

ONE PLAN

for all Children and Young
People in Gloucestershire

Being Well Pillar



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Introduction

This strategy was written by bringing a multi-agency group of around 60 people together to identify themes under the four headings of equity, inclusion, quality and access. Following this a subgroup of providers across the county came together to test the thinking with young people, following this a range of one plan events were convened testing all of the strands.

The adolescent and young adult years are a period of rapid change in both brain and body. These transformations occur at varying rates and encompass both exciting exploration of identity and the pursuit of independence. However, adolescence can also be a stressful and challenging time due to the swift adjustments taking place. Professionals, caregivers, and communities must provide meaningful support to all young individuals no matter their circumstances as they navigate this transformative period.

This strategy sets out how we aim to achieve this for all young people in Gloucestershire today. It represents one of three pillars across the child's life stages ('Starting Well', 'Growing Well' and 'Being Well'), underpinned by a foundation of 'Living Well' that will inform the way we work with, and for, children and young people in the county. 'Being Well' describes our collective vision for adolescents and young adults, the outcomes we want to achieve and our priorities for action.

The strategy has been developed, and will be delivered, in partnership with a wide range of stakeholders, including young people themselves. We begin with our vision and principles, feedback from young people and an overview of challenges and opportunities facing young people and their families locally. We then set out the outcomes we want to achieve for this age group and conclude with our priorities for action.

A more detailed action plan will be developed for each pillar, to set out a range of actions that will be taken to ensure the priorities are delivered and outcomes achieved.

What we want for all young people in Gloucestershire

We believe Gloucestershire should be a great place to grow up where all children and young people can thrive and live lives of choice and opportunity, irrespective of where they live, their ethnic background, sexuality, gender identity, special educational needs or disability.

Bringing together the insight from young people and families, as well as what the data tells us, has led us to identify four objectives to deliver our vision:

Equity - close the gap and eliminate inequalities.

Access – right help at the right time for all children

Inclusion – a county where everyone belongs, and we celebrate diversity.

Quality – effective, outstanding services

Responsibility for driving progress against these objectives will be owned by Gloucestershire's Children and Young People's Coalition board and three subgroups themed around the life stages of Starting Well, Growing Well and Being Well.

To deliver this vision we will be guided by the following principles:

1. **We will listen** – work in partnership 'with' children, families and communities, not 'for' or 'to', build on existing children, family and community assets and aspirations, ensuring everyone can make a contribution, is respected, and that we take a whole family approach.
2. **We will care** – build a culture within our workforce of empathy, using language that cares, acknowledging children and their parents and carers are the experts in their lives, and being

welcoming and inclusive for families and children of all ages, cultures, religions, ethnicities, genders, sexuality and disabilities.

3. **We will be fair** - prioritise resources to those that need it most, ambitiously aim to reduce inequalities in outcomes and close the gap.
4. **We will act early** - aim to reduce escalation and specialist support through early identification of needs, building resilience, using restorative approaches, and reduce trauma for children and young people.
5. **It will feel easy** - strive to create integrated services, smooth transitions and pathways to give coherence to children and families' experience of support.
6. **It will work well** - seek to ensure value for money with our resources, avoid duplication and inefficiency, embrace innovations and seek to build on existing evidence based approaches.



What it's like to be a young person in Gloucestershire

For the majority of Gloucestershire's young people, they do well in our communities we have:

- Strong schools with 80% of Secondary schools rating Outstanding. 7 Outstanding secondary schools in Gloucestershire. 3 of which are Grammar Selected schools.
- Better than national average GCSE exam results
- Lower than national average unemployment rates for young people

However, there is a disparity for our most disadvantaged young people and for some of our young people the story isn't so positive. This strategy seeks to change the narrative for the most disadvantaged and to improve opportunities for all in our county. It is important to note to achieve the best outcomes we can for young people in our county relationships are key, this means we need to utilise a partnership approach working across statutory sector, voluntary sector, community groups and families to ensure our young people can be well and reach their potential ensuring Right child, right support, right time, every time.

83% of young people surveyed told us having their voice heard matters: 'It matters to me that people ask me about what I want and listen to what I have to say. Everyone has a voice, and everyone's voice should be heard'.

Education, employment, and training

Significant progress has been made in reducing the number of children not in education, employment, and training, Gloucestershire's performance improvement has been quicker than England and is significantly better than the England average. However, the GCSE outcomes gap for disadvantaged pupils in Gloucestershire has been consistently higher than the national average over the last decade. Although disadvantaged pupils' grades in Gloucestershire initially made up some ground during the pandemic (with the measured gap falling in 2020 and 2021 towards the national gap), the Gloucestershire gap then widened again in 2022 and reversed most of the

apparent progress that disadvantaged pupils had made during the two previous years. Gloucestershire has a larger disadvantage gap at KS4 than 42 per cent of local authorities in England.

