collaboration, flexibility, innovation and problem solving, which local employers identify as being as important as formal qualifications to secure a job.
Increasing the proportion of children at a healthy weight: why is this a priority in Havering?

In 2012/13, one in five reception-aged children and 35% of 10-11 year olds in Havering were overweight or obese. Pooled data over 2009/10 - 2011/12 shows that reception-aged obesity varies across the borough, ranging from 15.1% in Hacton to 6.9% in Hylands. Research shows the emotional and psychological effects of being overweight are often seen as the most immediate and most serious by children and young people themselves. These include discrimination and teasing by peers; low self-esteem; anxiety and depression. National and local evidence highlights that there has been an increase in mental health issues. In Havering it is estimated that 3,275 C&YP have a mental health disorder; further analysis reveals that these issues are more likely to be conduct and emotional disorders.

As part of a survey of children resident and / or attending school in Havering, 108 children and young people responded to the question ‘what are the 3 most important health issues for young people in Havering’. ‘Exercise’ was the most commonly cited response, followed by ‘smoking’ and then ‘what we eat’. The same question was asked in a parallel survey of adults and of the 73 respondents, ‘what they eat’ was the top response, followed by ‘exercise’.

Teenage years are a crucial time for health and wellbeing. One study found that 8 in 10 obese teenagers went on to be obese as adults. There is an association between obesity and other high risk health behaviours. Half of lifetime mental illness (excluding dementia) starts by the age of 14 and more than 8 out of 10 adults who have ever smoked regularly started smoking before 19. Due to the association between obesity and other high risk behaviours by identifying children who are obese, we have an opportunity to engage with children around other issues impacting on their life outcomes, such as anti-social behaviour (linked to mental health), smoking, safeguarding issues.

Being overweight or obese in childhood and adolescence has consequences for health in both the short and long term. Once established, obesity is difficult to treat, so prevention and early intervention are very important. Overweight and obese children are more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood. Although many of the most serious consequences may not become apparent until adulthood, the effects of obesity - for example, raised blood pressure, fatty changes to the arterial linings and hormonal and chemical changes (such as raised cholesterol and metabolic syndrome) can be identified in obese children and adolescents. Some obesity-related conditions can develop during childhood, such as Type 2 diabetes, a condition that is experiencing an

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2 Obesity and Mental Health, National Obesity Observatory, 2011
upward trend nationally in children. Other health risks of childhood obesity include early puberty, eating disorders such as anorexia and bulimia, skin infections, asthma and other respiratory problems. Some musculoskeletal disorders are also more common, including slipped capital femoral epiphysis and tibia vara (Blount disease).

Childhood obesity is a key risk factor for the development of serious health conditions which significantly contribute to disability in later life, such as cancer and vascular disease (including stroke and vascular dementia). Across England approximately a third of the projected rise in diabetes prevalence can be attributed to the increasing prevalence of obesity. People with diabetes are more at risk of developing cardiovascular disease; men are 5 times more likely and women are 8 times more likely to develop cardiovascular disease if they have diabetes. Complications caused by diabetes are heart disease and stroke, nerve damage, diabetic retinopathy, kidney disease, foot problems, miscarriage and still birth and amputation. The development of one or more of these conditions would greatly increase the likelihood of someone requiring social care service support. This example illustrates how tackling obesity in early years will positively impact on social care spend.

It is widely recognised that increasing rates of obesity rates will lead to increased demands on health and social care services in the future. Preventive action and upstream health improvement that result in healthier lifestyles are the only options for addressing the anticipated rising tide of demand on both health and social care budgets.

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5 Diabetes UK (2007)

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Key activity and outcome areas:

A whole life approach is required to tackle childhood obesity, from pre-conception (gestational weight), antenatal and postnatal nutrition (including breast feeding and weaning) childhood nutrition and physical activity, through to family lifestyles. Multiple factors contribute to obesity; therefore action to reduce childhood obesity is required across multiple workstreams, to tackle obesogenic environments, individual and family health and social behaviours. The most cost effective strategy for tackling obesity is therefore through strong partnership working to capitalise on existing national and local assets.

1. The Council will work with schools, school nurses and local community using data from National Child Measurement Programme (NCMP), to create Healthy Schools and Communities.

   Exemplar actions include:
   - Implement the Havering Healthy Weight Strategy for children and families;
   - Support more Havering schools to attain ‘Healthy Schools London’ awards;
   - Achieve coverage of 85% minimum coverage of the National Child Measurement Programme for children in Reception and Year 6;
   - This data provides evidence for effective commissioning of services, and
   - School Nurses to undertake brief interventions (telephone, face to face) with parents who have children who are overweight or obese, and support parents with an outline plan to reduce child’s BMI.

