

AGENDA
CABINET



Monday, 14th January, 2008, at 10.00 am Ask for: **Karen Mannering / Geoff Mills**
Darent Room, Sessions House, County Hall, Maidstone Telephone **(01622) 694367/694289**

Tea/Coffee will be available 15 minutes before the meeting.

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

1. Minutes of the Meetings held on - (Pages 1 - 16)
 - (a) 26 November 2007
 - (b) 3 December 2007
 - (c) 17 December 2007
2. Revenue & Capital Budget Monitoring Exception Report (Pages 17 - 24)
3. Update on CSR 07 and the Local Government provisional finance settlement (Pages 25 - 36)
4. Monitoring the Outcomes of Select Committee Topic Reviews 2001-2007 (Pages 37 - 164)
5. Joint Strategic Needs Assessment for Children and Young People's Health in Kent (Pages 165 - 288)
6. The Outcomes of the Children and Young People of Kent Survey 2006/7 undertaken by the National Foundation for Educational Research (Pages 289 - 308)
7. The Case for Establishing a Credit Union for Kent (Pages 309 - 316)
8. Commission for Social Care Inspection - Annual Performance Review Report for Adult Social Care (Pages 317 - 334)
9. Kent/Swindon Partnership (Pages 335 - 366)
10. Audit Commission Inspection of the Kent Supporting People Programme (Pages 367 - 372)
11. Cabinet Scrutiny and Policy Overview (Pages 373 - 380)
12. Other items which the Chairman decides are relevant or urgent

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Peter Gilroy
Chief Executive
Friday, 4 January 2008

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

KENT COUNTY COUNCIL

CABINET

MINUTES of a meeting of the Cabinet held in the Darent Room, Sessions House, County Hall, Maidstone on Monday, 26 November 2007.

PRESENT: Mr P B Carter (Chairman), Mr N J D Chard, Mr M C Dance, Mr K A Ferrin, MBE, Mr G K Gibbens, Mr R W Gough, Mr P M Hill, OBE, Mr K G Lynes and Mr C T Wells

ALSO PRESENT: Mr R A Marsh

IN ATTENDANCE: Mr P Gilroy (Chief Executive), Mr G Badman (Managing Director of Children, Families and Education), Ms A Honey (Managing Director Communities), Mr O Mills (Managing Director - Adult Social Services), Mr A Wilkinson (Managing Director - Environment and Regeneration), Ms M Peachey (Kent Director Of Public Health) and Mr N Vickers (Head of Financial Services)

UNRESTRICTED ITEMS**1. Minutes of the Meeting held on 15 October 2007**
(Item. 1)

The Minutes of the meeting held on 15 October 2007 were agreed as a true record.

2. Kent Children's Trust Governance Framework
(Item. 3 - Report by Mr Mark Dance, Cabinet Member for Operations, Resources and Skills (CFE), Mr Chris Wells, Cabinet Member for Children, Families and Educational Standards, Mr Graham Badman, Managing Director for Children, Families and Education)

(1) The development of Children's Trusts is part of a national programme of change to improve outcomes for children and young people in line with the Every Child Matters framework. Through the Children Act 2004 a number of bodies and services have a duty to co-operate to improve outcomes for children and young people. As the Children's Services Authority, Kent County Council has a lead role to ensure that services comply with this duty and that arrangements for integrated planning and working are effective. Accountability for Children's Services rests with the Children's Services Authority and is secured through the Lead Elected Member and Director of Children's Services.

(2) Mr Clive Hart, Mr Mark Fittock, Mr Tom Maddison, Mr Ray Parker and Mr Derek Smyth all spoke on this matter as local County Members.

They each said they considered local Members needed to have more direct involvement in this area of work. Local Members had obvious local knowledge of their areas and that knowledge and experience could be used in this area of work to greater advantage. Having input through Local Boards would not be enough as those meetings were not frequent enough and their agendas often full with other

matters. What was needed was a mechanism which allowed local Members to have a direct say at a local level in the workings of the Trusts.

(3) Mr Carter said he believed that through a combination of local Members developing a closer understanding with the Chairman of the Trust for their area coupled with the arrangements being made for reports to be made through the Children, Families and Education Policy Overview Committee that would give sufficient opportunity to engage in this work. Therefore there would be no changes to the current proposed arrangements although this could be reviewed in light of working practice.

(4) Following further discussion, Cabinet:-

- agreed to the principles of the Kent Children's Trust Governance Framework as set out in the Cabinet report;
- agreed to extend the membership of the Kent Children's Trust County Board to include one representative from each main opposition party in addition to the Cabinet Member for Children, Families and Educational (CFE) Achievement and the Cabinet Member for Operations, Resources and Skills (CFE);
- agreed scrutiny arrangements for the work of the Kent Children's Trust through:-
 - (a) the existing Kent County Council Scrutiny Committee; and
 - (b) the Children, Families and Education Policy Overview Committee and the Children's Champions Board.
- agreed that a local scrutiny function could be established to consider the work of local operational structures either through Local Member Boards or another mechanism to be determined by Kent County Council.
- approved the Governance Framework for the Kent Children's Trust as set out at Appendix 1 to the Cabinet report.

3. Summary of Kent Safeguarding Children Board Annual Report for 2006/07

(Item. 4 - Report by Mr Mark Dance, Cabinet Member for Operations, Resources and Skills (CFE), Mr Chris Wells, Cabinet Member for Children, Families and Educational Achievement (CFE) and Mr Graham Badman, Managing Director for Children, Families and Education)

(1) This report provided a summary of the Annual Report of Kent's local Safeguarding Children Board which came into operation on 1 April 2006. The report also set out the achievements from the previous year, the work programme for the current period and also provided detailed statistics on child protection for 2006/07.

(2) In the course of discussion Cabinet noted that the Board had focused on ensuring that the membership and structures required for an effective and robust

service were put in place. Whilst some of the structures would continue to evolve there were firm foundations to ensure that the Board would serve children, young people and families within Kent well. Mr Gilroy said that the area of work covered by the Board was a key priority and he was pleased to see the report and the favourable trend lines.

(3) Cabinet then noted the 2006/07 summary Activity Report of the Kent Safeguarding Children Board.

4. Select Committee - Flood Risk

(Item. 5)

(1) Mrs S V Hohler (Chairman of the Select Committee) together with Mr J I Muckle and Mr M J Vye attended for this item.

(2) In introducing the report of the Select Committee Mrs Hohler said that this had been a short and focused piece of work on what was a very complex issue. She said that in the report the Select Committee suggested some small steps that could be taken to contribute to the overall reduction in flood risk and the better management of it. The Select Committee believed that it was crucial that great care was taken when looking at sites for new developments; flood defences were maintained to a good standard and measures put in place to make buildings more flood proof and communities more resilient. As importantly there had to be a constant focus on flood risk and the Select Committee suggested that an oversight should be provided by a standing Flood Risk Committee together with multi-level involvement through Flood Liaison Advice groups which could bring together experts, including those from the local community.

(3) From the 30 recommendations which the Select Committee had put forward Mrs Hohler spoke in particular about the need for there to be adequate ring-fenced direct government funding for flood risk management and reassurance given to the public that vital plans, strategies and flood defence work would not be compromised by competing financial demands within DEFRA or elsewhere. Mrs Hohler also said that because of its expertise the Fire and Rescue Service should be included as an active partner in the planning process for new developments and that KCC should lobby government to produce a set of building regulations for use in flood risk areas so that planners can be supported by increased but nationally consistent obligations to assist developers with a high level of flood proofing/mitigation. Also urgent action had to be taken to ensure that people are made more aware of the risk, and to be aware of what is being done to protect them and what they can do for themselves. In concluding her remarks Mrs Hohler placed on record her thanks to the Members of the Select Committee and to the officers who had supported it in its work.

(4) Mr Muckle spoke about the growth areas within Kent and development generally and the need for these to be planned and phased in such a way that any potential flooding issues were robustly addressed from the outset. The planning experts and others such as the Environment Agency had to provide the guidance needed on building developments and the best way for these to be taken forward. It was possible for developments to be carried out on flood plains but that had to be done in the right way in order to ensure peoples' safety. Mr Vye said that the

County Council had a duty to Kent's residents along with District Councils to take a lead role in ensuring that all that could be done was being done in order to protect from flooding. Mr Vye referred in particular to Recommendation 10 of the Select Committee's report which said that Kent Highway Services and the Environment Agency should seek to reconstitute the Flood Liaison Advice Groups in Kent (ideally catchment based) with representation from the insurance industry and local communities. Mr Vye also referred to Recommendation 21 which says that the Environment Agency should encourage input to local strategies and schemes from local authority and Internal Drainage Board experts. Also the Internal Drainage Board should be represented on the Southern Regional Flood Defence Committee in order to optimise the benefits to be gained from local knowledge. Mr Vye also referred to Recommendation 18 which speaks about KCC specifically allocating funding for road gully cleansing work to go ahead and where necessary to enable the condition and capacity of highway drainage systems to be improved, with the location of gulleys and their characteristics being recorded on GPS.

(5) Mr Ferrin said that he welcomed the report and said that he would seek to meet with the representatives of the Environment Agency to discuss the recommendations and any concerns it may have. He also said that he saw marine flooding as being a particular issue and he wanted to make sure that Kent received its fair share of the funding being allocated in the South East. The County Council had already begun mapping the drainage system although this would be a lengthy and expensive process. Mr Chard said the changes that had taken place in local structures had hampered the ability of Members to be involved in decisions at the local level. He therefore wanted to see a discussion take place around how local Members can engage more with the Environment Agency about decisions being made in their areas. He also said that with funding for flood defences now being allocated more on a regional basis Kent had done less well in obtaining money for local schemes.

(6) Mr Hill said that he also welcomed the report and was glad to see that the Environment Agency already appeared to be taking on board its recommendations. He also spoke about the effects of global warming and the fact that this could amongst other matters increase the incidents of flash flooding. He also welcomed the comments and recommendations in the report regarding emergency planning and the role and work of the Kent and Medway Fire and Rescue Service and the Kent Resilience Forum. He said he would like to see if the County Council's Community Wardens could also play a part in this work and with the appointment of a new head of Emergency Planning now was a good time to refresh the County Council's input. Mr Gilroy said that he welcomed the report and in order to take this work forward wanted to link its findings to the work which was already ongoing with district colleagues, the Police and the Fire Service. He said that consideration should be given to having a seminar on these issues with involvement from all those who had an interest in flooding issues, particularly district councils, bodies such as the Environment Agency, the Fire and Police Services and the armed services.

(7) In concluding the discussion Mr Carter said that he also very much welcomed the report and its recommendations and the importance of working with the County Council's partners and other agencies in taking these important issues forward. He said he also welcomed the fact that the report would be discussed by the County Council at its meeting in January 2008.

KENT COUNTY COUNCIL

CABINET

MINUTES of a meeting of the Cabinet held in the Darent Room, Sessions House, County Hall, Maidstone on Monday, 3 December 2007.

PRESENT: Mr P B Carter (Chairman), Mr N J D Chard, Mr M C Dance, Mr K A Ferrin, MBE, Mr G K Gibbens, Mr R W Gough, Mr P M Hill, OBE, Mr K G Lynes and Mr C T Wells

ALSO PRESENT: Mr R A Marsh

IN ATTENDANCE: Mr P Gilroy (Chief Executive), Ms A Honey (Managing Director Communities), Mr O Mills (Managing Director - Adult Social Services), Mr A Wilkinson (Managing Director - Environment and Regeneration), Ms M Peachey (Kent Director Of Public Health) and Mr A Wood (Head of Financial Management)

UNRESTRICTED ITEMS

1. Revenue and Capital Budgets, Key Activity and Risk Monitoring
(Item. 2 - Report by Mr Nick Chard, Cabinet Member for Finance, and Mr Andy Wood, Head of Financial Management.)

(1) This was the second full monitoring report to Cabinet for 2007-08. The first report was presented to Cabinet on 17 September 2007 and since then there has been a change to the portfolio structure which was detailed in the report. Mr Chard said that the net projected variance against the combined portfolio revenue budget was currently an underspend of £0.9m. However, the revenue projection, before management action, was a pressure of £9.149m, the breakdown of which on a portfolio basis was detailed in the Cabinet report. On the Highways Capital Maintenance Budget, the County Council had lost some £5m of grant which could only be made up through supported borrowing. On the Capital Budget there are a number of good reasons why some projects had not yet proceeded and these were detailed in the Cabinet report. Mr Woods said that the pressures identified within the budget are being dealt with through management actions with other pressures being identified for inclusion in the Medium Term Plan. Mr Ferrin said that as a result of the Local Transport Plan Settlement, the County Council had not been able to afford to take up some £2.1m of supported borrowing and that next year it was expected that would increase to some £7.m.

(2) Mr Carter said that a joint independent report had been commissioned on Asylum and that would be submitted to Government in January 2008. In the meantime a helpful letter had been received from Government and he was hopeful that there may be a resolution to this issue by the end of January 2008.

(3) Cabinet:-

(a) noted the latest monitoring position on the revenue and capital budgets; and

- (b) the changes to the capital programme and agreed the revenue virements as detailed in Section 3.6 of the report.

2. Select Committee: Carers in Kent

(Item. 3 - Report of the Select Committee with a covering report by Mr K Lynes).

(Mr L Christie (Chairman of the Select Committee) together with Mr D Hirst and Mr G Koowaree were present for this item)

(1) Mr Lynes paid tribute to the work of all carers, particularly young carers, and also thanked the Select Committee for its report and its recommendations which he said needed to be considered very carefully.

(2) In introducing the report of the Select Committee Mr Christie paid thanks to Members of the Committee and to the officers who had supported it in its work. He said some of the Select Committee's recommendations, could be taken forward immediately but some were more strategic and would require Government support. Carers themselves had identified a number of needs as crucial and fundamental in supporting them so they can continue to care. These included breaks from caring, adequate respite care for the person being cared for (the client) better services from both the local authority and health authority, access to information and greater involvement in decision making relating to the client. Mr Christie spoke in particular about the impact of being a young carer and the significance that can have only a small proportion of young carers in Kent access the young carers projects and it was estimated that only a small proportion of young people accessing these projects are known to services. It was therefore important to recognise that other than education, young carers may not access services provided by local authorities and could lack the knowledge about the services which were available. Of the range of recommendations put forward in the report, Mr Christie highlighted Recommendation 5 which speaks about district social services teams helping to overcome issues around core management and helping to bring about improvements to response and accessibility of team members. Recommendation 8 talks about the need for having a multi-agency adult carers strategy and for that to be progressed as a priority. Issues around young carers were addressed specifically in Recommendations 9, 10 and 11 and these spoke about the need to ensure that awareness was raised within schools to increase the understanding of what it meant to be a "young carer" and to find ways to identify and support these young people and also to have a clearly identified lead professional for young carers. There was also a need to ensure that there were clear responsibilities and referral pathways for young carers between Kent Adult Social Services, and the Children, Families and Education Directorate and other agencies to ensure that protocols were developed as a matter of urgency. In finalising his comments, Mr Christie said that the role of carers in the community had come to the top of the political agenda and he wanted to see KCC actively contribute to the Government's Green Paper and wished to see the establishment of a cross-party group which could take that work forward. In their statements both Mr Hirst and Mr Koowaree supported Mr Christie in his thanks for the work and support which the Select Committee had received and also emphasised the need to give further support to carers and in particular, young carers. Mr Badman said that he welcomed the report and highlighted a number of actions some of which were already in place which he believed would go some way to addressing the issues highlighted particularly in relation to young carers. Mr Wells said that moving responsibility for children into the Children Families and Education Directorate had made it easier to

identify young carers and to support them in their role and he very much welcomed the report and its findings. Mr Mills also said that he welcomed the report and its timing was right as it came at a time when the County Council was moving positively forward with its partners to develop appropriate strategies to support carers.

(3) Mr Gilroy said that he welcomed the report and said that its message about access to services and support was critical. The whole issue of carers was one of great importance and the problems around these issues needed to be addressed by radical solutions. He said the Government needed to re-think expenditure in this field and give individuals and families their own purchasing power. On the particular issue of young carers, Mr Gilroy said he very much supported the view that there needed to be easy access to professional help and advice 24 hours a day and agreed with Mr Christie that that needed to be taken forward in partnership with the Government.

(4) Discussion concluded with Mr Carter thanking the Members of the Select Committee for their report which would be discussed further at the County Council meeting on 13 December 2007.

3. KCC International Activities Annual Report 2006/07

(Item. 4 - Report by Mr Alex King, Deputy Leader and Mr Peter Gilroy, Chief Executive)

(1) Mr Marsh said that International Activities Annual report 2006/07 covered a diverse range of international work in which KCC was involved. The International Unit may be a small one but its work left a large footprint of activity which KCC could justifiably be proud of. Mr Gilroy said that as the report demonstrated how KCC was actively involved in international activities not just within Europe but also in America where it continued to grow and develop its partnership with the state of Virginia. KCC was also developing links with China where the economic and social drivers behind its rapid and ongoing development meant there were significant opportunities for KCC. A strategy for engagement would be developed and implemented during 2008.

(2) Following further discussion, Cabinet noted the contents of the 2006/07 Annual Report and approved the draft International Strategy as appended to the Cabinet report.

4. Kent's Pledge for Children and Young People in Care

(Item. 5 - Report by Mr Graham Badman, Managing Director, Children, Families and Education)

(1) This report described the work that had been undertaken to develop Kent's Pledge for Children and Young People in and leaving care, which had been undertaken by a multi-agency/professional working group on behalf of the Looked After Children Review Steering Group.

(2) Following discussion Cabinet agreed to the commitment outlined in the Pledge and noted that the Pledge would be implemented from 1 April 2008.