Despite having higher-than-average GCSE attainment, Gloucestershire pupils are less likely to participate in education and training at ages 16 and 17 than nationally (85 per cent compared to 87 per cent). There has also been a small but steady increase in the proportion not in Education, Employment, or Training (NEET) in Gloucestershire.

Disadvantaged young people in Gloucestershire are notably less likely to progress to higher education (or further education) than disadvantaged young people nationally and are instead much more likely to enter employment immediately after 16 to 18 study. (Educational outcomes in Gloucestershire 2023)

Gloucestershire's exclusion rates have reduced, but for those who are excluded isolation and disadvantage becomes a barrier. Gloucestershire's online pupil survey reports 47.8% of children who reported at least one exclusion from school, said they were not listened to in the process and did not have a say in what happened afterwards. 1 in 5 children who reported at least one exclusion said if there is an incident or issue at school pupils weren't listened to or involved in making it right compared to 1 in 4 children who had not been excluded. When children had been excluded, they were less likely to have someone to go to for help if they were worried than those who had no exclusion (64.5% vs. 81.0%). Pupils who had been excluded from school were significantly more likely to report Low Mental Wellbeing (LMW) than those who had no exclusion (38.8% vs. 35.3%). Pupils who said they were often in trouble were also significantly more likely to report LMW (44.6%) than those who did not (35.8%).

82.7% vs. 74.7% pupils from ethnic minority groups reported less confidence about their future than their white British peers. Pupils with all vulnerable characteristics were significantly more likely to say they felt worried about going to school than their non-vulnerable peers. Pupils identifying as LGBTQ+ (51.0%), those with LMW (50.8%), and pupils who were seriously bullied (52.4%) were the most likely to say they felt worried about going to school.

71% of young people told us consistency of adult and support is important: 'I care about having the same adults around and knowing that the things I access will be there every week, Consistency is very important which links with trust'.

Focusing on improving outcomes for young people in education, employment or training is therefore crucial we need to address the following:

- Ensure young people have appropriately identified school places and are supported to move into them (including specialist education placements).
- Young people who are not in school due to illness, poor mental health, anxiety, and other barriers require support to overcome barriers.
- Young people transitioning post 16 who are likely to become NEET require support and guidance.
- Young people excluded from schools require support to reengage with mainstream education quickly and appropriately.
- Support for young people transitioning from primary to secondary school.
- Young people in care need support to improve education outcomes.
- Support young people to remain within School and feel safe when they are there. We need to work with young people and Schools to understand where they feel safe and where they don't, so we can build safety in School and create a space for learning and development.
- Recognizing that certain groups of young people, for example gender exploring, BAME, UASC will have more barriers to access, we need to ensure that these young people have appropriate support, advocacy, and inclusion so that their needs are met, and they can take next steps.

Gloucestershire is already responding to this need (examples below) which require building upon

- S19- Providing a multi-agency approach to hear the young person's voice and create an appropriate pathway of support to reengage young people in education. Creating opportunities for a multi-disciplinary team to explore alternative ways of educating and supporting young people.
- Transition Chat – Providing support for those most at risk of becoming NEET to progress into post 16 options, with a 90% success rate (2023) of moving young people into positive destinations.
- Virtual schools is ensuring all children in care have access to education.
- Contextual safeguarding approaches help understand the context in which young people are being harmed outside of the home to help build safety. We are seeing locality responses being developed to work with Schools to create safety for young people and to help keep them in School.
- Improving process and connectivity around reintegration of young people into mainstream school from alternative provision.

Case study

Three years before Tom came to work with Transition Chat, he had a tough time at school. Tom has ADHD, and the school could not meet his needs because of this, Tom struggled to socialise and make friends and became isolated. Since working with Transition Chat, Tom returned to education and began interacting with people again. He also expressed his passion for fishing and was very keen to get outside. Transition Chat arranged fishing trips where Tom made new friends and connected with people he hadn't met before. Tom built the confidence to volunteer at Kingsway Manor Farm, where he helped repair their fishing lake so that he could fish there. Additionally, he encouraged less confident individuals to join him for fishing. After struggling in education, Tom got back on his feet and is thriving. While doing this, we helped Tom secure a spot at Prospects Training for Maths and English. He also gained valuable work experience in an area he was interested in. He plans to help other

young people take up fishing and intends to continue supporting Kingsway Manor Farm's future projects.

Healthy lifestyles and health harming behaviours

Positively, the Pupil Wellbeing Survey 2022 has found that the amount of exercise young people are doing has been increasing steadily since 2018, improvements were also seen in healthy eating habits with an increase in the proportion eating 5 a day and a reduction in sugary and energy drink consumption. However, obesity rates have increased with (2021/22) of obesity in Year 6 age children is 20.7% in Gloucestershire, compared to 19.8% in the Southwest Region.