2. Utilise national programmes, including Change4Life Clubs and Royal Society of Public Health Trainer Champion Programme.

   Exemplar actions include:
   - Signpost overweight children to Change4Life Challenge Clubs (in development 2014/2015);
   - Offer course on Healthy Eating to 100 Royal Society Public Health (RSPH) accredited Health Champions, and
   - Become RSPH-accredited training location January 2015.
3. The Council and partners will specifically target pre-conception, maternity and early years to increase breast feeding and early years nutrition.

Exemplar actions include:

- Work with key stakeholders to improve initiation and continuation of breast feeding;
- Children’s Centres to promote and support good nutrition for infants and children, including support for breastfeeding mothers, and
- Provide support to women who are planning a pregnancy to achieve a healthier weight pre-conception.

4. Capitalise on existing and sustainable national and local assets that impact on childhood obesity across the life-course, including

- Health Network to provide knowledge and resources to support Health Champions, and
- Havering Active; encouraging the use of parks, green spaces and leisure facilities.
Improving the health, well-being and education outcomes for the most vulnerable children: why is this a priority in Havering?

‘Vulnerable children’ includes those who are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services. This includes all children with a disability, all looked after children (also known as in care) and all children subject to a child protection or child in need plan.

The Children and Families Act 2014 (the Act) is the most significant piece of legislation in connection with special educational need and disability (SEND) for 30 years. It provides considerable opportunities for joint working across education, health and social care and for working more constructively with parents to improve the outcomes for children with SEND in the future. Whilst there are challenges to be overcome, Havering is making good progress towards implementation and the prioritisation of this work will help ensure a smooth transition to delivery. The Act also marks a significant change in legislation relating to children in care, including arrangements for ‘staying put’ and how adoption services are delivered. Havering wants to ensure all children in its care are supported to live in permanent, stable homes as quickly as possible, in accordance with their best interests.

Key activity and outcome areas:

- Achieve a better shared understanding of the emerging and changing needs of vulnerable children in Havering;
- Improve outcomes for children and young people with Special Educational Needs and/or disabilities through the development of an integrated, whole-life service;
- Improve the attendance and attainment of children in care through whole-system and school-specific solutions;
- Championing an understanding of the individual needs of vulnerable children, or those who may need extra support, including ensuring that the pupil premium is used effectively to support learning and personal development;
- Improve aspiration, resilience and self-esteem based on the belief that all children can, and will, succeed;
- Ensure that the health needs of children in care are met through improvements to the rate and quality of health and dental checks;
- Establishing new systems to assess and meet the health needs of young offenders, especially focusing on mental health and substance abuse services for young people, and
- Developing a range of culture, leisure, personal and social activities for young people with special educational need.
DELIVERING OUR PRIORITIES AND MONITORING PROGRESS

In light of the Health and Social Care Act 2013, the work of the Children’s Trust Board has been reviewed to ensure synergy and clear lines of accountability between the Children’s Trust Board, the Health and Well-Being Board and other governance arrangements, including the Local Safeguarding Children Board.

The Children and Young People’s Plan 2014-17 is managed by the **Children’s Trust Board**. The CTB is one of a number of strategic boards working towards the overall ambition of our residents enjoying the highest possible quality of life. ‘Residents’ includes our resident children. The Board is chaired by our Lead Member for Children’s Services, who is the Cabinet Member for Children & Learning. The CTB brings together Havering Clinical Commissioning Group, Havering Metropolitan Police, Havering Probation, local schools, colleges and children’s centres, the voluntary sector, and LB Havering services such as children and young people’s social care, housing, early years, and education and learning. The partners share a commitment to the CYPP and working together to deliver the priorities for improvement.

The Children’s Trust Board has four main sub groups, charged with developing the delivery plan associated with each priority and reporting progress to the Children’s Trust Board. The Child Poverty Executive oversees reduction in the rate of children who live in poverty-free households, while the SEND project group and Children’s Improvement Board deliver the actions relating to improving the health, education and well-being of vulnerable children. Increasing the rate of children at a healthy weight is overseen by the Obesity Strategy Group. The CYPP Action Plan sets out the overarching activities for delivery for each of the priorities and provides the framework for monitoring success alongside timescales.
As the partnership landscape changes and evolves, partnerships need to be agile and resilient and focussed on achieving strategic outcomes. With this in mind, Havering’s Children’s Trust Board is accountable for:

- Developing, publishing and reviewing the Children and Young People’s Plan for Havering.
- Making sure that the collective resources of the partners are being used to the best effect to meet the priorities in the Children & Young People’s Plan.
- Resolving the issues that block progress against the priorities.
- Developing and monitoring the performance framework for how partners will co-operate to improve the well-being of children and young people in Havering.
- Monitoring the extent to which the partners act in accordance with the Children and Young People’s Plan and to publish an annual report.
- Working with Havering’s Local Safeguarding Children Board (LSCB) to keep children and young people safe and protected.
- Working with the Health and Wellbeing Board to ensure that priorities in the Health and Wellbeing strategy are reflected in the children and young people’s plan.
- Conducting itself in a manner that satisfies the ‘duty to cooperate’, set out within the Children Act 2004.