5. Strategy for Staff

(Item. 6 - Report by Mr Paul Carter, Leader of the County Council and Amanda Beer, Director of Personnel and Development)

(1) Amanda Beer said that this report set out information on KCC's Strategy for Staff, charted the progress which had been made and outlined the current key priorities and challenges. She particularly highlighted the work which is being undertaken in order to ensure continued improvement in the Council's People Management Framework and to developing the Reward Strategy and strengthening the link between performance and reward. She also said that KCC was committed to having a confident and high performing work force which reflected the population served and clear action plans were being put in place in order to achieve that. She also spoke about the partnerships which KCC continued to develop in this area and the increasing work with HR partners in other public sector organisations aimed at delivering workforce solutions for Kent, not just KCC.

(2) During the course of discussion, Mr Carter said he very much welcomed this report and the very clear policies which were being developed to the benefit of KCC and its staff.

(3) Cabinet then noted the achievements against the Strategy for Staff objectives, endorsed the key priorities identified in paragraph 3 of the report and noted that the latest version of the Strategy for Staff as appended to the Cabinet report would now be circulated.

6. Draft Proposal for a Public Health Observatory for Kent

(Item. 7 - Report by Mr Graham Gibbens, Cabinet Member for Public Health and Meradin Peachey, Director of Public Health)

(1) This report detailed the steps being taken to establish a Kent Public Health Observatory in liaison with the South East Public Health Observatory. This would improve health intelligence to the NHS and KCC as an integrated service. Mr Gibbens said that establishing this service would contribute to the health improvement and reduction of health inequalities by ensuring that Kent had the most efficient and effective provision of public health intelligence and knowledge management services and was an example of the way KCC was leading on these issues with its health partners. Through the establishment of the Observatory, information would be available about health issues down to ward level and would help identify pockets of need and health inequalities. He said this was very much work in progress and a phased approach was proposed to allow for the early establishment of the service to gain short term benefits, but also for allowing for future developments to enhance the service and realise its full potential. The service would be closely aligned with KCC priorities and strategic objectives and link closely with public health across Kent.

(2) Cabinet note the report and agreed to the establishment of the Kent Observatory of Public Health and its implementation as described in the Cabinet report.

7. KCC Health Inequalities Action Plan

(Item. 8 - Report by Mr Graham Gibbens, Cabinet Member for Public Health and Meradin Peachey, Director of Public Health)

(1) Mr Gibbens said that this report was first submitted to the County Council's Corporate Policy Overview Committee at the beginning of November as "work in progress" and that comments and amendments arising from that meeting had been included in this current report, and the Action Plan would continue to develop in consultation and collaboration with all Directorates and Districts. Health Inequalities was a key aspect of the IDeA Peer Review and this was the first opportunity to present the Action Plan to Cabinet. Meradin Peachey said that the intention of the Action Plan was not to incur any new targets or initiatives but to focus attention on the range of activities and programmes already in existence and to achieve that through close partnership working with district councils and health colleagues.

(2) Following further discussion, Cabinet agreed the draft Health Inequalities Action Plan and noted that there would be further reports to Cabinet as this work evolved.

8. KCC Environment Policy

(Item. 9 - Report by Mr Keith Ferrin, Cabinet Member for Environment, Highways and Waste and Amanda Honey, Managing Director Communities)

(Carolyn McKenzie was present for this item and spoke during the course of discussion)

(1) Mr Ferrin said that the Council's Environment Policy covered its own estate, operations, activities and decision making. It was therefore related to but separate from the Council's wider commitments to protect and enhance Kent's environment as a whole. The policy reflected key strategic KCC policy issues, but it was also driven by the pace and speed of the agenda being set by the Government. The Government was setting its own targets and imperatives which would impact on the work which the County Council was undertaking and it may be that its own policies would in time need to go further than those currently being proposed. Amanda Beer said that the policy demonstrated the way KCC was leading by example within its own organisation and was a clear statement as to its commitment to improving its corporate environmental performance. Carolyn McKenzie highlighted the range of work and activity which was being undertaken within the Council which she said would be regularly reviewed and reported to Cabinet on an annual basis.

(2) Cabinet noted and supported the contents of the report, agreed the KCC Environment Policy and delegated authority to the Managing Director for Communities in consultation with the Cabinet Member for Environment, Highways and Waste to approve the revised waste target.

9. Free Travel for 11 - 16 Year Olds

(Item. 10 - Report by Mr Keith Ferrin, Cabinet Member for Environment, Highways and Waste and Mr Adam Wilkinson, Director of Environment and Regeneration)

Mr David Hall of the Environment and Regeneration Directorate was present for this item together with Mr Oliver Rowlinson of the Kent Youth County Council)

(1) This report set out the progress to date in the introduction of freedom travel for 11 to 16 year olds and suggested a programme of additional implementation in 2008. Mr Ferrin said that the two free travel pilot schemes called the Kent Freedom scheme were introduced in Tonbridge/Tunbridge Wells and Canterbury in June 2007. These pilot areas were chosen on the basis of complexity of the transport arrangements to the secondary school catchment areas and the high levels of congestion which was evident at peak times. The scheme had proved very popular in the pilot areas and survey results showed that 27% of users previously travelling to school by car now used the bus which was most encouraging. Impact studies on congestion were being measured and would be reported when meaningful results were be available. There was also, evidence that students were using Freedom passes for travel at weekends and evenings which was a key aspiration of the Kent Youth County Council. Additional bus capacity had also been provided by bus operators in the pilot areas to cope with the extra demand and doubts expressed at the outset about child behaviour had not materialised. Therefore, the key aspirations of the scheme had been met in that there had been reductions in peak hour congestion, there has been improved social inclusion through improved mobility of young people outside schools hours and there were encouraging signs that young people were making longer term use of public transport. The Scheme had there been successful and well received and this success was underpinned by the partnership working which had been between the bus operators and the County Council. Mr Ferrin said that the County Council had been asked to consider extending the scheme to cover 16-18 year olds but there was not sufficient funding to do that so a pathfinder bid had been submitted to Government.

(2) Mr Oliver Rowlinson said that the Kent Youth Council very much welcomed this project which since its inception in the pilot areas had proved to be a considerable success. On behalf of the Youth Council he paid thanks to Kent County Council and Kent Highways Services for taking this initiative forward and said the Youth County Council was pleased to note that a bid had been submitted for Pathfinder funding. Mr Hall said that the pilot schemes had proved very successful and were both being run to budget.

(3) Mr Carter said he looked forward to the expansion of the scheme to other pilot areas and said that as a direct result of its work in this area Kent County Council had been awarded the prestigious Transport Authority of the Year Award. He therefore placed on record his congratulations on behalf of Cabinet to all who had been involved in this achievement.

Cabinet agreed:-

- (a) an extension to the pilot scheme in June 2008;
- (b) to the principle of pump-priming the introduction of smart cards;
- (c) officers be asked to consider how efficiencies could be gained once the Freedom scheme was rolled out countywide; and
- (d) rail be not included in the additional 2008 scheme.

10. Cabinet Scrutiny and Policy Overview
(Item. 11 - Report by Mr Peter Gilroy, Chief Executive)

(1) This report provided a summary on the outcomes and progress on matters arising from the meeting of the Cabinet Scrutiny Committee held on 24 October 2007. The work programme for Select Committee Topic Reviews was reviewed by the Policy Overview Co-ordinating Committee at its meeting on 5 November 2007 and the revised programme and current status of each Topic Review was set out in the report.

(2) At the conclusion of the meeting, Mr Carter placed on record his congratulations to KCC staff who had been working with Swindon Council over the past four years which had now obtained two stars for its Adult Social Services. In addition, KCC's own Adult Social Services had once again received the highest rating of three stars and it was hoped that the recent review of its Supporting People Commissioning Body services would be favourable.

11. Building Schools for the Future: Update on Evaluation of Final Bids
(Item. 13)

Before the commencement of business the Chairman announced that Item 13 on the agenda – Building Schools for the Future had been withdrawn and there would be a report to the meeting of Cabinet on 17 December 2007.

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KENT COUNTY COUNCIL

CABINET

MINUTES of a meeting of the Cabinet held in the Darent Room, Sessions House, County Hall, Maidstone on Monday, 17 December 2007.

PRESENT: Mr P B Carter (Chairman), Mr N J D Chard, Mr M C Dance, Mr M J Angell (Substitute for Mr K G Lynes), Mr K A Ferrin, MBE, Mr G K Gibbens, Mr R W Gough, Mr P M Hill, OBE, Mr A J King, MBE and Mr C T Wells

IN ATTENDANCE: Mr P Gilroy (Chief Executive), Mr G Badman (Managing Director of Children, Families and Education), Ms A Honey (Managing Director Communities), Mr O Mills (Managing Director - Adult Social Services), Mr N Vickers (Head of Financial Services), Ms M Peachey (Kent Director Of Public Health) and Mr A Wilkinson (Managing Director - Environment and Regeneration)

UNRESTRICTED ITEMS

1. Results of Annual Performance Assessment of Children's Services for 2006/07
(Item. 2)

(1) It is a statutory requirement to report the results of the Annual Performance Assessment (APA) to the first Cabinet Meeting following their publication at the end of November and also to share these with partners and make them available on the website.

(2) Attached to the Cabinet report was the APA letter. This letter demonstrated that Kent's grades recognised continued high performance with scores of 3 out of 4 for current performance on "Children's Services and Children's Social Care" and a maximum 4 out of 4 for "Capacity to Improve". Overall the scores were the same as last year's assessment with all five "Ever Child Matters" outcomes rated at "Good".

(3) A comparison with the results from the 126 authorities published so far placed Kent in the top quartile based on the overall score for 'Children's Services and Capacity for Improvement' with only 11 scoring more highly than Kent.

(4) The Cabinet noted that this year the APA acts as a "risk assessment" for the Joint Area Review (JAR) of Children's Services which is to take place in tandem with the Corporate Assessment.

(5) The Cabinet noted that two of the areas for development identified in the APA letter, namely teenage pregnancy and participation and attainment up to the age of 19, were being investigated in the Joint Assessment Review (JAR) alongside the core areas of safeguarding, looked after children, children and young people with learning difficulties and disabilities and service management and capacity to improve. The Cabinet congratulated the Managing Director for Children, Families and Education and his staff on an excellent Annual Performance Assessment.

(6) RESOLVED that:-

Cabinet note the 2006/2007 results of the Annual Performance Assessment of Children's Services.

**EXEMPT ITEMS
(Open Access to Minutes)**

Cabinet resolved that under Section 100A of the Local Government Act 1972 the press and public be excluded from the meeting for the following item of business on the grounds that it involve the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act.

**2. Kent's Building Schools for the Future Programme
(Item. 4)**

(In attendance for this item were Grahame Ward, Director of Resources, Children, Families and Education, Rebecca Spore, Head of PPP/PFI, Karl Limbert, Programme Manager: Building Schools For The Future & Academies, Jane Blenkinsop, PPP/PFI Project Finance Officer, Peter Mulholland, Group Leader, Property and Commercial, Legal and Democratic Services, Alan Day, Senior Policy Officer (Digital Curriculum), Children, Families and Education. Bob Griggs and Sayeeram Mothi, (KPMG), Jonathan Stewart (Gleed's) representing Gleed's input into design and financial management and Stephen Matthews, Nabarro Nathanson,)

Urgent Item of Business

(1) The Chairman sought and gained the approval of the Cabinet to deal with this matter under the urgency procedure outlined in Appendix 4 Part 8 of the Constitution. He indicated that he had agreed this with the Chairman of the County Council and with the Leaders of the opposition groups.

(2) He informed Cabinet that the final bids were received on 16 November from bidders following the close of a dialogue under the competitive dialogue process. The evaluation of the two bids to be the private sector partner in the Local Education Partnership (LEP) had been an incredibly time consuming exercise, as it should be, in view of the scale of the eventual financial investment that will take place in one third of the County Council's secondary estate.

(3) The intention was that work starts on site during the 2008 summer holidays and if this date is not met the County Council become liable for increased costs as the prices are only fixed for three months past the estimated financial close which is mid June 2008.

(4) The Chairman informed the Cabinet that the report makes clear the evaluation group only completed its work on Thursday 13 December 2007 and it was not until late on Friday 14 December that the report which was before the Cabinet had been cleared by the lawyers and finalised.

(5) It was necessary to take this time to ensure that a robust evaluation was undertaken to challenge bid submissions and ensure due process was followed.

Both bidders had spent significant development budgets to reach this stage. Kent County Council must ensure that there is no risk of legal challenge from bidders and to use this time whilst Kent County Council has maximum competitive tension to secure the best commercial position for the Council.

(6) In order to achieve the start on site the preferred bidder had to submit some of the necessary planning applications before Christmas 2007 if the County Council are to avoid any judicial risk which is a critical path item to achieve a financial close date in June 2008. Any delay would not only have significant cost implications but would also increase the disruption caused to schools as the construction programmes had been developed such to optimise the summer holiday period. To delay the decision would not be in the authority's financial or commercial interest.

(7) The Cabinet had before them a report which was dealt with in three parts. The first was an overview of the process followed to date including a description of the procurement process and the evaluation mechanism. The second element of the report related to the Building Schools for the Future (BSF) evaluation team's assessments of both bidders' final tenders highlighting particular strengths and weaknesses. The third element was an analysis of risk issues, affordability and an outline of the process ahead.

Report Discussion

(8) The Cabinet noted that the decision to select a preferred partner was not in itself a contractual decision. It is a decision to select a partner with whom the County Council wishes to work to finalise mutually acceptable contractual positions with a view to delivering the programme within agreed affordability and time constraints.

(9) The Cabinet were invited to appoint a preferred bidder in order to progress to the concluding stages of the procurement which includes both the production of a Final Business Case which will need to be signed off by Partnerships for Schools (PfS) and the Department for Children, Schools and Families (DCSF) and the reaching of financial close for Wave 3 and the establishment of Local Education Partnership 1 (LEP1). The timing of the decision which the Cabinet is invited to make was important since it is calibrated to enable planning applications to be submitted in December and January respectively.

(10) The Cabinet noted the process including the overview of the procurement process and the overview of the evaluation process and the scores in which each of the five areas for evaluation, namely:-

- (a) partnering services;
- (b) design, technical and facilities management;
- (c) information communication technology;
- (d) legal; and
- (e) financial

had been assessed.

(11) The Cabinet received presentations from the project team on each of the five areas and responded to Cabinet Member questions.

(12) In terms of risk, affordability issues and the process going forward the Cabinet noted that any delay in the selection of a preferred bidder would lead to a delay in the submission of planning applications which would lead to slippage in the programme and push back the target construction commencement dates. This in turn would almost certainly lead to price increases and a less favourable affordability position for the Council.

(13) A comprehensive matrix of risk issues and associated risk mitigation strategies had been identified by the BSF team which took into account discussions with Cabinet Members and the Leaders of the opposition parties.

(14) A report summarising the legal risk associated with the procurement of a partner to form a Local Education Partnership (LEP) to deliver BSF investment in the LEP 1 area was also set out in the report.

(15) Cabinet were reminded that they had recognised the potential affordability position for the Wave 3 project at their meeting on 18 September 2006. The current position was summarised for the Cabinet.

(16) The development budget was being increased in the 2008/2009 Capital Programme to reflect Kent County Council's admission into Waves 4, 5 and 6. There needed to be a small increase in the County Council's investment in the LEP. The intention was that these increased budgets would be funded by way of additional receipts and in the case of the Private Finance Initiative gap via charge to the Direct Schools Grant (DSG). The affordability of the final bids was summarised for the Cabinet as well as the affordability on future projects, Waves 4 and 6.

(17) The Cabinet were informed of the contents and conditions under which the preferred bidder is to be appointed and noted the timetable for the official announcement of the preferred bidder.

(18) Mr P B Carter, Leader of the Council, moved and Mr N J D Chard seconded the recommendations set out in the report. In seconding the recommendations (and with the support of the Leader) Mr Chard asked that an additional recommendation be added that Cabinet congratulates and thanks the Building Schools for the Future team for their very successful work to date and the groundwork they had put in place for future Waves and LEPs.

(19) The Cabinet unanimously RESOLVED:-

- (a) to endorse the appointment of Bidder X as its preferred bidder;
- (b) to note that the Cabinet will be asked at the appropriate time to approve the financial close which is scheduled to be in June 2008;
- (c) at the appropriate time receive reports on future Waves, e.g. Wave 4 and Wave 6; and
- (d) to congratulate and thank the Building Schools for the Future team for their very successful work to date and the groundwork they had put in place for the future Waves and LEPs.

(In accordance with the timetable for the announcement for the preferred bidder, Bidder X was identified as Land Securities Trillium on 18 December 2007).

To: CABINET – 14 January 2008

By: Nick Chard, Cabinet Member – Finance

Andy Wood, Head of Financial Management

REVENUE & CAPITAL BUDGET MONITORING EXCEPTION REPORT

1. Introduction

- 1.1 The second full monitoring report for 2007-08 was presented to Cabinet in December. This exception report highlights the main movements since that report. There remain significant revenue budget pressures that will need to be managed during the rest of the financial year if we are to have a balanced revenue position by year end. The proposed management actions will be closely monitored throughout the remainder of the year to determine progress towards achieving a balanced outturn position for the authority (excluding Asylum).

The current underlying net revenue position by portfolio after the implementation of assumed management action, compared with the net position reported last month, is shown in **table 1** below.