(https://www.gloucestershire.gov.uk/media/uw2mp1yp/inequalities-in-ncmp-obesity-report_v1_2023.pdf)

The proportion of pupils reporting consuming alcohol has also been steadily declining, and the proportion reporting trying illegal drugs fell between 2020 and 2022. However over 26.1% of pupils (in Y8 and above) had been offered drugs with cannabis the drug most offered to pupils (23.9%). 14.2% of YP reported ever trying drugs; again, Cannabis was the drug they had most likely to have tried (12.5%). There is a disparity with a young person's personal situation and likelihood of engaging with drugs. The proportion of pupils reporting having tried drugs was highest in schools where the majority of pupils lived in quintile 5 (least deprived), 10.3% and lowest in schools where the majority of pupils lived in quintile 1 (most deprived), 8.5%. With different districts showing different prevalence, pupils at schools in Forest of Dean district, reported the highest level of drug use (18.3%).

Despite the numbers reporting smoking cigarettes declining over recent years, 2022 saw a huge rise in young people vaping, meaning overall exposure to nicotine rose by 42% between 2020 and 2022. (online pupil survey 2022) and whilst evidence suggests that vaping is less harmful than smoking, it is not without risk.

Gloucestershire's mental health waiting lists have continued to rise post Covid, with an increasing need in our mental health and eating disorder services. Whilst this is the case a growth in multiagency working to respond to these needs have developed. Between 2016 and 2022 pupils in Y10 saw

the biggest increase in self-harming behaviour; a rise of 8.9 percentage points, Y10 pupils also saw the biggest increase specifically during the pandemic period. The proportion of young people reporting self-harming in 2022 was highest in pupils at maintained school IMD quintile 2 and 4 (27.6% and 27.8% respectively). We still see the rate of hospital admissions for mental health conditions in children aged under 18 at 120.4 per 100,000 and admissions as a result of self-harm (for ages 10 to 24 years) at 447.1 per 100,000, both are significantly worse than the England average. There continues to be a national challenge in response to Gender questioning and gender fluid young people, with limited specialised support in our county.

The number of children and young people seeking support for emotional wellbeing and mental health has grown since the pandemic resulting in a significant amount of investment and development of mental health services to meet these needs, informed, and coproduced with children and young people. There has been the development of a **young adults' service**, led jointly by the Voluntary Sector (Young Gloucestershire) and Gloucestershire Health and Care Trust, comprising mental health and youth work to ensure young people can get the right practical as well as emotional support. TIC plus counselling service have developed the range and breadth of services and support thousands of children and young people every year including, a peripatetic face to face service for 9-25 year olds as well as online counselling, on line emotional wellbeing sessions, anonymous chat and support for parents. The CAMHS service have expanded to meet growing demands and are working hard to reduce waiting times, alongside developing urgent and emergency care and home treatment services which has successfully reduced admissions to tier 4 units.

There has been Investment in a range of voluntary sector counselling and alternative approaches e.g., creative health/social prescribing, therapeutic play to widen our offer to meet broad ranging needs. We have also introduced digital technologies from mental health promotion, navigation and prevention through to early intervention as a way to respond to increasing needs. Mental Health Support teams cover over 50% of our student population in 138 schools and we are working collaboratively to

develop whole school approaches including curriculum-based initiatives, e.g., Facts4Life and My Happy Mind. The '**Waiting Well**' Initiative provides emotional skills for young people on the CAMHS waiting list. Two Primary Care networks (PCN) are investing in mentoring and a further PCN is trialling having an experienced mental health practitioner based in the surgery. We will be working with colleagues to evaluate these approaches.

The Mental Health Support Teams in Gloucestershire, locally known as Young Minds Matter or YMM have been established since 2019. There are now 7 teams across the county, supporting young people from 5-18 in over 140 schools, with low level anxiety and low mood through cognitive behavioural therapy (CBT) interventions. The teams work closely with the wider MH system, including TIC+, School Nursing, Early Help and Education Inclusion to ensure young people get the right support for their needs. Since starting nearly 5 years ago, the teams have supported over 4500 young people and the best performing teams within the Southwest. This year the team are expanding their offer to work with young people who are struggling to engage with education within secondary education with an enhanced offer of high-intensity CBT from a senior clinician within the team.

In relation to sexual health, Males are less likely to report understanding consent than females at all ages. Understanding consent appears to be higher in pupils from the least deprived backgrounds, at 90.9% in pupils from selective schools and 90.1% in pupils living in Q5 neighbourhoods. Pupils from black backgrounds (Black Caribbean, Black African, Black other, Mixed-White and Black Caribbean, Mixed-White and Black African) were significantly less likely to say they understood consent than their white British peers.