To achieve the above, each member agency of the CTB has committed to:

- Prioritising the objectives of the Children & Young People’s Plan within their own service planning.
- Jointly developing and delivering strategies and action plans necessary to meet the priorities.
- Addressing barriers to meeting the priorities and to identifying future needs, including communication, information and data sharing.
- Keeping Children’s Trust workforce informed and involved, providing clear direction, development and training as necessary.
- Releasing staff to develop and attend network events.
- Ensuring that children, young people and families have a voice in decision-making that affects them.
- Clarifying and simplifying governance structures and decision-making.
- Monitoring performance towards agreed outcomes and taking remedial action where necessary.
- Building upon good practice and developing an evidence-based approach to what works.
- Improving outcomes for children and families through multi-agency re-design where this is the best way forward.
- Ensuring the work is aligned with that of other partnerships/groups and workstreams in order to avoid duplication and ensure best use of resources.
- Have a focus on preventative and early intervention services for children, young people and families.
The **Health and Well Being Board** (HWBB) was established in May 2013. The HWBB sets out through the [Health and Well Being Strategy 2012-14](#) common outcomes, priorities and key ambitions for services and agencies working in the National Health Service, Public Health and Social Care services, and in a range of Council services for children and adults. The priorities of the HWBB and the CYPP are complementary, and the HWBB supports the CYPP by providing a focus on common priorities.

**Havering’s Local Safeguarding Children Board** (LSCB) has a statutory responsibility for holding those agencies responsible for promoting children’s welfare, and protecting them from abuse and neglect, to account. It monitors and influences how effectively they keep children and young people safe. The LSCB has representatives on the CTB and vice versa. The two Boards work together closely and their responsibilities are complementary.

The LSCB is responsible for coordinating our work to safeguard and promote the welfare of children and for ensuring the work is effective. It develops policies and procedures, contributes to service planning, takes a leadership role in sharing learning and understanding practice, and providing workforce development and training, and monitors and performance manages safeguarding practice.
GLOSSARY OF TERMS

To help the reader we have included a glossary of all the abbreviated words (acronyms) that we tend to use in our day to day work with children and young people.

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<tr>
<th>ACRONYM</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>ASC</td>
<td>Adult Social Care</td>
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<tr>
<td>BHRUT</td>
<td>Barking, Havering and Redbridge University Trust</td>
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<td>CAMHS</td>
<td>Child and Adolescent Mental Health Service</td>
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<td>CCG</td>
<td>Clinical Commissioning Group</td>
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<td>CIN</td>
<td>Children in Need</td>
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<td>CPP</td>
<td>Child Protection Plan</td>
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<td>CSC</td>
<td>Children’s Social Care</td>
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<td>CTB</td>
<td>Children’s Trust Board</td>
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<td>CYPS</td>
<td>Children and Young People’s Services</td>
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<td>DfE</td>
<td>Department for Education</td>
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<td>EHCP</td>
<td>Education, Health and Care Plan</td>
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<td>EYFS</td>
<td>Early Years Foundation Stage</td>
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<td>FIS</td>
<td>Family Information Service</td>
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<td>FSM</td>
<td>Free School Meals</td>
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<td>HSAB</td>
<td>Havering Safeguarding Adults Board</td>
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<td>HSCB</td>
<td>Havering Safeguarding Children Board</td>
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<td>HWBB</td>
<td>Health and Well-Being Board</td>
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<td>HWBS</td>
<td>Health and Well-Being Strategy</td>
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<td>JSNA</td>
<td>Joint Strategic Needs Assessment</td>
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<td>LAC</td>
<td>Looked After Children</td>
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<td>MASH</td>
<td>Multi-Agency Safeguarding Hub</td>
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<td>MET</td>
<td>Metropolitan Police Service</td>
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<td>NEET</td>
<td>Not in Education, Employment or Training</td>
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<td>NELFT</td>
<td>North East London Foundation Trust</td>
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<td>OFSTED</td>
<td>Office for Standards in Education, Children's Services and Skills</td>
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<td>SEN</td>
<td>Special Educational Need</td>
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USEFUL LINKS

www.havering.gov.uk
www.havering-lscb.org.uk
www.havco.org.uk
www.education.gov.uk
www.ofsted.gov.uk/local-authorities/havering