Table 1: Net Revenue Position after Proposed Management Action

Portfolio	Gross Position £m	Proposed Management Action £m	Net Position after mgmt action £m		Movement £m
			This month	Last month	
OR&S (CFE) *	+2.644	-1.829	+0.815	+0.820	-0.005
CF&EA	+1.879	-2.144	-0.265	-0.265	-
KASS	+3.666	-1.751	+1.915	+1.915	-
EH&W	-2.465	-	-2.465	-1.700	-0.765
R&SI	-0.765	-	-0.765	-0.795	+0.030
Communities	+1.262	-0.432	+0.830	+0.830	-
Public Health	-0.050	-	-0.050	-0.050	-
Corporate Support	-0.180	-	-0.180	-0.145	-0.035
Policy & Performance	-	-	-	-	-
Finance	-4.504	-	-4.504	-1.559	-2.945
Total (excl Asylum)	+1.487	-6.156	-4.669	-0.949	-3.720

* Of the £0.815m residual pressure within the OR&S (CFE) portfolio, +£0.570m relates to budgets managed within the CFE directorate and +£0.245m relates to budgets managed within the Chief Executives directorate (Kent Works).

- 1.2 In addition to the projected portfolio variances, there are two projected overspends:
- The Asylum Service is expected to overspend by £4.071m. This is an increase of £0.675m from the position reported last month, and this movement is explained in section 2.1.1 below.
 - Schools are projecting a draw-down of their reserves of £15m. This is the same as the position reported last month.
- 1.3 **Table 2** shows the forecast underlying gross position **before** the implementation of proposed management action, compared with the gross position reported last month.

Table 2: Gross Revenue Position before Management Action

Portfolio	This Month £m	Last Month £m	Movement £m
Operations, Resources & Skills (OR&S) (CFE)	+2.644	+2.649	-0.005
Children, Families & Educational Achievement (CF&EA)	+1.879	+1.879	-
Kent Adult Social Services (KASS)	+3.666	+4.109	-0.443
Environment, Highways & Waste (EH&W)	-2.465	-1.700	-0.765
Regeneration & Supporting Independence (R&SI)	-0.765	-0.795	+0.030
Communities	+1.262	+1.365	-0.103
Public Health	-0.050	-0.050	-
Corporate Support	-0.180	-0.145	-0.035
Policy & Performance	-	-	-
Finance	-4.504	-1.559	-2.945
Total (excl Asylum)	+1.487	+5.753	-4.266
Asylum	+4.071	+3.396	+0.675
Total (incl Asylum)	+5.558	+9.149	-3.591

- 1.4 The gross underlying revenue pressure (excluding schools) is currently £5.558m as shown in table 2 above, but this is expected to reduce to an underspend of £4.669m (excluding the pressure on Asylum) by year end, after assuming the implementation of management action, as shown in table 1. However, with the inclusion of the Asylum pressure of £4.071m, this reduces to an overall underspend of £0.598m. The first call upon any further underspending within the Financing Items budgets of the Finance portfolio will be to offset the risk on Asylum, although KCC fully expects Government to meet the full costs of this national pressure. The latest position on Asylum was reported to the December Cabinet meeting and we will provide updates to that situation as and when the position changes.
- 1.5 Table 1 identifies that even after management action, residual pressures are still forecast within the Operations, Resources & Skills (CFE), Kent Adult Social Services and Communities portfolios.
- 1.5.1 Of the residual pressure of £0.815m within the Operations, Resources & Skills (CFE) portfolio, £0.245m relates to budgets managed within the Chief Executives directorate (Kent Works) and £0.570m relates to budgets managed within the CFE directorate which, as historically directorates have been able to use the underspend on one portfolio to offset pressures on another, is partially offset by the underspend on the Children, Families & Educational Achievement portfolio of £0.265m, leaving a pressure of £0.305m on budgets managed within the CFE directorate. This is expected to reduce as further budget variances come to light through the remainder of the year, however should the position worsen, the directorate will need to consider further management action. A review of the Kent Works operation, which should address this year's overspend, is due to be completed soon.
- 1.5.2 Within Kent Adult Social Services, the £1.915m residual pressure, mainly due to demographic pressures, will be considered in the draft 2008-11 MTP however, the directorate will continue to try to reduce this position by year end.
- 1.5.3 The £0.830m residual pressure within the Communities portfolio relates to a number of one-off issues following a major restructure of the Adult Education Service together with a significant reduction in tuition fee income due to lower than anticipated take-up of courses and the difficulty the service has faced to try to deliver the challenging target of generating a £0.5m surplus to fully repay the loan provided in 2006-07 from the Finance portfolio. A number of options are currently being considered for dealing with this over the medium term.
- 1.6 Within the capital programme, there has been further significant re-phasing of projects forecast this month, however re-phasing of -£9.820m is largely offset by the addition of £5.770m of BSF development costs, £0.5m early development costs of the Maidstone Area Academies and £2.4m for the Eurokent Spine Road (further details are provided in sections 3.3 and 3.6), providing a net movement of -£1.15m, as shown in table 3. Details of the main changes are provided in section 3 of this report. The current forecast capital position by portfolio, compared with the position reported last month is shown in **table 3** below and **table 4** shows the impact of this variance on each of the funding sources.

Table 3: Capital Position

	Variance
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Portfolio	This Month £m	Last Month £m	Movement £m
Operations, Resources & Skills (CFE)	-34.885	-37.386	+2.501
Children, Families & Educational Achievement	-1.184	-1.169	-0.015
Kent Adult Social Services	-5.172	-4.974	-0.198
Environment, Highways & Waste	-25.988	-22.988	-3.000
Regeneration & Supporting Independence	-3.724	-4.950	+1.226
Communities	-18.279	-17.610	-0.669
Corporate Support	-1.369	-0.669	-0.700
Policy & Performance	-	-	-
Finance	-1.708	-1.413	-0.295
Total (excl Schools)	-92.309	-91.159	-1.150
Schools	-	-	-
Total	-92.309	-91.159	-1.150

- 1.7 The majority of this variance is on those schemes that are still at the approval to plan or preliminary stage. There has tended to be a degree of optimism that projects will proceed without problems (such as planning permissions). In order to address this issue for the coming MTP process, two special meetings have taken place to more carefully consider the timing of delivery of projects before they are reflected in the budget.

Table 4: 2007-08 Capital Variance analysed by funding source

	Capital Variance £m
Supported Borrowing	-4.707
Prudential	-20.545
Prudential/Revenue	-8.630
Grant	-18.976
External Funding	-6.671
Revenue & Renewals	-1.989
Capital Receipts	-32.991
General Capital Receipts (generated by Property Enterprise Fund)	+2.200
TOTAL	-92.309

- 1.8 In line with our review of last year's capital outturn, it is estimated that almost 80% of the current year's variance is due to 33 large projects, with variances of £1m or more in the current year. The majority of these are detailed in the directorate annex reports of the detailed budget monitoring reported to Cabinet on 3 December, which Policy Overview Committees will be scrutinising, and subsequent changes are contained in section 3 of this report.

2. 2007-08 REVENUE MONITORING POSITION BY DIRECTORATE & PORTFOLIO

2.1 Children, Families & Educational Achievement portfolio - ASYLUM:

- 2.1.1 The Service for Unaccompanied Asylum Seeking Children (SUASC) Duty and Assessment team continues to receive considerably higher than forecast numbers of referrals. In November, 68 referrals were received, 23 higher than originally estimated. In first 11 days of December 39 referrals were received, our forecast for the entire month is 45. The full financial impact will not become clear until we establish how many of the referrals received are assessed as being appropriate, so at the moment the forecast for 2007-08 issues remains unchanged. However, currently we have outstanding special circumstances bids for 2006-07, £2.4m from the Home Office and £1.9m from the DCSF. These amounts have increased by £0.9m and £0.3m respectively since previous reports, following the results of on-going data matching work with both departments. A number of clients which were rejected from the main Asylum claims due to data matching problems have been added to the special circumstances bids. Historically we have assumed that we will be successful in receiving only part of this income, and if we assume, for the increase in these special circumstances bids, that the same proportion is successful, then a further £0.675m will need to be found to fund the shortfall, hence the increase in the forecast this month.

Additionally, there is £0.7m outstanding from the DCSF relating to the special circumstances bid for 2005-06. The 2006-07 Home Office bid is currently being audited and we should soon know whether or not the funding has been approved. There is no formal procedure for the DCSF special circumstances bids and we are reliant on lobbying central government to meet these additional costs. If we receive less income than we have assumed from these special circumstances bids, then the forecast will increase from the current £4.071m. A breakdown of this forecast is shown below:

- +£4.518m pressure in the current year, £4.018m of direct spending and £0.5m of indirect costs;
- +£0.675m pressure relating to 2006-07 arising from the data matching exercise which has reduced the main Asylum claim and increased the special circumstances bids for that year, of which, to be prudent, we assume we will only receive a proportion although lobbying will continue to ensure a successful resolution;
- -£1.122m balance in the Asylum reserve which will be drawn down to offset these pressures.

Following the Joint Councils meeting on 13 November and the briefing of MPs and Government officials at Westminster, all relevant Councils have now signed up in principle to the independent audit of the costs which these Authorities claim is owed to them by the Government for the care of unaccompanied asylum seeking children.

2.2 Kent Adult Social Services:

2.2.1 The latest forecast indicates a pressure before management action of £3.666m, which is a reduction of £0.443m since last month. Although the forecast continues to reduce there is still some concern that the directorate will not achieve the full value of management actions to ensure a balanced position by year end. Even though the full amount of management action within Mental Health and administration and support lines has been achieved, there has been little progress within the Area commissioning budgets as achieving substantial reductions on the major purchasing lines has proved difficult in the face of continuing demand. However, there is optimism the December spend will start to see reductions and the directorate will continue with the management actions in place with the intention to get as close as possible to a balanced outturn position, but it would not be prudent to assume that all management actions will be fully achieved in the remaining months of the year so a year end pressure, after management action, of £1.915m is still forecast.

2.2.2 The main movements this month are:

- -£0.273m Older People – a reduction in the pressure from £1.014m to £0.741m. This primarily relates from a net decrease of 20 residential and nursing placements in West Kent together with some small increases in the amount of income forecast within East Kent. There have however been increases in both domiciliary care and a further five clients in Direct Payments.
- -£0.130m Learning Disability – a reduction in the pressure from £4.504m to £4.374m. As with Older People, the decrease is primarily attributable to a reduction in residential care, with net placements reducing by six from last month. There has also been a net reduction of one in the number of clients in receipt of Direct Payments.
- +£0.176m Physical Disability – an increase in the pressure from £1.097m to £1.273m. Within this is a £0.037m increase for additional 1:1 support for one residential client, plus an increase in homecare costs within West Kent. There has also been a net increase of seven clients receiving Direct Payments.
- -£0.175m Mental Health – a movement from a £0.151m pressure to a £0.024m underspend which has been achieved through continued management action, primarily reductions and delays in planned residential placements, and vacancy management.
- -£0.109m Other Services – an increase in the underspend from £2.031m to £2.140m. This position reflects the impact of continued management action together with the release of a training provision for the Learning Resource Network that is no longer required following a reconfiguration of the directorate's training plans.

2.3 Environment, Highways & Waste portfolio:

2.3.1 The forecast below reflects a revenue budget virement of £0.195m from the Waste Management budget to the Environment Group in respect of Health & Safety requirements, SSSI (Sites of Special Scientific Interest) obligation, income generation priming and e-Government initiative.

The underspend for the portfolio has increased by a further £0.765m this month to £2.465m. The main changes are:

- -£1.055m Waste Management - this is as a result of further disposal savings due to the non-operation of the Allington waste to energy plant.
- -£0.150m Public Transport – the increase in Freedom Pass numbers has not impacted on costs as much as expected.
- +£0.400m Kent Highway Services – +£0.2m is due to design costs for the Borough Green & Platt Bypass, also SLA legal charges will exceed the budget.

This forecast assumes that £0.475m of emergency expenditure arising from the flooding in June and the earthquake in Folkestone will be met from the Emergency Conditions Reserve, consistent with previous practice.

2.4 Communities:

2.4.1 The gross pressure on this portfolio has reduced by £0.103m this month to £1.262m. The main movements are:

- +£0.160m Policy Unit – last year a review of accounting procedures identified that the costs of the Asset Management Team (£0.160m), which were previously charged to the Libraries capital programme, now need to be met from revenue and the budget was removed from the capital programme. It was hoped that £0.160m of revenue spend would be identified that could be met from developer contributions, however so far only £0.060m of eligible expenditure has been identified within the Libraries Service. The full £0.160m pressure is shown within the Policy Unit forecast and the corresponding £0.060m saving is shown below in the Libraries and Archives forecast.
- -£0.160m Libraries and Archives – £0.060m of new book purchases for libraries, required as a result of new housing developments, can be met from developer contributions providing a saving on the Book Fund. In addition the service has made a £0.100m saving by slowing down expenditure on non essential and non staffing items.
- -£0.103m Coroners – this results from:
 - A re-negotiated contract for post mortems with the Maidstone & Tunbridge Wells NHS Trust, based on a revised estimate of the number of cases for 2007-08.
 - Increased income from Mid-Kent & Medway NHS Trust based on fee rates that reflect a percentage of total costs rather than a flat rate.

Management action of £0.432m is still expected to be delivered by year end, by slowing down expenditure on non essential non staffing items across all units and reviewing the programme for the replacement of equipment in order to release a one-off sum from the renewals reserve. This leaves a residual year end pressure of £0.830m in respect of Adult Education. A number of options to address this are being considered.

2.5 Finance:

2.5.1 The underspend on this portfolio has increased by £2.945m to £4.504m due to further savings on the Interest on Cash Balances / Debt Charges budgets. As a result of the significant re-phasing of the capital programme and high cash balances, the level of new borrowing required in the current year has reduced and no new borrowing has yet been taken for 2007-08, so new debt costs have been revised to reflect lower than assumed external borrowing.

3. 2007-08 CAPITAL MONITORING POSITION BY DIRECTORATE

3.1 There have been a number of cash limit adjustments this month as detailed below:

	£000s
1. As reported to Cabinet on 3 December 2007	363,568
2. Marsh Academy Sponsorship (school contribution) - OR&S (CFE) portfolio	750

3.	DCSF grant for Academies - OR&S (CFE) portfolio	850
4.	DCSF grant for Implementation of Primary Strategy - OR&S (CFE) portfolio	1,015
5.	External funding from Channel Corridor Partnership for Arts Projects within Major Road Scheme Designs (EH&W portfolio)	110
6.	Fastrack Delivery Executive, DCLG grant to install ticket machines (R&SI portfolio)	500
7.	Kent Science Resource Centre – new project funded by 100% DCLG grant (R&SI portfolio)	717
8.	Gravesend Old Town Hall refurbishment - funded by DCLG Grant and SEEDA monies (R&SI portfolio)	442
		367,952
9.	PFI	36,301
		404,253

3.2 Overall there is a further -£1.150m of re-phasing of projects this month, as identified in table 3, the main movements are detailed below:

3.3 Operations, Resources & Skills (CFE) portfolio:

The forecast variance for the portfolio has moved by +£2.501m from -£37.386m to -£34.885m this month. The main changes are:

- +£5.770m BSF Development costs - this additional expenditure is as a result of KCC being successfully included in waves 3, 4, 5 and 6 of the national Building Schools for the Future programme, whereas the capital programme only allowed for inclusion in wave 3. These additional costs will be programmed into the draft 2008-11 MTP. Initially this additional expenditure will be managed from within the overall re-phasing on the capital programme this year, but ultimately it will be funded from the resource for the overall BSF programme.
- +£0.500m Maidstone Area Academies – this additional expenditure is in respect of early development costs which we now expect to spend in the current financial year. This and the additional costs expected in later years will be programmed into the draft 2008-11 MTP.
- +£0.166m Singleton Primary School – the Diocesan Board who are controlling the project have revised their outturn forecast and this additional spend will be funded from developer contributions.
- +£0.130m Modernisation Programme 2004/05/06 – this is largely due to two projects: Monkton Primary School (+£0.069m) – the increase in costs on completion are being disputed with the consultant and contractor, so the forecast should represent the worst case scenario; Regis Manor (+£0.063m) - previous forecasts did not include additional maintenance works which have been identified since the project commenced.
- -£0.731m Development Opportunity Projects – following a review of these projects, the following have been re-phased by one year to reflect need, more realistic timing and affordability: Astor of Hever -£0.231m, The Towers School -£0.2m, Istead Rise -£0.1m, Sevenoaks Primary School -£0.1m and Whitehill Primary School -£0.1m.
- -£0.725m Tonbridge Grammar School for Girls – further re-phasing due to difficulties obtaining Section 22 approval (regulations relating to the sale of school playing fields).
- -£0.714m Special Schools Review, Orchard School Phase 2 – the school has twice failed their Building Regulations air test, resulting in an extension of time being issued for Phase 1 of the project. This has consequently pushed back the proposed start on site date for the Phase 2 refurbishment works to the February 08 half-term week.
- -£0.580m Modernisation Programme 2006/07/08 – this is largely due to four projects: Crockham Hill Primary School (-£0.152m) – the project has been delayed awaiting approval for additional funding; Salmestone Primary School (-£0.150m) – the previous phasing was based on a best estimate, this has now been updated to reflect a start on site date of April 2008; Chatham House Grammar School (-£0.136m) - this is an overall saving as the programme of works has been reduced as BSF is pending; Sussex Road Primary School (-£0.103m) – the project has been delayed due to the need to seek additional funding. The start on site date has been rescheduled from 30 November 2007 to 3 January 2008.
- -£0.480m Castle Hill Primary School freshstart project (formerly George Spurgeon) - the project is on hold whilst additional grant funding is sought from the DCSF.
- -£0.446m Modernisation Programme 2007/08 – this is mainly due to Lypne Primary School (-£0.190m) where arrangements have been made to “tail end” KCC’s contribution to fund the enhancement element of this re-build project following the fire, which moves our contribution

from 2007-08 to 2008-09; and the previously unallocated budget of £0.180m will now be taken as a saving to deal with overspends elsewhere within the programme.