1 in 10 pupils who had engaged in sexual activity felt they couldn't say no to partaking in sexual activity. Males were twice as likely to say they couldn't say no to partaking in sexual activity than females, this was similar in 2020 and 2022. Pupils from the most deprived areas were the most likely to say they didn't feel they could say no to sexual activity (1 in 5). The vast

majority (77.8%) of those who had engaged in sexual activity had had intercourse (12.4% of all pupils Y8 and above)

Pupils from a Gypsy/Roma background were the only ethnic group significantly more likely to report being sexually active than their white British peers (38.9% vs. 13.5%).

2019/20, the percentage of births to mothers under 18 years was 0.5%, similar to 0.7% in England overall.

We also see a gap between young people with a disability or SEND against other peer groups with 1 in 3 pupils with disability or SEN/EHCP reporting excessive screentime, significantly higher than their less vulnerable peers, and SEND young people noting, being able to eat healthily relies on healthy choices being available to pupils. Pupils at special schools, those with a disability and those with SEN/EHCP were all significantly less likely to report the food available at home allowed them to eat healthily compared to their less vulnerable peers.

Focusing on improving outcomes for young people in healthy outcomes is therefore crucial we need to:

- Raise awareness of the harmful impact of substances including vaping.
- Continue to offer appropriate sexual health education and the C Card for our county's young people.
- Increase services for those young people impacted by substance misuse early to ensure improved outcomes.
- Provide healthy awareness education for young people.
- Reduce obesity and harmful eating behaviors in young people.
- Support young people to improve health outcomes through diet and exercise.
- Expand mental health support, exploring alternative youth focused approaches rather than clinical.
- Create opportunities for young people to engage in fun activities improving their wellbeing.
- Affordable and accessible activity offer to negate barriers.

- Targeting Schools in our least deprived areas around substance misuse and associated harm given the outcome of the Pupil Wellbeing Survey 2022

Gloucestershire is already responding to this need (examples below) which require building upon:

- The commissioning of Beezee bodies across Gloucestershire providing more family focussed physical activity opportunities, Ideas, and skills for the family to be active outside, focus around healthy cooking on a budget, including the use of frozen and tinned foods.
- Active Gloucestershire's partnerships to embed active lifestyle in all areas of work.
- Health and well-being board working together to focus on key themes and outcomes for Gloucestershire.
- Improving mental health support of Gloucestershire hospital wards with youth workers present.
- The partnership work of VCS and GHC to deliver a range of interventions
- Commissioning of a new Youth Support offer offering open access youth provision.
- A Childhood Obesity and Safeguarding Working Group has been established by Public Health to bring together a group of professionals that work across a range of CYP services to strengthen the local position around this area.

Case study

Eleven-year-old Nathan and his family had got into unhealthy snacking habits, and treats had become an everyday thing, when they heard about BeeZee Families through school. Like many kids, Nathan enjoys playing computer games, making videos and playing with friends. He also loves going to karate class once a week. His parents explained how signing up for BeeZee Families together had helped them all get into healthier habits. A lot has changed, we are content with having treats on occasion and not regularly, like we did previously. It has now become a habit to have more vegetables with our meals daily. We are mindful of portion sizes for Nathan. He has started skipping as a fun thing and is enjoying it. We have a better

understanding of what the various food groups do for our bodies and we are mindful of what we should be eating more of or avoiding. The realisation that we are not alone have support available whenever we need it. We don't get to create healthy habits overnight, so we need to be kind to ourselves and keep going.

Adverse Childhood Experiences and Trauma

Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years).

For example:

- experiencing violence, abuse, or neglect
- witnessing violence in the home or community
- having a family member attempt or die by suicide.

Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with:

- substance use problems.
- mental health problems
- instability due to parental separation or household members being in jail or prison

[\(https://www.cdc.gov/violenceprevention/aces/fastfact.html\)](https://www.cdc.gov/violenceprevention/aces/fastfact.html)

In 2018 Pupil Wellbeing Survey introduced ACES to their questions asking how many Adverse Childhood Experiences young people had experienced. Of those who answered 25.3% pupils reported having experienced four or more ACEs, this was significantly higher than in 2018, when a fifth (20.1%) reported 4 or more ACEs. It is noted that pupils experiencing 4+ ACEs are much more likely to engage in health harming behaviours such as smoking, trying illegal drugs and getting less than the recommended hours of sleep.

Young people in care are at a higher risk of ACES and trauma, however Care leavers in Gloucestershire in the bright spots survey 2022, were statistically more likely than care leavers in other LAs to feel that they had been given a good enough explanation as to why they had been in care (86% vs. 77%). However just 17% of young people had kept the same social worker in the previous 12 months, creating a challenge around consistency and trusting adults.