- -£0.224m Dartford Campus (Development Opportunities) – following revised phasing from the external consultants who are running the project on behalf of KCC.
- -£0.168m Site Acquisitions – the contingency element of this budget has provisionally been earmarked for the Sissinghurst project, which is not expected to take place until 2008-09.

3.4 Kent Adult Social Services portfolio:

The forecast for the portfolio has moved by -£0.198m from -£4.974m to -£5.172m this month because part of the prudential borrowing element of the PFI Excellent Housing project is now no longer required, as costs were lower than expected for the purchase of land to facilitate the PFI project.

3.5 Environment, Highways & Waste portfolio:

The forecast for the portfolio has moved by -£3.000m from -£22.988m to -£25.988m. The main movements are detailed below:

- -£2.117m Highway Major Maintenance and Integrated Transport Programme – re-phasing of work into 2008-09.
- -£0.750m Rushenden Link Road – further re-phasing into 2008-09 due to the lack of progress by SEEDA on land assembly for the project.
- -£0.746m Re-shaping KHS Accommodation – further re-phasing as the Wrotham site is now under judicial review, so no construction spend is anticipated this year. There is also £5.010m of re-phasing from 2008-09 into 2009-10 forecast, to recognise the serious delay.
- -£0.448m Improving Roads and Footpaths – re-phasing of work into 2008-09 as there is insufficient time remaining to complete the programme in 2007-08.
- -£0.400m Waste Performance & Efficiency Grant (WPEG) – this funding is to be redirected to contribute towards the increased costs of the Ashford Ring Road project. WPEG has been paid under the Local Area Agreement “Safer and Stronger Communities” banner and it is considered that elements of the Ashford Ring Road project can be deemed as fulfilling the grant criteria.
- -£0.251m Everards Link - re-phasing into 2008-09. In addition there is a small increase in the scheme estimate which is to be funded by the developer.
- -£0.212m Salt Storage Infrastructure – the delay in the KHS co-location construction programme has resulted in this project re-phasing into 2008-09.
- +£1.264m Ashford Ring Road – this reflects £0.160m brought forward from 2008-09 and a £1.104m increase in the costs of the project. Additional funding is expected from Ashford Borough Council, Growth Area Fund 3 (GAF3) and Interreg, and as detailed above £0.4m of WPEG will be redirected to this project. This will leave a potential funding shortfall of around £0.4m for which further funding is being pursued.
- +£0.392m Newtown Way Improvement – the costs forecast for 2008-09 have also increased by £0.972m giving an overall increase in the scheme cost of £1.364m since last month, which is expected to be met by £0.575m funding from Network Rail, £0.700m from GAF3 and the balance to be met by Environment & Regeneration directorate.
- +£0.381m Thamesway – this cost increase has reduced the savings achieved from the value engineering exercise to £1.538m from £1.919m (these savings will be matched by a reduction in grant).

3.6 Regeneration & Supporting Independence portfolio:

The forecast for the portfolio has moved by +£1.226m from -£4.950m to -£3.724m. The main movements are:

- -£1.174m East Kent Empty Properties Initiative – this initiative provides loans to third parties to develop empty properties in East Kent in order to bring them back into use. This forecast reflects a more realistic estimate of loan take-up this year.

- +£2.400m Eurokent Spine Road – this project is supported by the Property Enterprise Fund, which will be providing temporary funding until the costs can be recovered from the Joint Venture in later years. There is also £3m of costs anticipated in 2008-09.

3.7 Communities portfolio:

The forecast for the portfolio has moved by -£0.669m from -£17.610m to -£18.279m. The main movements are detailed below:

- -£0.175m Grants to Village Halls – a £0.070m grant for Broadstairs will not be paid until 2008-09 and there is also an unallocated balance of £0.105m.
- -£0.145m Library Upgrade Programme – re-phasing due to delays in progressing plans at Deal, Tenterden and Hadlow libraries.
- -£0.129m Modernisation of Assets – re-phasing of DDA works, as part of the planned upgrades, at Deal, Tenterden and Hadlow libraries.
- -£0.110m Archives Development – work is proceeding to procure a development partner with bids currently being assessed. An HLF bid is planned to be submitted in March 2008 and a further report to the Property Advisory Group (PAG) will be made as soon as more details are available.
- There is also some minor re-phasing on Gravesend Library, Ashford Library & Information Centre, The Hub, Southborough and Grove Green Library totalling a further £0.110m.

3.8 Corporate Support portfolio:

The forecast for the portfolio has moved by -£0.700m from -£0.669m to -£1.369m this month due to:

- -£0.6m Sustaining Kent – the Sessions House machine room power upgrade and refurbishment has been re-phased until later in the programme.
- -£0.1m Connecting with Kent Programme as a result of delayed requirements from the Business.

3.9 Finance portfolio:

The forecast for the portfolio has moved by -£0.295m from -£1.413m to -£1.708m this month. The main movements are:

- -£0.122m as a result of a further reduction in the purchase of Vehicles, Plant and Equipment within Commercial Services from the Renewals Fund following the change in policy to take out operating leases instead.
- -£0.173m Works to Properties for Disposal – a number of projected property disposals have re-phased into 2008-09.

4. RECOMMENDATIONS

- 4.1 Cabinet Members are asked to note the latest forecast revenue and capital budget monitoring position for 2007-08.

By: Paul Carter, Leader of the Council
Nick Chard, Cabinet Member Finance
Peter Gilroy, Chief Executive
Andy Wood, Head of Financial Management

To: Cabinet - 14 January 2008

Subject: Update on CSR 07 and the Local Government provisional finance settlement

Classification: Unrestricted

Summary: This report advises Cabinet of the implications of the Local Government provisional finance settlement for the years 2008 to 2011, which was announced on 6 December 2007. The provisional settlement provides the detail behind the headline figures previously announced in the Comprehensive Spending Review in October 2007.

Introduction

1. The Government announced its consultative proposals on the Local Government Finance Settlement for 2008-2011 on 6 December 2007.
2. The proposals are particularly complex this year because the Government is:
 - (a) changing the basis on which the formulae operates
 - (b) updating the underlying data used in the formulae
 - (c) making substantial transfers between specific and formula grant, and
 - (d) replacing many specific grants with a new, un-ringfenced Area Based Grant.
3. This is the first ever three year provisional settlement for local government.
4. This report sets out the main changes being proposed by Government and illustrates the impact for Kent County Council.

Provisional Settlement - Summary

5. Background:
 - (a) The Government required any response to its proposals by 8 January 2008.
 - (b) The final Settlement is expected to be announced in late January / early February 2008.
6. National Impact

- (a) Key national figures in the 2008-09, 2009-10 and 2010-11 provisional settlements are:
- (i) A national increase of 3.6% for 2008-09, 2.8% for 2009-10 and 2.6% for 2010-11 in cash terms in total Government Grant on a like-for-like basis, although the figure for 2009-10 needs to be considered alongside changes to the LABGI grant system, which is referred to later in this report.
 - (ii) All education and social services Authorities will get at least a 2.0% increase in grant in 2008-09, 1.75% in 2009-10 and 1.5% in 2010-11.

7. Overall Impact for KCC for the next three years

- (a) Table 1 shows the movements in expected cash yield from formula grant funding for 2008-09. There is an overall increase of £9.2m, which equates to 3.7%, in formula grant funding over the 2007-08 settlement on a like-for-like basis.

TABLE 1: Formula Grant Funding for KCC for 2008-09

	Final Settlement 2007-08 £m	Adjusted Base 2007-08 £m	Provisional Settlement 2008-09 £m	Nominal Increase for KCC £m	Nominal Increase for KCC %
Formula Grant	228.7	249.9	259.1	9.2	3.7%

The main reason for the increase between the adjusted base 2007-08 and the final settlement 2007-08 is the transfer of a number of specific grants into formula grant.

- (b) Table 2 shows the movements in expected cash yield from formula grant funding for 2009-10. There is an overall increase of £5.2m (2.0%), in formula grant funding over the 2008-09 settlement on a 'like-for-like' basis.

TABLE 2: Formula Grant Funding for KCC for 2009-10

	Final Settlement 2008-09 £m	Adjusted Base 2008-09 £m	Provisional Settlement 2009-10 £m	Nominal Increase for KCC £m	Nominal Increase for KCC %
Formula Grant	259.1	258.7	267.1	8.4	3.2%
LABGI		3.2	0.0	-3.2	
Total		261.9	267.1	5.2	2.0%

- (c) Table 3 shows the movements in expected cash yield from formula grant funding for 2010-11. There is an overall increase of £8.8m, or 3.3%, in formula grant funding over the 2009-10 settlement on a like-for-like basis.

TABLE 3: Formula Grant Funding for KCC for 2010-11

	Final Settlement 2009-10 £m	Adjusted Base 2009-10 £m	Provisional Settlement 2010-11 £m	Nominal Increase for KCC £m	Nominal Increase for KCC %
Formula Grant	267.1	266.9	275.7	8.8	3.3%

Details of Provisional Settlement for KCC

8. The following tables show the like for like grant increase for KCC for the next 3 years. They show the increase in grant by new funding block between each year. The adjusted base includes all the funding changes in that year, and is the figure to be used when comparing the provisional settlement on a “like-for-like” basis.

TABLE 4: Formula Grant Funding for KCC for 2008-09 - Detail

	Final Settlement 2007-08 £m	Adjusted Base 2007-08 £m	Provisional Settlement 2008-09 £m	Increase for KCC £m	Increase for KCC %
Relative Needs	219.4	n/a	268.2	n/a	n/a
Relative Resource	-138.4	n/a	-164.6	n/a	n/a
Central Allocation	145.8	n/a	163.1	n/a	n/a
Floor Damping	1.9	n/a	-7.6	n/a	n/a
Formula Grant	228.7	249.9	259.1	9.2	3.7%

TABLE 5: Formula Grant Funding for KCC for 2009-10 - Detail

	Provisional Settlement 2008-09 £m	Adjusted Base 2008-09 £m	Provisional Settlement 2009-10 £m	Increase for KCC £m	Increase for KCC %
Relative Needs	268.2	n/a	276.5	n/a	n/a
Relative Resource	-164.6	n/a	-170.6	n/a	n/a
Central Allocation	163.1	n/a	171.4	n/a	n/a
Floor Damping	-7.6	n/a	-10.2	n/a	n/a
Formula Grant	259.1	258.7	267.1	8.4	3.2%
LABGI		3.2	0.0	-3.2	
Total		261.9	267.1	5.2	2.0%

TABLE 6: Formula Grant Funding for KCC for 2010-11 - Detail

	Final Settlement 2009-10 £m	Adjusted Base 2009-10 £m	Provisional Settlement 2010-11 £m	Increase for KCC £m	Increase for KCC %
Relative Needs	276.5	n/a	284.4	n/a	n/a
Relative Resource	-170.6	n/a	-176.4	n/a	n/a
Central Allocation	171.4	n/a	179.5	n/a	n/a
Floor Damping	-10.2	n/a	-11.8	n/a	n/a
Formula Grant	267.1	266.9	275.7	8.8	3.3%

n/a = Not available or applicable due to Funding Change

9. KCC's grant increases compare quite markedly with other Authorities. Examples are shown below in table 7.

TABLE 7: Formula Grant Funding increases for selected other Authorities (unadjusted for LABGI)

	Increase in grant on like for like basis			
	2007-08	2008-09	2009-10	2010-11
England	3.8%	3.6%	2.8%	2.6%
East Midlands Region	4.5%	5.5%	3.9%	3.5%
South West Region	4.3%	4.3%	3.3%	3.2%
London	3.4%	2.4%	2.1%	2.0%
South East Region	3.4%	2.5%	2.2%	2.2%
Shire Counties (average)	3.8%	5.7%	4.2%	4.0%
Dorset	9.5%	11.8%	7.5%	7.1%
Norfolk	8.4%	9.3%	5.9%	5.3%
North Yorkshire	5.9%	6.7%	5.2%	5.2%
Kent	2.7%	3.7%	3.2%	3.3%
Sample Kent Districts:				
Swale	8.0%	1.7%	1.3%	1.1%
Canterbury	5.2%	2.9%	2.8%	2.5%
Thanet	2.9%	1.5%	1.1%	1.1%
All others	2.7%	1.0%-2.9%	0.5%-1.8%	0.5%-2.5%

10. The difference between the increase in funding for KCC and the average increase for Shire Counties is 2% in 2008-09. If KCC had received the average increase it would have received an additional £5.2m of grant in 2008-09.
11. The Autumn Budget Statement, presented to Cabinet in September, set-out in paragraphs 102 and 103 the planning assumptions for the next Medium Term Plan. For 2008/09, those assumptions included a zero increase in Government Grant and a maximum 5% increase in Council Tax, which combined with service pressures of some £66m, would have required savings of some £40m. Work is underway on developing the right balance between savings and Council Tax increase, in light of the provisional grant settlement.

Function and Funding Changes – Specific Grants

12. The Government is making a number of adjustments to each Authority's base figures to reflect changes in function and financing arrangements.
13. Adjustments to base funding reflect transfers from specific grant to formula grant for :
 - (i) Delayed Discharges (in)
 - (ii) Access & Systems Capacity (in)
 - (iii) Waste Performance & Efficiency Grant (in)
 - (iv) Childrens Services (in)
 - (v) Gower Review (Intellectual Property) (in)
 - (vi) Food Hygiene (in)
 - (vii) Animal Feed (in)
 - (viii) New Conduct (in)
 - (ix) Services Directive (in)
 - (x) Student Finances (out)

The net effect on the formula grant of these changes is an additional £21m, which is 'negated' by an equal loss of specific grant income.

Function and Funding Changes – Area Based Grant

14. The majority of existing specific grant streams are being transferred into a new, un-ringfenced Area Based Grant.
15. This is primarily a transfer of existing grant into a single funding stream. It is also the delivery mechanism for some new grants such as funding for Care Matters Pledges.
16. The amount of funding announced as Area Based Grant (ABG) flowing to Kent County Council is shown as follows in table 8

TABLE 8: Area Based Grant

	2008-09 £m	2009-10 £m	2010-11 £m
Area Based Grant	61.080	96.254	95.007

17. The significant increase in 2009-10 is primarily due to the transfer in to ABG of Supporting People Funding (£32.025m).
18. After adjusting for this transfer, the increase in ABG is worth only around 1% per annum, markedly lower than the increases in formula grant.
19. It is not clear at this stage whether there will be further announcements of grants going into ABG and it is also not entirely clear as to the status of the allocations made directly to Districts (i.e. will they be paid directly or via KCC as the accountable body?).

20. Decisions on the allocation of ABG will be taken in due course by KCC, as the accountable body, having due regard to the consensus view of the Local Strategic Partnership (i.e. the Kent Public Service Board on behalf of the Kent Partnership)

Function and Funding Changes – LABGI

21. The current Local Authority Business Growth Incentive Scheme provides KCC with budgeted grant income of £3.2 million.
22. The current scheme will cease in 2007-08 but is effectively accounted for a year in arrears so the final budgeted sum will be in 2008-09 for 2007-08 performance. That leaves a financial impact in the following year, 2009-10.
23. The cessation of the current national scheme provides Government with additional funds which have already been distributed as formula grant. The headline increase for 2009-10 is therefore effectively reduced by £3.2 million as we will have to take the first £3.2million of the increase to compensate for the lost LABGI grant.

Floors

24. Floors have been a regular feature of the grant settlement. The floor element guarantees that no Authority would get less than the floor increase in formula grant support from central government. Formula grant comprises Revenue Support Grant (RSG) and redistributed National Non Domestic Rates (NNDR). The floor is paid for by applying a scaling factor to all Authorities not at the floor resulting in them getting lower grant than would otherwise be the case.
25. Table 9 shows the floors for the different classes of Local Authorities. KCC is an Education and Social Services Authority. Crucially, KCC is not floor funded for any of the three years.

TABLE 9 – Floor Levels

Type of Authority	2008-09 Floor	2009-10 Floor	2010-11 Floor
Education / Social Services authorities	2.0%	1.75%	1.5%
Police authorities	2.5%	2.5%	2.5%
Fire authorities	1.0%	0.5%	0.5%
Shire districts	1.0%	0.5%	0.5%

Capping

26. In announcing the provisional local government finance settlement on 6 December the Minister for Local Government reiterated the following:

” Keeping council tax under control remains a high priority for the Government. We expect the average council tax increase in England to be substantially below 5 per cent. next year. Let me be clear: we will not hesitate to use our capping powers as necessary to protect council tax payers from excessive increases.”

27. In a follow up letter to all Local Authorities on 17 December the Minister made clear:
- (a) “The Government expects the average council tax increase in England to be substantially below 5% in 2008/09. I made it clear to the House that we will not hesitate to use our capping powers as necessary to protect council taxpayers from excessive increases. This applies to all Authorities - including police and fire Authorities.”
 - (b) “No decisions have been taken on capping principles for 2008/09. It would, however, be unwise for any Authority to assume that capping principles set in previous years will be repeated. We intend to take decisions on principles after Authorities have set their budgets, but we are prepared to announce the principles in advance if the circumstances suggest this is necessary.”
 - (c) “In previous years Ministers have written a reminder about the risks of capping to individual Authorities which, on the basis of public information, appear to be heading for high council tax increases. I do not intend to do that this year. The decisions are yours and the Government has set out very clearly the context in which you must make those decisions.”

Likely Changes before Final Settlement

28. At the time of the provisional announcement it was made clear that there will be a number of changes to the grant settlement by the time of the final settlement.
29. The following are likely to be amended at final settlement as further data and information becomes available:
- (i) Data changes between the issue of the consultation paper and calculation of the final settlement may lead to small changes in the grant floors or in the factor by which grant increases above the floors are scaled back.
 - (ii) The Relative Needs Formula (RNF) element for debt charges is based on provisional information.
 - (iii) The underlying figures will be updated for the Settlement and the debt charges RNF will change for all authorities
 - (iv) The Debt Charges scaling factor is also expected to change, which will affect all authorities.
 - (v) Tax base projections
 - (vi) Flood defence expenditure and Coast Protection expenditure
 - (vii) Revisions to correct any errors in data

It is impossible to predict the possible collective impact of any of these changes.

30. The final settlement is expected in late January or early February.

Response to Consultation

31. The response to Government on the provisional settlement had to be returned by 8 January. At the time of writing this report (late December), the response to Government was still being prepared. The likely main content of the response is attached at Appendix 1.

Budget

32. Our budget proposals will be published by 21 January 2008.

33. Consultation in Kent

(a) The annual budget process formally provides for consultation with the public, Trade Unions, the Business Community, opposition Members and professional organisations.

(b) For members of the public, formal consultation took place on the Saturdays of 22 and 29 September with the market research firm MORI on KCC's study of public attitudes to expenditure priorities and Council tax levels. This research will be available to inform the recommendations made by Cabinet to full Council on 19 February 2008.

(c) Additionally, this year we undertook consultation with young people on Sunday 25 November 2007.

(d) Meetings with Trade Unions and the Business Community will be held in early February and Policy Overview Committees will be considering the budget proposals in the weeks commencing 21 and 28 January 2008.

Next steps

34. A draft Budget will be published by 21 January 2008.

35. The draft Budget will be subject to the Cabinet Scrutiny process, and the views of the Policy Overview Committees will be sought before presentation to Cabinet on 6 February. Cabinet will be able to take into account the final Government Grant Settlement and District Council tax-base information, in making a recommendation to County Council on the Budget and Council Tax on 19 February 2008.

Conclusion

36. The provisional settlement is better than had been expected, and whilst that is welcome, it does fall significantly short of addressing the funding pressures we face as a County Council.

Recommendation

37. Cabinet are asked to **note** the contents of this report

Background Documents:

Existing KCC Medium Term Plan 2007-10

Autumn Budget Statement, Cabinet 17 September 2007

CSR 2007 Announcements by HM Treasury in October 2007

Provisional Local Government Finance Settlement issued by Communities and Local Government in December 2007

Andy Wood, Head of Financial Management

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Draft content for the response to Government on the Local Government Finance settlement

1. It is undoubtedly good news for KCC that we are no longer a floor-funded Authority for any of the next three years. It is pleasing that Government has listened to our lobbying to adjust elements of the formula grant allocation, particularly the removal of the 'floor within the floor' for Personal Social Services, making it fairer to Authorities such as KCC.
2. As a consequence of the above, we are pleased that the provisional settlement for Kent is closer to the national average than it has been in recent years. However, our grant for next year is still below the average for all 34 County Councils – had we received the average amount, we would have an extra £5m for services.
3. We are disappointed that the Government grant increase for services over the next three years is below the rate of inflation as measured by the Retail Price Index (4.3% for November 2007). This is likely to lead to difficult financial decisions having to be made.
4. The 3.7% grant increase in 2008-09 is worth an extra £9.2m to KCC. Pressures on KCC's budget next year include £23m for pay and price increases, £12m for increased demands such as the growing numbers of elderly people with disabilities, and about £9m for legislative requirements including Landfill Tax increases. Other pressures and priorities take this total to somewhere around £60m of pressures. With only £9.2m of this increase being funded by Grant, the rest will have to come from efficiencies, new income streams, other savings and an increase in the Council Tax.
5. KCC has neither materially gained nor lost from the adjustments made to the base formula grant in 2008-09, as what has been lost in specific grant has substantially been added into formula grant. Notably, the 2008-09 adjustments have been clearly and transparently published by Government.
6. It is disappointing that LABGI reforms have resulted in £850m being cut from the scheme nationally over the next three years, leaving only £150m to be distributed as follows: £nil in 2008-09 (paid in 2009-10), £50m in 2009-10 (paid in 2010-11), and £100m in 2010-11 (paid in 2011-12).
7. A large proportion of the £850m withdrawn from LABGI will instead be distributed through the Government formula grant, but KCC will only get a small share of this, because we are deemed to have relatively high resources.

8. We are concerned that the Government has not allocated enough grant settlement to cover increasing Adult Social Care costs over the next three years. The LGA estimate that there is an additional £2.6bn needed for Adult Social Care over the next three years, yet the whole of the grant settlement for all services only increases by £2.6bn. Between 2001 and 2026, the percentage of the population aged over 85 is projected to increase by over 90%, and the percentage aged between 65-84 by around 50%. In 2007-08 we faced a demographic pressure of £9m for Adult Services alone, and these pressures are expected to continue in a similar fashion in future years.
9. It is notable that the Comprehensive Spending Review announced a Green Paper to consult on the system of adult care support, to ensure that an affordable system is in place for the 21st Century. These systems are intended to ensure effective targeting of resources, making service provision affordable. We encourage Government to develop these systems urgently, to address the insufficient funding that already exists.
10. Although the introduction of Area Based Grants in 2008-09 supposedly provides additional flexibility to Authorities, it will not prove to be advantageous to KCC.
11. We welcome the stability that the three-year settlement offers, enabling Authorities to plan ahead with more certainty than before. However, as we also stated last year, the nature of the settlement in each year is opaque in nature. This means we cannot easily reproduce the grant calculation to determine the basis on which funds have been allocated to us.
12. We hope that data changes between the issue of this consultation paper and calculation of the final settlement do not lead to material changes in the grant allocations.
13. Ministers have stated that Council Tax increases significantly below 5% are expected for next year. Given the pressures of the ageing population, and other pressures that we have already outlined, it is becoming increasingly difficult to balance the budget each year. We will endeavour to ensure that we balance high quality service delivery with people's ability to pay in setting a reasonable increase in council tax.

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By: Leader of the Council
 To: Cabinet -14 January 2008
 Subject: **MONITORING OF THE OUTCOMES OF SELECT COMMITTEE
 TOPIC REVIEWS 2001 - 2007**

Classification: Unrestricted

Introduction

1. In the summer of 2007 a questionnaire which was circulated to all Members of the existing Policy Overview Committees on the effectiveness of the Policy Overview Committees. The outcomes of this questionnaire were reported to the County Council on 18 October 2007. One of the issues which was raised in debate at the Council meeting was the need for a comprehensive report on the Select Committee recommendations for each of the reports and topic reviews which have been undertaken since 2001.

Rules applying to Select Committee Topic Reviews

2. (1) Appendix 1 sets out extracts from the County Council's Constitution applying to Select Committees including the process for monitoring the outcomes arising from the Select Committee Topic Review process.

(2) Attention is drawn to the paragraphs relating to Review Reports in Appendix 1 (paragraphs 5.8 – 5.14)

(3) Relevant Cabinet Members and Managing Directors (depending on the subject of the Topic Review) are invited to comment at the start, middle and end of the review.

(4) Cabinet Members and Managing Directors are also invited to contribute to the Topic Review Proposal Form (see Appendix 2) which the Policy Overview Co-ordinating Committee uses to determine the Topic Review programme.

Monitoring of Select Committee Recommendations

3. (1) In March 2006 the County Council agreed to a formal procedure whereby:-

(a) Select Committee recommendations require an action plan to be prepared within three months and for this action plan to be made available to the host Policy Overview Committee; and

(b) for the Select Committee to be reconvened to monitor the recommendations one year on after the endorsement of the Select Committee report by the Cabinet. Appendix 1 sets out the monitoring process.

(2) The Overview and Scrutiny function continues to evolve and develop as does the Topic Review process. The Policy Overview Co-ordinating Committee is

continuing to explore how the effectiveness of the process can be improved so that the outcomes and recommendations of the Select Committee add value to the residents of Kent.

Impact and Outcomes of the Select Committee Process

4. (1) Select Committees are seen as one of the successes of Cabinet and Overview and Scrutiny. Members who have served on a Select Committee often comment that this is a rewarding process. This was borne out by the responses to the questionnaire on the effectiveness of the Policy Overview Committees.

(2) The Cabinet acknowledges that the Select Committee Topic Reviews have added value and made a significant impact and contribution to targets set out in Towards 2010 (formerly the Next Four Years) and a number of the County Council's Policy Framework documents.

(3) It is worth recording that this is not a new phenomenon. Select Committees have been achieving successful outcomes since the inception of Cabinet and Overview and Scrutiny Government. Here are a few of the highlights:-

Looked After Children - 2001

This report raised the profile of Looked After Children within Kent and the need to improve outcomes and services for this group of children. Recommendations from the review have been progressed and further developed in subsequent work, the most significant of which are:-

- (a) the Looked After Children s52 Action Plan;**
- (b) the Looked After Children Review 2006, and**
- (c) the Kent Pledge.**

Pattern of the School Year - 2002

The Select Committee recommended that Kent adopts a six-term year (or six half terms). The County Council adopted the six half terms and the fixed Easter break in 2005.

Financing of the Health Economy – 2003.

This piece of work has provided a foundation stone for the engagement of the Health Overview and Scrutiny Committee with Health Organisations within the Kent and Medway Health Economy.

Sport in Schools - 2005

- The Select Committee recommended the development of school sport partnerships. Following this recommendation, 13 school partnerships were established and through the revenue funding associated with these partnerships approximately £3m of further funding has been generated for PE and school sport per annum.
- Another recommendation arising from this review related to increasing the variety of activities on school sites outside of school hours. The outcome achieved is that the Performance Reward Grant (PRG) funding of £500k over 3 years was allocated to the Sports Development Unit in 2005 to support sports activities on school sites out of school hours. This funding was utilised in several ways to develop school sport. In the first year 72 programmes of activity were offered funding totalling approximately £45k through a grants programme; £39k was provided to the 13 School Sport Partnerships (SSPs) to enhance their out of school hours learning opportunities. Kent's School Sports Council was allocated £16k to support and develop the 22 School Sport Associations in its membership and £45k was provided for 9 primary schools to enhance their playground facilities.

Tackling Obesity 2006

- the recommendations of this report was that KCC's Public Health Department should produce a detailed obesity strategy for the whole of Kent in collaboration with partners and stakeholders as soon as possible following the reorganisation of the NHS in Kent and Medway. "Live Life to the Full" – a Public Health Strategy for Kent was agreed by the County Council on 6 September 2007 and includes a section relating to obesity.
- further recommendations from the Select Committee report on tackling obesity was that the County Council's NHS Overview and Scrutiny Committee should initiate a research programme in partnership with Canterbury Christ Church University's Department of Sports, Science, Tourism and Leisure to evaluate the effectiveness of brief interventions in primary care in tackling obesity. This should include evaluation of giving patients pedometers, referral to leisure centres, and referral to health walks. Discussions with Canterbury Christ Church University resulted in a proposal for a study of short term interventions being accepted which will start in the early part of 2008. Funding towards this has been obtained from the Centre for Public Scrutiny.

Home to School Transport 2006

A recommendation contained within this report was to explore the possibility of becoming a Pathfinder authority by providing all students aged 11-16 years, and living in a selected area of Kent, with an annual bus pass in order to

evaluate bus usage and consequent reduction in car use.

The pilot for Kent County Council's "Freedom Pass" started in June 2007 and will run until August 2008 for all 11-16 year olds in Canterbury, Tonbridge and Tunbridge Wells.

Climate Change 2006

One of the recommendations related to an explicit corporate acceptance of climate change and how human activity contributes to it, and to clarify political and managerial leadership and accountability on climate change within KCC. Significant highlights from these two recommendations are:-

- **that the Council approved the first set of actions in response to the Select Committee;**
- **the Chief Executive communicated to all staff and has taken on the climate change champion role;**
- **a Cabinet working group on climate change has been established to oversee implementation of the actions;**
- **a project manager was recruited and is in post within the Chief Executive's department (jointly funded from all Directorates);**
- **Director-level leads have been identified to champion action on each of the three work streams;**
- **lead officers have been identifying each action within each work stream with regular reports to the project manager;**
- **additional guidance in place where needed, e.g. working groups reporting into KCC Environment Board;**
- **activity budget jointly funded from all Directorates secure for 2007/08;**
- **approach to Corporate Communications on climate change agreed and in progress, e.g. KNet;**
- **KCC emissions reductions embedded in corporate environmental performance and ISO 14001 delivery with continued improvements in baseline data;**
- **revised KCC Environment Policy, including carbon emissions agreed by Cabinet in December 2007;**
- **the 2008/09 business planning template includes issues for climate change mitigation and adaptation;**
- **revised Cabinet report template includes implications for climate change; and**
- **relevant Towards 2010 targets and indicators now agreed.**

Personal, Social, Health, Education (PSHE) – 2007

An advisory group comprising Members who served on the Select Committee, including the Chairman and other colleagues has been established to take forwards the actions and recommendations arising from the PSHE Children's Health.

Flood Risk 2007

A special County Council meeting has been arranged for 13 March 2008 following Cabinet's consideration of the Select Committee report on Flood Risk.

Recommendations

5. Cabinet is asked to:-

- (a) note the report and support the ongoing development of the Select Committee Topic Review process which has achieved excellent outcomes for the County Council and the residents of Kent; and
- (b) request the Policy Overview Co-ordinating Committee to monitor the outcomes of Topic Review reports published prior to the formal adoption of a monitoring process in March 2006 on a systematic basis.

Appendix 1

Extracts from the County Council's Constitution on the Select Committee Topic Review Process

Appendix 4 – Part 5 - Rules applying to Select Committees

TOPIC REVIEW PLANS

5.1 The Topic Review Programme will normally be set out for the year in March to coincide with the publication of the Best Value Performance Plan. This will be determined by Policy Overview Co-Ordinating Committee and reported to the County Council. In setting out the programme, the Policy Overview Co-Ordinating Committee will be mindful of the resources and officer and Member time required to implement it.

5.2 Topic Reviews will not commence before approval by the relevant Policy Overview Committee of a detailed Review Plan covering:

(1) the terms of reference of the review, including the general nature of the expected outcomes.

(2) the names of any co-opted person from outside the Council to serve on the Select Committee (such co-opted Members will not have a vote)

(3) the staff and other resources required to deliver the review including, if required, the ability to appoint an adviser to the Select Committee

(4) an approximate timetable of meetings and final reporting date (normally within 4 months of the review commencing)

(5) the main witnesses and information sources expected to be involved in the review.

MEETING ARRANGEMENTS

5.3 Select Committees shall ensure that:

(1) dates and arrangements for witnesses to attend their meetings (or otherwise give evidence to Committee members) are agreed with witnesses in advance

(2) advance notice is given to witnesses of the areas to be covered in questioning

(3) information is, wherever possible, distributed to the Committee Members in writing before the witness attends.

QUESTIONING

5.4 Members should endeavour not to request detailed information from officers at Select Committee meetings unless they have given prior notice through the Clerk. If, in the course of question and answer at a meeting, it becomes apparent that further information would be useful, the officer being questioned may be required to submit it in writing to the Committee Members through the Clerk.

5.5 In the course of questioning at meetings, officers other than the Chief Executive and Directors may decline to give information or respond to questions on the ground that it is more appropriate that the question be directed to the Chief Executive or relevant Director. Officers may not otherwise decline to provide information except under conditions advised by the Standards Committee.

5.6 Cabinet Members, officers and other witnesses may decline to answer questions in an open session of a Committee on the grounds that the answer might disclose information that would be exempt or confidential as defined in the Access to Information Procedure Rules. In that event, the Committee may resolve to exclude the media and public in order that the question may be answered in private session.

5.7 The Clerk shall electronically record meetings of a Select Committee unless the Select Committee decides it is inappropriate or raises objection. A written summary of evidence given at Select Committee meetings will be prepared by the Clerk and agreed with the witness prior to its publication.

REVIEW REPORTS

5.8 During Topic Reviews, Select Committees shall ensure that relevant Cabinet Members and Directors are kept informed of the progress of the review and have full opportunity to comment and inform the deliberations of the Committee.

5.9 Select Committees shall ensure that relevant Directors are consulted on any statistics, data and information which are to be included in their reports or on which they intend to base conclusions. The report should include all such data and information or state where it is available to Members

5.10 Reports shall include all summaries of evidence given to the Committee during the Topic Review.

5.11 Select Committees may not in their reports criticise or adversely comment on any individual officer by name.

5.12 Once the draft report is prepared with its conclusions and recommendations, the Select Committee must ensure that relevant Cabinet Members and Directors have the opportunity to comment on the draft report before it is published by the relevant Policy Overview Committee.

5.13 The Chairman of the relevant Policy Overview Committee, in discussion with the Leader of the Council, will agree the order of the submission of the report to the Cabinet/Policy Overview Committee/Council/or any other Council Committee.

5.14 The relevant Policy Overview Committee will monitor and review the Executive's response to Select Committee reports.
Appendix 4 - Part 3

Monitoring the Select Committee Recommendations

(8) When a Select Committee has produced its report and Cabinet has endorsed its recommendations, it is essential that monitoring takes place in relation to progress with the recommendations.

(9) Three months after Cabinet has endorsed the Select Committee report, the relevant Policy Overview Committee should receive an action plan from officers setting out how they propose to take the recommendations forward.

(10) One year after Cabinet has endorsed the Select Committee report, the Select Committee will be reconvened to receive a report which details progress with each of the recommendations.

(11) The Minutes from this meeting of the Select Committee will be presented to the next meeting of the Policy Overview Committee by the Chairman of the Select Committee for comments and noting.

(12) It is assumed that once this process has been carried out the recommendations become embedded in the work of the Directorate, or an explanation will have been accepted by Members as to why this is not possible. Therefore, in normal circumstances it should be necessary to receive a further report specifically on progress with the recommendations.