91% of young people told us trust was important to them: 'I want to be able to trust those who are involved in the things I'm doing Trust and loyalty is the only thing in life that matters to me as well as love'.

Focusing on improving outcomes for young people in relation to ACES and trauma is therefore crucial we need to:

- Reduce the exposure to ACES for young people, whilst also recognizing that experiencing adverse child experiences does not define young people and their capacity to thrive and achieve.
- Create opportunities for trusted adults to improve outcomes.
- Work to improve consistency for young people in care.
- Develop a culture of early intervention and identification when children and young people are at risk of exploitation.
- Understand and respond to the challenges around adultification and the intersectionality of discrimination and oppression.
- Early identification to enable interventions and support systems to be put in place early.
- Adopting trauma informed practice in various setting e.g. schools, healthcare etc.
- Providing opportunities to build resilience through mentorship programs (trusted adult), activities, therapeutic interventions.
- Adopting flexible education support. e.g flexible learning environments, tutoring, trauma informed classroom practices
- Engaging families and communities
- Resilience trumps ACE's therefore we need to continue to seek ways to increase resilience through a wide and varied offer of both clinical and non- clinical practice.

Gloucestershire is already responding to this need (examples below) which require building upon:

- The Gloucestershire Mentoring Partnership securing grant funding to develop a partnership of mentoring providers across the county providing support to young women at risk of involvement in the criminal justice system.
- Action on ACES response to Gloucestershire working multi agency to respond to young people's needs (<https://www.actionaces.org/>)
- A multi-agency pilot which brings agencies together to identify and agree the most appropriate response to children where there are

worries about their mental health and well-being. The aim is to reduce multiple referrals and delays through navigating various systems to access a service.

- Gloucestershire have a co-located multi agency safeguarding hub (MASH) which allows professionals to quickly share proportionate and relevant information to understand a young person's situation to inform what action, if any, is needed to safeguard a young person and promote their wellbeing following potential safeguarding concerns being shared with children's social care.

Case study

GMP is a partnership of providers across Gloucestershire coming together to explore improving outcomes for young people by working together, learning together, and sharing knowledge and resources. Each organization runs their own mentoring programme with volunteers who are recruited, trained, and matched to young people. However, the organisations come together to develop recruitment campaigns, policies, volunteer training, suitably match young people to mentors and to reflect and learn on practice. Creating an opportunity for a county wide offer from multiple partners who are building capacity and learning together.

Transition to adulthood.

For some young people duties placed on services, create the opportunity for outcomes to be improved. The offer of personal adviser's support to all care leavers towards whom the local authority had duties under section 23C of the Children Act 1989, up to age 25 - irrespective of whether they are engaged in education or training, including care leavers who return to the local authority at any point after the age of 21 up to age 25 and request such support.

https://gloucestershirechildcare.proceduresonline.com/p_leaving_care.html ensures there is a key offer for targeted groups of young people with support to transition.

For others the different approach of adults to child services creates anxiety, challenge and can reduce access for young people. The difference in adult to child thresholds for help in services, the approach of adult services to children services can all create reduction in young people accessing

services and understanding how to engage with them, Safeguarding is a key example of this. For young people under 18, safeguarding duties are intended to protect all those at risk of harm. Adult safeguarding focuses on people with care and support needs who might find it more difficult to protect themselves from abuse or neglect because of those care and support needs. This can sometimes be misinterpreted as limiting or restricting which local services are permitted to support. This can result in some young adults experiencing significant safeguarding risks in their lives and not receiving support when they need it. Young autistic people or those with learning needs are a particularly important group to consider, alongside those at risk of exploitation. ([Bridging the gap: Transitional Safeguarding and the role of social work with adults \(publishing.service.gov.uk\)](https://www.gov.uk/government/publications/bridging-the-gap-transitional-safeguarding-and-the-role-of-social-work-with-adults/publishing.service.gov.uk))

76% of young people told us it was important to them to have services that understand their need: 'feel like I'm different to everyone else. I struggle with even explaining how I feel most days I need services that understand my individual needs—whether it's how I feel, my health, or my financial situation'

Focusing on improving outcomes for young people in relation to Transition to adulthood is therefore crucial we need to:

- Increase the voice of young people in the development of their services.
- Reduce the transition gap created by child services ending at 18 and young people not being able to access suitable adult services.
- Create a multi-agency approach to transitioning young people.
- Ensure Leaving Care young people receive the required support.
- Explore transitional services for young people 16-25.
- Developing a transitional safeguarding needs led approach removing child/adult silos.

Gloucestershire is already responding to this need (examples below) which require building upon:

- Young adult service (YAS) – a multi-agency approach hosted within the voluntary sector responding to young people's mental health 18-25 ensuring they don't drop between the gap of child and adult mental health services.

- Mental health services – A number of voluntary sector organization TIC+ and Young Gloucestershire are now commissioned to provide support to young people 11-25, removing the end of services at 18.
- Specific services for Leaving care young people such as the Linked up+ mental health offer.
- The ambassadors programme, employing 15 young people with lived experience are paid by GCC to represent the voice of young people. They are experts by experience bringing knowledge of support for children in care and care leavers, children with disabilities, young people in the youth justice system, and children's mental health. They share their own experience and engage with other vulnerable children and young people to complete the feedback loop to improve services. Ambassadors help us to remain child-focussed; they challenge us, work with us, and often identify work that requires improvement.
- A Peer Mentoring Service, managed by care experienced young people and supported by the Participation Team. Supporting children / young people with things like transitions. Recruiting and training care experienced young people to become Peer Mentors

THINK before you write	
Language that Cares	<p>Here's why we want you to use language that cares</p> <p>Show you care, by using 'language that cares' in children's files</p> <p>When a young person is 13 and able to access their file, they will see everything that you have written about them.</p> <p>This could be many years after you wrote it, and there is no opportunity for them to go back and speak to you about it. All too often, the language used in children's files is cold, negative and impersonal.</p> <p>Do you ever think how a young person will feel when they read what you have written?</p> <p>By taking a moment to think about the words you are using, you can show you care and make what can be a difficult experience, more positive.</p> <p>Show you care, by using language that cares.</p>
Don't use	Use
Placement	Where I live
Case	Child or children
Restrained	Physically held to stay safe
Drop out	No longer at school because
Respite	Time away / break
In care	Being cared for
Siblings	Brothers and sisters
Contact	Time with family / friends

Harm outside of the home, including risk from Exploitation, Serious violence, and anti-social behaviour.

Many young people report being concerned around their safety in their community,

83% of young people told us it is important they feel safe and welcome in the places they go: 'I don't like going out at night as I don't feel safe.'

In the pupil survey 12.8% of pupils said they had been in serious trouble with the Police, males were more than twice as likely to report being in serious trouble with the Police than females (4.0% vs. 1.5%). Pupils from the following groups were more likely to say they had been in serious trouble with the Police:

- Young carers (8.9%)
- Those known to social care (8.2%)
- Those who are bullied (7.4%)
- Those with a disability (7.2%)
- Those reporting 4+ ACEs (6.9%)
- Those eligible for FSM (6.6%)
- Those with SEN/EHCP (6.1%)

1.4% of CYP reported joining a gang, males were not significantly more likely to report being in a gang than females. CYP known to social care (4.6%) were over 4 times as likely to report being in a gang than those not known to social care (1.1%).

Whilst violence and anti-social behaviour is the presenting issue it is essential to not address a young person's issue (for example, persistent low attendance) in isolation. A whole-family approach is needed to ensure the family is worked with and supported as a unit, given issues impact a family as a collective. The whole-family approach ensures that practitioners can understand the root cause of behaviour and find out what family factors could be driving it. This promotes a culture of not treating the symptoms of an issue but addressing the underlying cause to stop the issue re-emerging.

Focusing on improving outcomes for young people in relation to harm outside of the home, including exploitation, violence and antisocial behavior is therefore crucial we need to:

- Look at the whole person and family rather than addressing present problems in isolation.

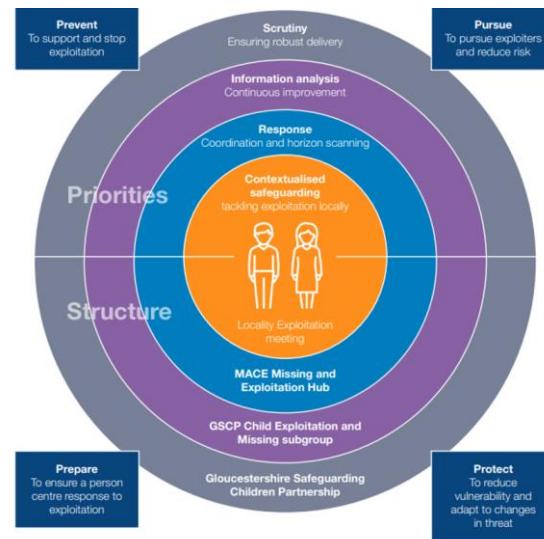
- Improve education, post 16 engagement and positive role models for young people.
- Work as a partnership to understand the context in which harm is occurring and pursue the adult exploiters causing harm.
- Gloucestershire Children's service Ambitions plan – Ambition 9 commits to "Adopt a contextualised approach to managing complex safeguarding, ensuring that it is intelligence led and promotes disruption actively". Services will be shaped through co-design with young people, their parents and carers.
- When we are most worried, we have occasionally sought to remove a young person from the area. However, removing young people from their family and friendship networks can disrupt all their relationships, cause further trauma and often those worries remain, or increase. Therefore, young people need their communities to work together to increase safety and help them remain within their family and community networks.
- Provide earlier intervention for young people from groups most at risk
- Provide safe environments – accessible youth spaces.
- Youth empowerment in being part of or having a say in e.g. youth spaces, their perspectives on youth violence.
- Social media - violence on social media is hard to avoid – so online harms knowledge and support.