ASSESSMENT OF A SELECT COMMITTEE TOPIC REVIEW

(* - sections to be filled in by the proposer of the topic)

*Subject of Proposed Review:-
*Reason for the Review:- (see note 1 below)
*Issues to be covered by the Terms of Reference:-
*Scope of the review:-
*Purpose and objectives of the Review:-
Proposer of the review

To be completed by the Directorate/Cabinet Member(s)

Are there any reasons why this review should not be put forward for inclusion in the work programme for 2007/08?

(see note 2 below)

How will the review contribute to corporate objectives and priorities?

Will the review support the achievement of PSA or LAA targets? If yes, please identify targets:-

Does the review need to be completed within a specific timeframe? If yes, please give details:-

How will this review have an impact on KCC policy development and/or help to influence national policy?

How will this review add value to the County Council and residents of Kent?

Any additional comments from the Portfolio Holder/Strategic Director:-

Portfolio Holder's Signature:-

Strategic Director's Signature:-

Contact Officer:-

Date:-

Notes

Note 1 - Possible reasons for the review

1. Key public issue, identified by:-
 - Focus groups/citizens panels
 - Member contact with constituents/member surgeries
 - Contact with key representative bodies/forums
 - Media coverage – Public interest issue covered in local media
2. Issue highlighted via POC activities or previous reviews
3. Issue recommended to POC by another body e.g. another POC, Cabinet Scrutiny, Directorate, Cabinet or an external body.
4. Poor performing service i.e.:-
 - High level of complaints/dissatisfaction with service
 - Performance standards poor/below target – (evidence from PI's or benchmarking)
 - Identified through external review/inspection (OFSTED/Audit/ CPA etc)
 - Budgetary overspends
5. Key reports or new evidence published
6. County Council priority
7. Central Government priority/New Government guidance or legislation published

Note 2 - Possible reasons why a review should not be put into the next years/ next two years work

1. Issue being examined by:-
 - Cabinet
 - Cabinet Scrutiny
 - Officer Group
 - another internal body
 - an external body
2. It has been the subject of a topic review by other Councils from which details of best practice can be obtained.
3. New legislation or guidance expected.
4. **NB:** Before suggesting that a review should not be included in the work programme the following should be considered:-

Could consideration of this issue 'add value' without causing unnecessary duplication, for instance by:

- i) Looking at this issue in conjunction with another group,
- ii) Through appropriate timing of the topic review,
- iii) Through considering another group's findings rather than duplicating the same/or similar activity.



Appendix 3

Monitoring of Select Committee recommendations

Committee	Final Report Produced	Progress with Recommendations reported back to Select Committee/ (POC)	Page Nos
Looked after Children	2001		
Flooding in Kent	2000/2001		
ICT in Schools	2001	4 December 2002 (POC – Jan 03)	
Behaviour Support	2001	9 December 2002 (POC – Jan 03)	
Nursing Care	February 2002		
Modernising Hospital Services East Kent*	March 2002	(Response to a NHS Consultation response)	N/A
Pattern of School Year	April 2002		
Rail, Airports, Ports (RAP)	September 2002		
Residential Special Schools	December 2002		
Early Years Education	January 2003	(26 January 2006)	
CTRL Domestic Services	January 2003		
S E E R A	February 2003		
Domiciliary Care	March 2003		
Rail Freight	June 2003		
Drug Use & Misuse	Summer 2003		
Renal and Vascular*	September 2003	(Response to a NHS Consultation response)	N/A
Financing of the Health Economy	Autumn 2003	Ongoing	N/A
Vocational Pathways 14-19 Year Olds	November 2003	2 December 2004	
Residential Care	December 2003		
Arts & Museums	February 2004	23 March 05 (15 April 05)	
Procurement of Construction contracts	July 2004		
Women's and Children's Services	December 2004	(Response to a NHS Consultation	N/A

Committee	Final Report Produced	Progress with Recommendations reported back to Select Committee/ (POC)	Page Nos
(Joint Select Committee with East Sussex)*		response)	
Sport in Schools	March 2005	10 January 06 (26 January 2006)	
Transport Policy – 25 –30 year time horizon (interim)	April 2005		
Trauma and Orthopaedics – the future of services (Joint Select Committee with East Sussex)	April 2005	(Response to a NHS Consultation response)	N/A
Regeneration of Coastal Towns	August 2005	20 December 06	
Water and Waste Water	September 2005	31 October 07	
Financing of the Health Economy	December 2005	Ongoing via NHS O/S	
Gypsy and Traveller Sites	January 2006	31 May 07 + 29 Nov 07 (4 July 07)	
Home to School Transport	March 2006	27 April 2007 (5 July 2007)	
Tackling Obesity	April 2006	7 Sept 07 (NHS O/S)	
Climate Change	Oct 06		
Transitional Arrangements	May 2007	<i>Due May 08</i>	
PSHE/Children's Health	April 2007	<i>Due April 08</i>	
Flood Risk	November 2007	<i>Due November 08</i>	
Carers in Kent	December 2007	<i>Due December 08</i>	
Alcohol Misuse	Due early 08		
Access to Health Care	2007/08 (tbc)		
Accessing Democracy	2007/08 (tbc)		
Vulnerable Children	2008 (tbc)		

	2006. Real effort needs to be put into meeting the needs of ethnic and religious minorities.	assessed in relation to sensitivity to minority issues.
1.16	The fostering capacity should also be increased by approving some waiting adopters as foster carers; to preclude queue jumping only children not available for adoption would be placed, e.g. those receiving respite care.	Achieved through Staying Together 1 and 2 that supported foster carers to adopt foster children and support PSA2.
1.17	The ratio of fostering social workers to fostering households should be based on the upper quartile of local authority practice, with phased implementation over five years (to March 2006).	Not progressed due to budgetary constraints.
1.21 to 1.31	Perceptions of children and families social workers and foster carers about each other need to be assessed; if misconceptions or lack of clarity is found, representatives of both should prepare a draft convention; similarly a joint group should devise a list of agreed expenses to reduce the potential for conflict.	A guide was produced for social workers on working with foster carers. District Forums were set up in which foster carers and social workers could meet.
1.25, 1.35 and 1.31	Social Services, education and health should seek to agree some ring-fenced capacity, for easy access by foster carers, to education psychologists and health professionals. Where a child's needs are so complex or there is unacceptable delay accessing health or educational specialism the County Council should pay for the child to "go private", or be placed with an appropriate independent fostering agency (IFA).	Two specialist schemes, Treatment Foster Care and Therapeutic Re-parenting, provide multi-disciplinary support to include psychologist input to our most complex and challenging children. The CAMHS Strategy Board has prioritised Looked After Children for access and new service development.
1.38	The relationship with IFAs should be regularised through a formal contracting process with a small number of the best.	Mental Well Being screening is planned for all Looked After Children. Peter Gilroy and Oliver Mills met with IFAs. Following discussions, this was not progressed.

<p>Chapter 2 – Unaccompanied Asylum Seekers</p>	<p>2.1 The use of ADSS as the principal vehicle to resolve outstanding issues to be endorsed.</p>	<p>KCC continue to attend the ADCS/ADASS Taskforce on asylum and has been a member of the sub-group looking at the UASC reform programme consultation. We have also formed a Joint Council's group with nine other authorities similarly affected. The group both lobbies for funding and tries to highlight the challenges involved in caring for these young people. The group has written a paper outlining the contradictions between childcare and immigration law (see attached) in the hope that this may explain the difficulties faced in caring for these young people. In addition, a KCC councillor (Doctor Robinson) attends the LGA Members' Taskgroup on asylum.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  paper.pdf </div> <div style="text-align: center;">  safecaseevaluation.pdf </div> </div> <p>2.6 The County Council should plan on the basis that there will be a need to retain capacity for these young people and possible subsequent arrivals for the foreseeable future and make decisions accordingly.</p> <p>In recent years numbers have declined although we have in very recent months seen an increase. It is a very difficult service to plan capacity for as it is so unpredictable and the funding from Government is on a per capita basis. In 2004 KCC successfully initiated a pilot with Greater Manchester Authorities (AGMA) in which they agreed to transfer some UASC to areas which had more vacant resource. This was successful (see independent evaluation) but ceased when the Home Office could not give reassurances about covering the Leaving Care costs. If the UASC reform programme becomes a reality this will ease the</p>
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2.8 to 2.10 and 2.15	Improvements to the accommodation at Swattenden Centre should be made whilst maintaining the valuable networks built up in the present location. As a local authority children's home, Members should visit monthly and report back	<p>situation although at the time of writing it is not expected that some key components will be implemented.</p> <p>The Swattenden Centre (now known as Appledore) has been rebuilt and refurbished with a grant of £1.5m from the Home Office. It continues to provide an holistic assessment of need including health and education, assessment of age being a key component. Appledore also provides an induction, orientation and life skills training programme to ensure the young people can live safely in the community. Councillors are encouraged to, and do, visit.</p>
<p>Chapter 3 – Preventative services</p> <p>3.5 and 3.7</p>	The policy on and priority given to family support should no longer be left to individual areas; henceforth there should be a county approach based on the ethos and practice in West Kent and Dover. Destabilising events (cuts, staff vacancies and management changes in both family support and fieldwork teams) should be avoided as looked after numbers seem to rise as a consequence.	<p>The strategy to increase preventative child and family support county wide has been progressed through the creation of Clusters and Consortia. Budgets have been devolved to support this objective. The recommendations are now absorbed by the Every Child Matters agenda for change and the government objectives around Children's Centres, Early Years, extended schools and improvements in emotional well being services. There is evidence to show family support is available to more children and families than before the topic review. The needs of vulnerable children within communities will be a priority for Local Children's Trusts.</p> <p>The numbers of Looked After Children have decreased during the PSA1 period (2001 –2002), and since.</p>

<p>Chapter 4 – Social work environment</p> <p>4.1 to 4.3</p> <p>4.13</p> <p>4.4 to 4.6</p> <p>4.8</p>	<p>The messages derived from discussions with guardians ad litem (GALs) form a package which should be heeded.</p> <ol style="list-style-type: none"> 1. There is generally a high quality of social work in Kent – that opinion should be welcomed. 2. Blanket instructions about avoiding expenditure will be obeyed by staff – precluding staff from meeting essential needs makes both the child and Directorate vulnerable. <p>Each Looked After Child needs a long term attachment to a named social worker to promote their interests and to act as a powerful advocate for them. Achieving this should be a central goal for the County Council.</p> <p>The mixed message from staff found in the 1999 MORI research needs to be re-tested by a new survey. Staff concerns must be acknowledged and, so far as resources allow, responded to.</p> <p>There should be a serious drive to ensure that good practice can be shared across teams.</p>	<p>Regular liaison meetings were set up with CAFCASS and CFE policy and operations staff in order to identify pressures and address practice issues. Links to the courts have also been strengthened through participation in various court liaison meetings.</p> <p>It has not been possible to achieve a consistent adult for looked after children through a social worker, however the L.A. has addressed this issue by introducing extra support within schools and foster homes to prevent breakdown and provide meaningful attachments. More recently, a mentoring scheme has been introduced and piloted and actions to address this are part of the Looked After Children Review 2007 action plan.</p> <p>A strategy to improve the ‘performance culture’ was introduced with success within CSS. District Teams have an annual meeting with data staff and managers to discuss strategic and local performance. PAFs are covered in these sessions. Good practice is shared within District Consortia Chairs meeting and various</p>
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<p>4.12</p> <p>4.14 to 4.17</p> <p>4.20</p> <p>4.28</p> <p>4.30</p>	<p>A major cultural change is needed so that Members are seen as a resource and as allies with whom management can have an open dialogue.</p> <p>A Directorate-wide time-tabled strategy is required to consistently drive forward the re-energising of tasks in children and families services. Staff taking on tasks should be differently but appropriately qualified. The proposal to have differently qualified staff as named social worker for Looked After Children with settled plans and stable placements should be endorsed in principle.</p> <p>Technology should be adopted to reduce the time spent on form completion by social workers and secretaries – especially the Department of Health materials for Looked After Children.</p> <p>Family group conferencing should be promoted as a means of avoiding children becoming looked after; there should be an initial two years pilot involving and independent provider in one Area.</p> <p>As the other measures recommended improve the workloads of social workers a serious effort should be made to practically develop fallback strategies (twin tracking, concurrent planning).</p>	<p>staff forums at all levels and involving all staff – admin, social workers, and managers.</p> <p>The Children’s Champion Board has fostered improved dialogue.</p> <p>Social Work Assistants were employed specifically to support Looked After Children with stable placements. A qualified social worker retains responsibility and oversight of the case in these circumstances.</p> <p>A Family Group Conference Service was established in 2003. It provides a FGC for all children up to age 13 years and will be expanded further to include adolescents. The service is also available to some children who are not attending schools</p> <p>Concurrent planning for adoption was developed as a service in Thanet in response to very high numbers of young babies coming in to the care system.</p>
<p>Chapter 5 – Residential care</p> <p>5.5</p>	<p>Officers, or Cabinet Members themselves, should seek to achieve inter-agency agreement between Social Services,</p>	<p>A joint planning and funding panel was established between Health, Education and Children’s Social</p>

5.8	<p>Education and Health on the criteria and process for joint funding of residential placements.</p> <p>The new 'executive arrangements' from (probably) June 2001 offer a creative means to delegate to designated officers authority to commit Education and Social Services funding at inter-agency meetings – facilitating swifter decision making.</p> <p>The move towards regional purchasing of residential places may offer price and quality advantages and the strategy is endorsed.</p>	<p>Services for complex case planning and decision making. This is under review now that Education, Children's Social Services and Children's Health Commissioning are in one directorate.</p>
<p>Chapter 6 – OLA LAC placements</p> <p>6.6</p> <p>6.6 and 6.7</p> <p>6.8</p> <p>6.9</p>	<p>Given the lack of routine compliance with the duty to notify out-of-area placements, the Social Services Inspectorate should carry out its own survey of local authorities adherence to the requirements – including compliance with statutory reviews, promotion of each child's education and maintenance of links with their family and local community.</p> <p>Quality Protects and the Joint Guidance on the education of Looked After Children should be drivers to raise standards of purchasers and providers, however the SSI should specifically monitor whether outcomes for children placed out-of-area are as good as for those placed within the originating borough/county.</p> <p>The County Council should advocate the SSA to include a weighting in recognition of the substantial cost to the authority arising from the net import of Looked After Children.</p> <p>The Children (Leaving Care) Act 2000 will phase out the "Cadell judgement", however the County Council should lobby for the</p>	<p>The Local Authority developed a strategy to persuade other Local authorities not to place children in Kent. It also lobbied DCSF and government to introduce measures to prevent other Local authorities placing out of area. Ref. The Thanet Report.</p> <p>The Care Matters Looked After Children White Paper is proposing legislation to prevent placing out of county except in exceptional circumstances.</p>

	Act's revision so that all children ceasing to be looked after beyond October 2001 remain the responsibility of the placing authority.	
Chapter 7 – Adoption		
7.2, 7.4 and 7.5	The recent steps to rebuild the adoption service in the County Council are welcome – as is the ambitious target of 150 adoptions per annum by March 2004 as contained in the Public Service Agreement. The increase in quantity must be at no compromise to the quality.	All of these recommendations have been achieved.
7.1 and 7.9	There should be a substantial shift in favour of making adoption allowances, from the unusually low rate of 11%, as these are more cost effective than fostering allowances and might attract more potential adopters from less affluent backgrounds.	
7.13	<p>The County Council should respond welcoming the White Paper proposals for:-</p> <ul style="list-style-type: none"> (i) timescales for the child; (ii) timescales for would-be adopters; (iii) the improved wording on the assent form signed by birth parents; (iv) the intention to speed up court processes and to create judicial adoption centres; and (v) the removal of inconsistencies between the Adoption Act 1976 and the Children's Act 1989 with a shift towards the ethos of the latter. 	

<p>Chapter 8 – Education</p> <p>8.6</p> <p>8.13</p> <p>8.14</p> <p>8.17</p> <p>8.18</p>	<p>The Joint Guidance on Education of Young People in the Public Care is to be welcomed.</p> <p>Educational statements for Looked After Children should be fast tracked to ensure further ground is not lost and facilitate catching up.</p> <p>There should be an LEA policy on the education of Looked After Children to challenge stereo-typing.</p> <p>Central government should be lobbied to secure changes to the Pupil Retention Grant to ensure schools feel confident to commit the money whilst retaining some sanctions for in-year exclusions.</p> <p>To avoid children just outside the care system getting the worst deal a rigorous system involving both social services and education should be put in place to monitor and promote the education of children in need.</p> <p>The extension of voluntary services for the educational nurturing of children in need, where that encouragement is not provided by parents, to cover the county should be considered.</p>	<p>Children’s Social Services and Education have worked closely to achieve improved education outcomes for looked after children. Reference the S52 Action Plan. This collaboration has progressed considerably since the creation of the Children, Families and Education Directorate and has recently come under review as part of the Looked After Children 2007 Review.</p>
<p>Chapter 9 – Corporate Parenting</p>	<p>KCC Members should re-establish their role as an active element in ensuring good outcomes for Looked After Children; the joint member body should undertake a range of tasks, monitoring services and facilitating progress.</p>	<p>The Children’s Champion Board was extended to include Looked After Children as well as Child Protection. There are twice yearly Looked After Children meetings to discuss progress.</p>

<p>Chapter 10 – Health</p> <p>10.1 to 10.11</p> <p>10.15</p>	<p>The indications of government thinking on future health policy for Looked After Children are to be welcomed and the national attention to the subject is already translating into positive action by the two Kent health authorities. The starting position is a range of services that have not been geared up to meet either the general needs of Looked After Children or the distinct needs of many of them.</p> <p>Turning the situation around will require resources as well as commitment; the County Council should lobby government for health funding to (i) speed the transformation required and (ii) recognise the additional demands created by the large substitute care sector in Kent.</p>	<p>In 2001/2 the Quality Protects Board provided an interface with health. Improvements have been achieved through the development of Looked After Children Nurses and Mental Health Advisers. This did result in the health needs of LAC being acknowledged and improvements being made. The addition of the Director for Health to the CFE Strategic Management Team in 2006 is beginning to evidence changes and significant measurable improvements are anticipated.</p> <p>The CAMHS Strategy 2006 has prioritised LAC for service development. Kent has identified the stress placed on the Kent infrastructure both health and education as a result of high numbers of children placed in Kent by Other Local Authorities.</p>
<p>Chapter 11 – An Important Note on Children In Need</p> <p>11.1</p>	<p>The core group of Members were struck by the messages from the Looked After Children in both Northfleet and Ramsgate who described their situation improving as a result of becoming looked after. This was not particularly about schooling. Attendance and success at school had been worse prior to becoming looked after. This was also confirmed through the East Kent managers (27 June): “We receive a lot of pressure, particularly from schools, for children to become LAC because they see a major change in children once they are fostered, e.g. attend regularly, have clean clothes, better behaviour”. The avoidance of children becoming looked after is often cited as a good policy intention because the outcomes have generally</p>	

11.2	<p>been so poor compared to the general population of children. That logic indeed flows through this report, it is why a great deal of emphasis has been placed on building up preventative service equitably across the county, as well as wanting to improve the lot of those who unavoidably do need to be looked after.</p> <p>Core group Members came to the conclusion that being looked after or otherwise was not an oil and water divide when it came to good experiences for children – there are some in the community, just the other side of the care barrier, who may well receive less adult nurture, have poorer education and career opportunities compared to Looked After Children (and far worse than the general population of children) because no one looks out for them. There is thus the risk that for the best of intentions success in preventing children becoming looked after may actually produce worse outcomes in the medium to long term, because they miss out on the improvement opportunities provided by good foster carers. It is also clear that the threshold at which children become looked after is not a static point determined by policy but a shifting line, a different points in different parts of the county at any one time, dependant on the availability and flexibility of family support services, and the experience and stability of social workers and their managers which provides the environment for managing risk. A child will become looked after in some places but in virtually identical circumstances stay with their family in other places where there is fieldwork stability combined with support flexibility.</p>	
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(information supplied by C, F & E December 07)

Flooding in Kent (2000/01) and Flood Risk in Kent (2007)

This has been the subject of a further Select Committee review in 2007 on Flood Risk.

A special meeting of the County Council has been arranged for 13 March 2008 entirely dedicated to the recent report on Flood Risk in Kent. This topic review did relate its work to the previous review which took place after the flooding events across the County in 2000/01.

ICT in Schools

2002

This was an early Select Committee which had a remit to look at progress in implementing the Strategy for ICT in Schools and the continuing impact of (National Grid for Learning) NGfL.

It was agreed by Education and Libraries POC that monitoring reports would be submitted to members on the NGfL.

This Select Committee acted more as an Informal Member Group held a meeting in October 2003 to receive feedback on aspects of the development of ICT in Schools. The Minutes of its meetings were reported back to the Policy Overview Committee.

As well as commenting on ICT in Schools another outcome was that a Seminar on ICT in Schools was held on 23 January 2004.

Behaviour Support

2000/01

This was an early Select Committee topic review which was carried out under the initially under the remit of the Education and Libraries (E & L) Scrutiny Committee. In November 2001 the E & L POC agreed that the Select Committee should be reconvened in 2002 to monitor the strategies which had been put in place.

The Select Committee met in December 2002 and received a presentation by the Head of the Attendance and Behaviour Service on the considerable changes in the Attendance and Behaviour Service as a response to the behaviour review.

This Select Committee helped to inform and monitor Behaviour Support Strategies and also led to a Seminar being held for all County Councillors in January 2004 on Behaviour Support.

Nursing Care

February 2002

Future Developments

Since the publication of the report, Kent Adult Social Services (KASS) has developed a range of admission avoidance, rapid response and recuperative/intermediate care services across the county in partnership with the NHS, which have proved effective in support people in the community.

With the implementation of Fair Access to Care Services (FACS), those entering nursing homes have had the benefit of multi-disciplinary and comprehensive assessment which has meant that only those who are unable to be supported in the community have been admitted to care

KASS continues to work in partnership with home care providers to ensure value for money through a strong Contracting Arm.

Cost

KASS continues to lobby Government for increase in social services element of the Revenue Support Grant and or for allocation to social services authority for unclaimed person credit.

Contract Price and Third Party

The arrangements with regard to gross payments to care homes and the application of third party payments mechanism remain in place and have proved effective in managing limited funding available.

KASS has been and, continues to work in partnership to drive up the take up of attendance allowance benefit. This is reflected in our efforts to achieve the 2010 objectives of benefit maximisation. In addition, we have set up Specialist Finance Teams, who work with the Pension Service to provide a one-stop service.

Discharge Planning

KASS has developed a number of effective arrangements and initiatives which facilitate timely and safe discharges from hospital. Since the Review, there have been a number of important developments in the Continuing Care criteria. From 1 October PCT's are required to work to a National Framework for Continuing Care designed to avoid the postcode lottery and to give transparency and openness to the whole procedure for practitioners, patients and their families.

KASS is in a very good position to work in partnership with health colleagues to implement these changes having arranged a total of 8 workshops for staff across the county. We are also working closely with Primary Care Trust (PCT) colleagues to organise joint training with KASS staff and PCT staff which will ensure closer working relationships and a better understanding of this complex area of work which will have a positive impact on discharge planning. From 1 October 2007 there is only one band of "free" nursing care.

Pattern of the School Year 2002

This was a very early pilot Select Committee and therefore its recommendations have not gone through a formal monitoring process.

Its major recommendation was that the school year consist of six half terms and that there be a fixed Easter break which was adopted in 2005.

Rail, Airports, Ports (RAP)

September 2002

1. Continue lobby at a national and regional level in support of the development of both LAA and Manston Airport.

1. The County Council has continued to lobby for Manston and Lydd (LAA – London Ashford Airport) in the response to the Government's Aviation White Paper and to the Regional Assembly's SE Plan. Funding has also been used to pump prime passenger services from Manston

2. Continue to support the development of surface links to Lydd Airport and Manston Airport

2. The County Council has continued to press for improved surface links to Manston. CTRL Domestic Services will improve journey times to and from London from Canterbury and Ramsgate and KCC is currently looking at the viability of a new parkway station at Minster. Road access to Manston from the west is good (via M2/A299) and from the east will be improved when East Kent Access Phase 2 scheme is built. Road access to Lydd will be improved when M20 Junction 10a is built, but there is little prospect of a direct rail service.

3. Continue to take positive action towards economic regeneration in deprived wards and support proposed airport development projects in an appropriate manner.

3 The Joint Venture between KCC and Thanet District Council aims to bring forward two major employment sites in Thanet and along with key projects in Margate and the London Array windfarm project off Ramsgate improved employment prospects for all areas of Thanet including the most deprived.

4. Liaise with Ashford Borough Council in compiling a Traffic Impact Assessment based on potential increased use of the A2070 between Brenzett and Ashford M20 J10.

4 Not done, but LAA has had to do as part of its planning application for extending the runway and enlarging its terminal building

5. Investigate the need for improved vocational training opportunities in relation to the economic opportunities and potential in South and East Kent.

If necessary represent concerns to the Kent and Medway Learning and Skills Council (the Committee believe that vocational training in secondary schools is a necessary complement to post-sixteen training opportunities).

Any investigation should also consider how the County Council could encourage the development of links between schools and the Further Education sector).

5. East Kent Partnership is in the process of commissioning a Learning and Skills Strategy which will include consideration of the potential synergy in needs and provision between the aeronautical, marine, and wind farm industries skills.

6. Consider joint work with Manston Airport and Lydd Airport to identify sustainable estimates of predicted growth.

6. Each airport has produced a masterplan outlining potential growth in passengers

7. While accepting that both Airports are at different stages of development the County should continue to lobby government to recognise the potential for development at Manston and Lydd.

7. See response to 1.

8. Continue to lobby government to provide the necessary infrastructure improvements to support growth.

8. See responses to 1 and 2.

Residential Special Schools

2002

The work of this Select Committee helped inform the Special School review. The value of the work carried out by the Select Committee was acknowledged by the then Cabinet Member for Education Standards and Pupil Services, at the Policy Overview Committee in November 2002.

Early Years Education

January 2003

On 26 January 2006 the Education and Libraries POC received a report updating them on the progress made with the Select Committee recommendations as set out below:-

Current context of Early Years in Kent

1. The Committee welcomes the introduction of the Kitemark Quality Assurance Scheme, and recommends that all necessary steps be taken to ensure that the Kitemark is accessible to all providers, and that its relationship to other schemes of Quality Assurance, particularly that offered by the Pre-School Learning Alliance, is made clear.

1. The Kitemark self-evaluation framework has been cross referenced to Every Child Matters and Index to Inclusion.

First annual survey questionnaire distributed July 2005. 73% felt Kitemark had improved outcomes for children and families. 72% stated teamwork had been improved. Providers and mentors felt that the Kitemark was too paper based.

Early Years Advisers, School Advisory Service have received training as Kitemark mentors. 1 maintained nursery was accredited October 2003, a further 2 are expected to be accredited in March 2006, 2 nurseries are in the process of joining the scheme.

Developed a 'fast-track' programme for settings previously accredited through the Pre-school Learning Alliance scheme. Funded 5 settings to re-accredit through the Pre-school Learning Alliance Accreditation scheme.

The numbers of non-maintained providers, including childminders and out-of-school provision total 161. 14 settings have gained full accreditation status.

Successful workshops were implemented to support managers and leaders with Module 5 – Business, Management and Teamwork. The self-evaluation process within the scheme continues to support Ofsted inspections

The Foundation Stage

2. The Committee recommends that the LEA actively encourage all primary schools in Kent to have a champion for Early Years, and where appropriate a Foundation Stage co-ordinator, as a member of the school's Senior Management Team, and a governor with a special responsibility for the Foundation Stage.

3. The Committee endorses the LEA's initiatives to inform all primary headteachers about the philosophy and methods of the Foundation Stage, and expresses the wish that this become universal if not compulsory.

2 & 3. Regular up – dates to inform senior managers about Foundation Stage developments have been provided for Head Teachers and Governors via breakfast

briefings in 12 “double cluster” venues. This has resulted in increased understanding about the philosophy of the Foundation Stage and the key Elements of Effective Practice.

Early Years Governor training in the three areas of Mid East and West Kent continues to take place with a total of nine sessions in all provided each year across the county. The theme was Information, Communication and Technology (ICT) in Foundation Stage for Autumn 2005.

The Self Evaluation Tool developed by Leading Early Years Teachers and SAS advisers has been completed. It has been evaluated by schools and adjusted accordingly. It is published on Cluster web. It is supporting schools with the new Self Evaluation required for OFSTED inspections.

Integration and Continuity

4. The Committee is pleased that Kent has its first designated Early Excellence Centre (EEC), and hopes that it will be an effective beacon for excellence in service integration the County.

4. Hythe EEC has continued to be used as a beacon of good practice and to support the achievement of excellence elsewhere.

5. The Committee recommends that the County seeks to find flexible and workable solutions to the problem of providing high-quality care and education that working parents will be able to use. This could include both extending maintained provision into wraparound care, and qualified teachers practising in non-maintained settings.

5. Kent's 2004-06 childcare place targets were achieved by the end of 2005. However, the DfES has now removed new place childcare target nationally.

All Neighbourhood Nurseries are now operating.

6. The Committee recommends that ways of making individual children's experience of Early Years care and education more coherent be explored, including ways of tracking children's progress across the settings.

6. Kent's own Record of Transfer document is now well established and used successfully as a means of communication between non-maintained and maintained provision. By making observation part of their daily routine, practitioners are able to identify what a child 'can do' and highlight /recommend their next steps in learning.

7. The Committee advises of the need for further research to establish how services for the birth to 3 age group in the County can best be developed

7. Work completed on original Best practice document (see recommendation 15 for additional information).

A senior U3 Training and Quality Officer was appointed in June 2004, together with a further six U3 officers during 2005. They have rolled out a training programme across the County, introducing practitioners to the Birth to Three Matters Framework. This

county programme has been supported by workshops delivered in clusters. They have also responded to providers requiring advice and support on providing a quality experience for children under the age of three. The senior U3 Training and Quality officer, is currently working with Canterbury Christ Church University College (CCCUC) on a programme to include the B23 framework on their Foundation degree course.

Cluster based liaison meetings to consider a seamless and consistent programme of support to pre schools has been developed, attended by multi agency partners

Early Years as a Profession

8. The Committee recommends that the County make a commitment to removing barriers to accessing training and professional development across Early Years sectors, and investigate all the steps that are necessary to realise this.

8. Unblocking Barriers to Training evaluation completed and recommendations presented to the Training and Quality sub group by Kim Clark (November 2004).

9. The Committee advises that 'cascading' is not an appropriate or adequate means of delivering training to practitioners; if resources will not allow any other model of delivering training, steps must be taken to support the practitioners responsibilities for the 'cascading'.

9. The delivery of training in clusters has proved to be popular and successful. This model of delivery will continue wherever possible, although there will always be the need to target or tailor certain training to specific practitioners e.g., First Aid/ Child Protection/ leadership programmes.

An early education working group has been established. This group coordinated a successful early years conference in September 2005, with Lesley Staggs as the key note speaker. The use of training vouchers is not being taken forward.

10. The Committee recommends that the Partnership and the LEA continue to investigate ways of facilitating the sharing of practice between practitioners of all sectors.

10. The Working Together project, which involved teachers who have completed an MA module has now been drawn to a close. To continue the facilitation of sharing good practice 23 Leading Early Years Teachers (LEYTs) have been appointed.

Schools Advisory Service (SAS) LEYT project co-ordinator in post.

Three cluster based extended courses have been delivered successfully. These were, Writing in the Air, Literacy and Numeracy Outdoors and Listening and Speaking. Another, Continuing the Learning Journey, which focuses on transition between YR and Yr 1 is planned for Autumn 2005.

Training on the use of Ferre Laever's work on Well Being and Involvement continues to be part of the SAS county INSET programme. Bespoke training is also provided for clusters.

The DFES has accepted that Laever's work be used to support the early years PSA target.

Six conferences have been delivered in the PSA areas of Gravesham, Swale and Dover. Training the trainers programmes provided by SAS took place on 8th and 9th September for Early Years SENCOs and Early Years Advisory Teachers.

Training for pre-school providers has taken place in the second half of the Autumn term 2005 delivered by Early Years Advisory Teachers from the Early Years Unit and Early Years SENCOs

Training for the record continues to be provided by Early Years Advisory Teachers from the Early Years Unit.

11. The Committee recommends that a statistical picture be built up of the numbers and qualifications of staff that will be needed to sustain expansion in the Early Years sector in Kent in coming years.

11. The data required has already been collected by means of an annual workforce survey for the past three years and has been analysed and used to inform both the DfES and the Early Years Development and Childcare Plan (EYDCP) planning strategy.

12. The Committee recommends that the support available to non-maintained providers in non-curriculum matters be reviewed, to ascertain whether it is possible to restore the benefits of a dedicated officer.

12. The post of Retained Functions Co-ordinator was established and appointed to in September 2005. (The postholder is currently on Maternity Leave until April 2006).

13. The Committee asks that the County review the pay and conditions of the team of Early Years Advisory Teachers, with the aim in mind of securing the best possible curriculum support for non-maintained providers.

13. The post of Early Years Advisory Teacher (EYAT) was reassessed in summer 2004 but the grade was unchanged. In recognition of the particular market conditions in recruiting and retaining EYATs, as advised by personnel, an annually reviewable Market Premia was added to the salary for this post.

The Early Years Curriculum

14. The Committee recommends that training currently offered for practitioners in all sectors should be evaluated, bearing in mind the need to develop the skills necessary to 'embed' learning and to use 'play' as a constructive tool for learning.

14. Training is now evaluated centrally. A generic evaluation form has been recommended and a final decision on its format is expected shortly.

A framework for tendering for training providers has been established and is expected to be implemented in April 2006.

15. The Committee welcomes and supports the ongoing work of the Kent Early Years Development and Childcare Partnership to produce 'good practice guides' for use in all Early Years settings alongside the Foundation Stage guidance.

15. Effective Practice guidelines have been completed. The initial document has been aligned to the 5 outcomes from Every Child Matters.

A collaborative working document between CCCUC and the EYDCP, outlining effective practice in Kent, was completed in Spring 05. A decision was taken to align it to the most recent Government legislation, the five outcomes of Every Child Matters. This work was carried out in the Summer and Autumn terms, and an updated version is currently in its final stages of edit. The publication date for this document is March 06.

16. The Committee recommends that the County's Literacy and Numeracy consultants should be involved in the planning and delivery of Foundation Stage training and materials for practitioners in all sectors, in order to resolve any impression of inconsistency between the Foundation Stage and the Literacy and Numeracy Strategies, and improve practitioners' understanding of how literacy and numeracy should be incorporated into the Early Years.

16. Literacy and numeracy consultants have received up-dates on Foundation Stage.

Shared training for numeracy undertaken in cross county course during 2002.

To address this recommendation Literacy and numeracy teams have been working in partnership on many early years training initiatives over the past three years, – currently initiatives are, Continuing the Learning Journey and Foundations Stage ISP. Consistency of messages secured.

17. The Committee endorses the LEA's efforts to emphasise that the Curriculum Guidance for the Foundation Stage is the core curriculum document for all Early Years settings, including primary schools.

17. Recommendation in place. The Curriculum Guidance continues to be used as a base for all planning and training course content.