Gloucestershire is already responding to this need (examples below) which require building upon:

- Urban Street Gangs multi agency approach
- Serious Violence Duty response
- Strategic crime prevention strategies and agendas
- Violence working groups in the city.
- The legacy of the knife angel visit
- Mentoring programmes for young people
- Strategic Safeguarding board
- Youth justice, children first approach
- An established Child Exploitation team co-located with the Police. Specialist social workers in the team working alongside locality

social workers to undertake direct work with young people, offering time and space to build a trusting relationship.

- Implementing a pilot to share information at the earliest opportunity of young people who go missing or have been in custody to improve information share and agree the right response at the earliest opportunity.
- Adopting a contextualised approach to managing complex safeguarding, ensuring that it is intelligence led and promotes disruption actively, for example, locality MACE meetings.
- Undertaking a review of how the partnership protected children and young people from the risk of harm outside of the home.
- Series Violence duty



Case study

Feedback from a young person regarding her relationship with her CE social worker:

"Hey, if you're not gunna see this right now but I just wanna say thank you for everything you've done for me this year, I appreciate it so so much, and

I don't know what I would've done without you, you've helped me realise my worth and become more confident, I couldn't ask for a better support worker, you really inspire me and anyone's lucky to have you in their life. Thank you"



What we'll do for all young people in Gloucestershire

We have identified the following priorities to deliver our four objectives of equity (closing the gap and eliminating inequalities), access (ensuring the right help at the right time for all children), inclusion (creating a county where everyone belongs, and we celebrate diversity) and quality (delivering effective, outstanding services). We believe that collective action against these priorities will achieve our vision for Gloucestershire as a great place to grow up where all children and young people thrive and live lives of choice and opportunity.

Objective 1: Equity – close the gap and eliminate inequalities.

Developing early intervention responses, that reduces inequalities and ensures all young people have a fair chance no matter their background or situation. Ensuring that access to services are equitable and suitable for the needs of young people.



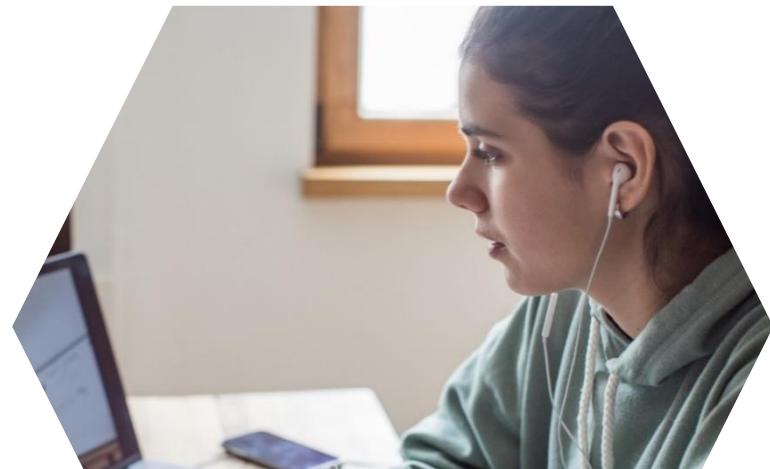
Priorities	Indicators to measure our success against
Reduce the gap and improve outcomes for those at greatest disadvantage (e.g. due to ethnicity, young people with disabilities or neuro diversity, young parents, those impacted by Domestic Violence, those in poverty, those at risk of online harms, those at risk of hidden harm and young offenders)	Improving engagement of young people in services
Continually review and act upon the needs of young people ensuring diverse young people's voices are at the centre.	Young people report services are fit for purpose and meet their need.
Utilise community assets, building capacity to provide opportunities for young people to connect, build resilience, be active, gain work experience and develop their independence in ways that appeal to young people.	Young people and families feel heard.
Ensure consistent and effective use of the graduated approach to ensure needs are met, prevent escalation, and support a culture that children should live within their family, wherever it is safe for them to do.	Increased partnership working, improved services for young people, sharing of resources and assets to benefit young people.
Co-create a Family Hub Approach with communities across Gloucestershire offering a universal, welcoming hub for families to connect and support to be provided at the earliest opportunity when needed. Supporting parents in their roles.	
Develop partnerships and closer working together to understand services being delivered, gaps/needs and reduce duplication.	
Work with system partners to prevent harm and trauma and where it exists, provide services to limit the harm and build children's resilience.	
Create safe and nurturing environments, in the areas young people live and online	

Objective 2: Access - right help at the right time for all children

Working together across all sectors to improve partnership and strategic relationships to improve access for young people to services. Ensuring that young person's voice is at the centre and appropriate services are provided when and where young people require them.

Priorities	Indicators to measure our success against
<p>Improve collaboration of data and data sharing and data quality, across all agencies, statutory and VCS to improve outcomes for young people and transitions between children's and adults' services into greater independence.</p> <p>Improve all transitions for young people from primary to secondary school and then young people to adult services. Understanding thresholds and barriers to services.</p> <p>Explore opportunities of delivering new and dynamic approaches to early intervention appropriate youth provision including AI, online offers, and other blended approaches to meet new and diverse community needs.</p>	<p>Increased data sharing across agencies, improving support to young people.</p> <p>Improved transitions for young people across services, less young people fall through the gaps of services not receiving required support.</p>

Priorities	Indicators to measure our success against
<p>Form a multidisciplinary approach to addressing the travel challenges our young people face in the county.</p> <p>Improve data quality including ethnicity recording so we know when services are not accessible.</p> <p>Improve safety in public spaces and reduce the threat from anti-social behaviour and violent crime, so children, young people and families can get out and about and feel welcome.</p> <p>Ensure services are available and promoted by the community and in local community hubs such as libraries. Ensuring services expand with population demand of birth rates or housing developments.</p> <p>Improve transitions for young people as they move into adults' services.</p> <p>Develop earlier intervention services to promote healthy lifestyles and reduce health harming behaviours. Ensuring nutrition information, immunisations and mental health are considered to build resilience, understanding the impact of ACES</p>	<p>Increased provision for young people in Gloucestershire. New partnerships developed. Increased partnership working to improve outcomes for young people. A developing alternative youth work offer.</p> <p>Improved access to services and opportunities for young people.</p>



Objective 3: Inclusion - a county where everyone belongs and we celebrate diversity.

Seeking to develop an inclusive approach for young people's services, improving equity of access, young person's voice and right service, right place, right time for young people in our county.



Priorities	Indicators to measure our success against
<p>Work with the network of youth providers to understand the challenges to services being more inclusive and seek proactive ways to respond to the challenges.</p> <p>Develop a formal approach to hearing diverse young people's voices, from all types of young people, all backgrounds across all districts and areas.</p> <p>Ensure everyone is trauma informed, empathetic, use language that cares and help build resilience in individuals and communities.</p> <p>Create communities that celebrate and nurture children's diversity and operate in a climate of inclusivity, including coproduction, awareness raising, adaption of services including length of access for SEND and training to improve skills and knowledge.</p> <p>Ensure professionals understand neurodiversity and hidden disabilities and provide the right support to increase access to schools and community assets.</p> <p>Ensure all young people and their parents are heard.</p> <p>Develop consistency and continuity of services.</p> <p>Reduce absenteeism/exclusion of young people within our county.</p> <p>Reduce exposure to ACEs and build resilience in young people.</p>	<p>Services that are more inclusive to all young people.</p> <p>Increased young people's influence on services and opportunities in the Gloucestershire</p>

Objective 4: Quality - effective, outstanding services

Developing a multidisciplinary workforce across statutory and VCS to ensure services on offer are of the highest quality with young person's voice at the centre. Learning from best practice, collaboration and sharing at the centre.

Priorities	Indicators to measure our success against
Create a network for those delivering to young people bringing multiple voices together to respond to their needs.	Better connected, working together organisations achieving outcomes for young people.
Share resources and training to create an outstanding youth offer in our communities.	Improved outcomes for young people.
Develop a common approach to safeguarding our young people.	Young people access the right support at the right time.
Create truly meaningful multi-agency partnerships and approaches centred around the child that are needs led, not service led, learn and build on strengths and take action to change where required.	The right decisions are made for all young people as all agencies are aware and engaged.
Increase collaboration of statutory and VCS sector to understand gaps, reduce duplication, improve services and build capacity.	The workforce is appropriately trained.
Develop systems for sharing data to prevent people having to repeat their story and improve the speed and coordination of response.	
Utilise our Joint Strategic Needs Assessment and robust evaluation to inform system development and to raise the standard of services.	

Use integrated approaches, co-produced with children and families, to ensure children are offered the right service at the right time and in the right place, reduce firefighting and improve response.

Support recruitment into services for children, including strategies to recruit men and other underrepresented groups into the sectors and develop an integrated induction offer for people working with families.

Improve workforce development, develop good quality and empathetic workforces.

Improve the commissioning/funding framework to reduce competition, reduce short term pilots and fund strategic as well as operational provision.