18. The Committee recommends that the child development content of Early Years training available in Kent be reviewed and, where necessary, additional training developed.

18. Recommendation taken forward. Child Development training courses have been included in the tendering framework.

19. The Committee recommends that further ways to support the development of oral language skills in all Early Years settings be explored.

19. "Writing in the Air" – this was action research carried out by teachers, with support from Schools Advisory Service and early years tutor Christ Church University. The research focussed on boys' writing/early writing in general by ensuring that oral compositional skills were developed to each child's full potential.

The resulting publication was sent to all schools and pre-schools. Training has been offered to all clusters on the project.

Speaking Listening and Learning", a cluster INSET training package was also delivered last year with the aim of improving oral language development. There are plans to deliver further training on "Communicating Matters" as a cluster based project in collaboration with Speech and Language therapists and other staff from Education and Libraries.

20. The Committee recommends that, alongside the Early Learning Goals, the County develop a definition of 'school-readiness' that is based on behaviours and attitudes rather than acquisition of formal skills. This could be used to focus the aims of Early Years provision.

20. No specific progress to date.

21. The Committee does not wish Foundation Stage learning in any setting in Kent to be adversely affected by pressure to achieve results in certain skills in Key Stage 1 Standard Assessments Tests.

21. Training for teachers in observing and documenting children's learning against the curriculum guidance for Foundation Stage has been provided.

Programme also in place for training Teaching Assistants on observing and documenting children's learning.

Training for teachers in the use of the Foundation Stage Profile for both formative and summative assessment has been offered to all schools.

Moderation (LEA statutory duty) has been carried out by SAS

Development and trailing of work with schools which tracks progression for individual children throughout the year has been carried out.

Work on tracking progression in writing and reading is included in all projects and training as appropriate.

Transition

22. The Committee recommends that the County undertake an assessment of the effects of single-term entry policies, and investigate the practical implications and potential benefits or pitfalls of greater flexibility in admissions.

22. The school admissions code of practice came into force on 31 Jan 03. It says that where places are offered to children who are not of statutory school age that they should offer the parent the option of deferring admission until the child reaches statutory school age. This clearly gives parents flexibility in deciding when their child starts school. The decision on a single point of entry is not one that the LEA can impose on a school, it is for the Head and Governors to decide.

23. The Committee recommends that the County explore the possibility of allowing schools who wish to extend a less formal, experiential learning

approach into Key Stage 1, and who can demonstrate that they have the necessary expertise, facilities and parental support, to do so on a trial basis.

23. Early Years Team briefed all DAOs and SDAs about schools requests to move Foundation Stage into Key Stage 1 and have provided some insights into possible ways forward with this.

Cross county INSET courses have been provided in all areas of the county to support schools in considering the implications of this way of working and taking it forward. For example, the time issues linked to the development of a more experiential approach, the necessary learning environment, and the teacher's skills in assessing learning via observation.

DFES/ QCA INSET package – Continuing the Learning Journey now published and being delivered (see point 16 above).

24. The Committee welcomes the introduction of the Kent Foundation Stage Record of Transfer, and emphasises the importance of accurate and considered information about every child being passed on and utilised by schools, and the desirability of face-to-face contact between the practitioners concerned.

24. Recommendation in place. Record of Transfer training continues as an ongoing activity. It continues to be received well by both pre schools and schools. Moderation has taken place.

Outdoor Areas

25. The Committee endorses enthusiastically the forthcoming work of the Kent EYDCP in drawing attention to best practice regarding the set-up and use of outdoor areas.

25. The initial project with Learning through landscapes (LTL) has been completed and a book documenting the work is due to be launched in Spring 06. The project has now been extended to one group per cluster. These groups will become cluster 'hubs' and a series of networking activities developed. Focus for the next round of activity will be outdoor art/music/ photography.

26. The Committee expresses a desire to see use of outdoor areas addressed in the Partnership's forthcoming good practice guides.

26. The outcomes of the LTL project will be illustrated in a separate publication,(see above activity) however effective use of outdoor areas will be included in the guidance published in March 2006.

27. The Committee recommends that an audit be undertaken of the existing facilities in maintained settings in Kent to assess the current quality of provision.

27. CSDMs are currently undertaking research with schools and the results of the research will be made available to the EYCU.

28. The Committee recommends that curriculum-appropriate facilities of the highest possible quality be incorporated as a matter of course in the design of new maintained nursery units in Kent.

28. The building specification for new nurseries has been completed and is illustrated with photos. This is available to all schools on the SAS Early Years web site and cluster web. The specification is used by architects, who are contracted to build new nurseries, in the county in order to ensure quality buildings that impact positively on the curriculum. The dimensions in the specification should also be used for reception classes and their attached outdoor areas.

As new nurseries come on stream Heads are provided with an information pack which includes suggested furniture/resources and information to support recruitment of teacher and other staff. Visits to all completed new nurseries are made by Early years team and feedback given to Property Services of any concerns

Parental Involvement

29. The Committee recommends that consideration be given to producing for providers in all sectors in Kent a 'toolbox' of suggested strategies for engaging parents, perhaps as an element of the Partnership's forthcoming good practice guides.

29. As a result of the provision of Government funding through its Excellence in Cities initiative. Work is currently in progress to develop a manual and tool kit to ensure 'whole family engagement in the Children's Centres experience'. This will be complete by March 06.

30. The Committee recommends that consideration be given to a County-wide initiative, or the production of suitable materials in accessible formats, to inform parents of young children about the Foundation Stage and enable them to participate in their children's learning in the home

30. A cluster based pilot project on working with parents is taking place during Autumn and Spring 2005/6 involving pre-schools and schools. The outcomes of the project will be used to disseminate good practice across county. Courses based on outcomes of this pilot are already advertised in SAS training schedule for summer term 2006.

Publication linked to project due to be completed during Spring 2006

CTRL Domestic Services

January 2003

1. Having heard all the evidence the Joint Select Committee believes strongly that CTRL Domestic services have the potential to improve the lives of thousands of people in Kent and Medway and should provide the best possible benefit to the people of Kent and Medway. Specifically, the Committee:-

- (i) welcomes the consideration of options for enhancing services through CTRL Domestics including a spur to the North Kent Line at Ebbsfleet and also to Canterbury and Folkestone via Ashford but would also**
- (ii) urge the DfT to run extending CTRL Domestic services on the North Kent Line to Medway and Swale (including the enhancements necessary to increase capacity at Rochester Bridge as referred to in Recommendation 3 below), thereby unlocking the market of areas served by the North Kent Line beyond Gravesend, and would also**
- (iii) urge extension of services on the East Kent Line to Ramsgate via Canterbury.**

1. CTRL DS will start in December 2009 and will serve Canterbury, Folkestone, Medway, Swale and Ramsgate

2. Any option to extend services to Gravesend should include enhanced services to Rochester and Medway failure to do this only would increase congestion on the roads from Medway/Sittingbourne/Faversham to Gravesend/Ebbsfleet/London. The Committee believes further research needs to be done to identify predicted levels of traffic congestion as a consequence of not extending services to Medway and beyond.

2. CTRL Domestic Services will extend to Medway and beyond

3. Increasing train capacity at Rochester and Strood through capital improvements in the form of a new bridge across the Medway and improved track layouts and signalling is fundamental to opening up the potential of the North Kent Line to the East and relieving existing pressures. Further research should be undertaken as a matter of urgency to identify amounts and sources of capital funding necessary for these improvements.

3. KCC and Medway jointly commissioned consultants to press the case for more capacity at the Medway Towns. The proposals were not accepted by Network Rail who considered the costs involved were significantly underestimated by the Councils' consultants

4. We would expect the SRA's investigation of options for CTRL Domestic services to take the benefits of regeneration into account. KCC/Medway's role in the consultation scheduled to take place in 2003 should emphasise the benefits of regeneration in the extension on CTRL Domestic services and also the benefits to the network, passenger and freight services which would result from

capital improvements at Rochester Bridge and its approaches. Regeneration supported by CTRL Domestic services could also have a positive impact on demand for services; this should also be recognised in any future cost-benefit analyses.

5. The Department for Transport should also consider regeneration benefits alongside the best value-for-money options identified by the SRA. Regeneration in East Kent and in the Thames Gateway should be considered as a major driver in any decision on CTRL Domestic services.

4 & 5. The regeneration effects of the CTRL were taken into account to justify putting public money into the scheme. The direct regeneration effects of the CTRL DS have not been taken into account.

6. The 'Union Rail' option identified in the Joint Select Committee's terms of reference does not include an analysis of existing and anticipated demand. Further work should be carried out to assess potential demand for CTRL Domestic services.

6. Only very recently has the Train Operating Company, seriously started to assess the potential demand for CTRL DS at individual stations

7. The Committee recognises that people, business and the environment in Kent and Medway have suffered for several years, and will continue to suffer, as a direct result of the work necessary to complete the CTRL and the disruption caused to the rail network. Recognition of this factor should be considered in future service patterns, and agreements. People have accepted the impact of the CTRL project in the expectation that CTRL Domestic Services would be available.

7. Generally there is acceptance that the proposed CTRL DS coverage is good, linking those towns in Recommendation 1:3:1 and also including through to Dover which was not mentioned in these recommendations

8. CTRL domestic services should not be considered in isolation, but the opportunity should be taken to upgrade and enhance the rail network throughout Kent and Medway to complement the introduction of CTRL Domestic services. Further work should be carried out with the Rail Passenger Committee to ensure that service patterns reflect the needs of consumers in the short term and longer term.

8. Existing services have also been considered in the new service patterns from December 2009 but the big 'loser' is Maidstone which will lose its off-peak service to London Bridge. Conversely there will be more trains in the peak period from Sevenoaks, Tonbridge, Tunbridge Wells and Dartford

9. It is understood that the Department for Transport will publish its recommendations on CTRL Domestic Services in the near future. The Joint Select Committee, the County Council and Medway Council should be advised at the earliest opportunity of the timetable and mechanism for this consultation.

9. Have been published many years ago. Revised timetable from December 2009 will be produced mid December 2007.

10. The number of lorries carrying cross-channel freight traffic through Kent and Medway doubled in the years 1995-2001, and is set to double again in the next 15 years. The Joint Select Committee should now explore the relationship between freight and the necessary rail links to major ports such as Dover, Sheerness, Medway, and Ramsgate.

10. Railfreight to Kent ports has not grown. Linkage to Dover still not restored

11. Where possible, without detriment to existing services and without the need for infrastructure upgrades, there should be domestic use of unused Eurostar pathways from Folkestone to Waterloo via Ashford, the CTRL phase 1 (when completed) and Fawkham Junction.

11. This did not happen. It would have required new Eurostar trains to operate on this route - the only train equipped to travel on the CTRL and existing lines (overhead/third rail power and advanced signalling on the CTRL).

South East England Regional Assembly (S E E R A)

February 2003

Addressing structural imbalance – Impact on East Kent

The Select Committee's report pre dates the Regional Assembly's preparation of the Regional Spatial Strategy for the South East – the South East Plan. This now has statutory force as a strategic planning document following the 2004 Planning Act and when finalised (in 2008) will replace county level policy currently contained in the Kent and Medway Structure Plan 2006. It incorporates an update and roll forward of the Regional Transport Strategy (2004).

The draft South East Plan aims to address intra –regional economic disparities within the South East region identifying a broad coastal belt as underperforming economically. This includes the sub regions of East Kent and Ashford and Kent Thames Gateway but also the Sussex Coast, South Hampshire and the Isle of Wight.

Since 2003 changes have also been introduced to the mechanisms for assessing regional priorities for transport investment with the Assembly's Regional Transport Board now advising Government on investment priorities to be reflected in regional funding allocations. The latter currently prioritise East Kent Access and, for the longer term (post 2016), the Ashford Smart Link Bus Priority Scheme. M20 Junction 10A is now within the national highways programme (Targeted Programme of Improvements).

The East Kent Sub Regional Investment Framework accompanying the draft South East Plan identifies other projects important to regeneration and improved accessibility (particularly at Dover) or to supporting growth at Ashford but their funding has still to be determined.

Assembly Resources and Relationship with GOSE

Since 2003 the Assembly's staffing resources have grown in part supported by central government revenue streams directed at supporting preparation of the RSS.

With the demise of the Government's original intent that the regional assemblies should evolve into directly elected bodies the direct influence of central government (GOSE) in regional strategy remains strong – for example it is Government that ultimately approves the content of the RSS.

In developing the South East Plan the Assembly, with the support of its local authority members and in response to public consultation has sought to assert a distinctive and independent view notably in relation to future levels of housing provision in the region and the need for adequate infrastructure funding to support growth.

Monitoring SEEDA 's responsibilities

Through bespoke select committees the Assembly carries out a scrutiny role in relation to SEEDA undertaking three topic investigations each year. Recent investigations addressing the economic responsibilities of SEEDA have included its role in promoting urban renaissance (2004) , poverty and inclusion (2005), business

support and business links (2006) and responding to the global economic challenge (2007).

Advisory Groups and Co-ordination

The advisory group structure within the Assembly has evolved with recognition of the need for greater cross topic coordination during the formative stages of the RSS prior to its submission in 2006 and to reflect the Assembly's assumption (from GOSE) of responsibility for the Regional Housing Strategy. There is a recognition within the Assembly of the need to improve the involvement of advisory groups at key stages in the policy development process and the closer working relationship that now exists between the Assembly and its member local authorities should assist this in future.

The Assembly and Democracy

The membership and voting structure of the Assembly remains as that in place at the time of the Select Committee's original report. There are 112 members with 74 nominated by member local authorities and 38 nominated by the Assembly's partner organisations in the social, environmental and business sectors.

Economic development and transport responsibilities

The current division of roles between the Assembly and SEERA will be substantially altered by the Government's proposals under the 2006 sub National Review to pursue a single regional strategy under the aegis of the regional development agency and to abolish regional assemblies by 2010. However it is envisaged that this will be accompanied by a stronger emphasis on partnership working at a sub regional level and a clearer role for local authorities in economic and regeneration strategy.

Domiciliary Care

March 2003

Strategy/Policy

KASS has continued to forge links with the Health Service to develop Intermediate Care Schemes.

Operations

Systems are in place to monitor care services and that service users receive the total amount of care time allocated to them through a joint approach from care management and contracts.

The uptake of Direct Payments has greatly improved and KASS staff are required to offer a direct payment to all service users who would be eligible.

Support for older people using Direct Payments has been improved with the development and expansion of the Support Team.

KASS continues to provide support for these with moderate levels of need and this ensure that essential preventative work can be effectively undertaken.

External Policy

KASS has consistently lobbied Central Government to provide adequate funding for Social Care, including domiciliary care.

Communication/PR

KASS has developed Integrated Community Equipment Stores in 3 areas across the county. KASS now has met its targets to deliver 85% of all equipment and minor adaptation within seven working days of assessment.

County Duty Service plays an important role in providing information to service users, carers and members of the public.

The complaints leaflet has been redesigned in line with government guidelines.

The work of Area Benefit Officers has been enhanced and supported by the introduction of Specialist Financial Teams who as well as undertaking financial assessment work for the purpose of charging will also be able to identify benefit maximisation opportunities.

The Future of Rail in Kent (Freight)

June 2003

1. Greater emphasis must be placed on the significance of rail freight in national, regional and local strategies

1. There is greater emphasis placed on the significance of rail freight in national, regional and local strategies and overall, domestic rail freight has grown since privatisation. However, rail freight through the Channel Tunnel has declined due to a combination of poor service quality (particularly in mainland Europe), high charges through the Channel Tunnel and severe competition with road haulage across the Channel

2. The SRA must bear the responsibility to build confidence in the future of rail freight. There is a clear case for greater investment in rail infrastructure. The Committee urges the SRA to support the re-introduction of Freight Facilities Grants at the earliest opportunity.

2. SRA abolished. Grants for freight projects on rail and waterways have been reintroduced.

3. The Committee would support a thorough appraisal of the development of the North Kent Thames-side area that considered the potential for road, rail and sea interchanges.

3. Nothing happened.

4. The Committee recognises that Kent should not be the site for a national, inland road/rail interchange facility and efforts should be directed to increasing the efficiency and flow of freight from facilities at Daventry.

4. KCC has supported Howbury Park proposal in Bexley and is resisting proposal in Hollingbourne (KIG)

5. The Committee would welcome the development of a coherent strategy to reconsider the potential of the North Kent Line and other routes through North Kent and Medway. In this context the Committee supports LaFarge's plans to develop interchange facilities at Holborough.

5. KCC supported Lafarge's proposals at Holborough for cement works and rail connection and planning permission was granted. Provision of road infrastructure allowing rail access in site constructed but change in company's policy has meant not developed

6. The Committee does support road/rail/sea interchanges at the major ports in the Kent; however development will need to consider the potential of the existing road infrastructure and contribute to a shift from road to rail, and not cause an overall increase in road use.

6. No proposals have come forward

7. **On the North Kent Line and the East Kent Line, to Dover and Thanet, the Committee would urge the SRA to consider the potential benefits to freight of any upgrades necessary to accommodate CTRL (D) services**
7. Alterations to tunnel to allow CTRL Domestic Services to Dover will have regard to future possibility of freight services
8. **The Select Committee supports moves to develop train-ferry facilities at Dover and welcomes the news that the SRA will carry out enhancements to increase the loading gauge on the tunnels between Dover and Folkestone when demand has been demonstrated.**
8. Train ferry services from Dover have not been developed
9. **The Committee and the business sector would welcome clearer guidance from the SRA on the technical constraints that inhibit the freight movement in the County and greater openness from Union Rail over their plans for the operation of the CTRL.**
- 9 Union Railways attitude on freight on the CTRL still not clear. it is likely that if freight does travel on the CTRL it will have to travel at night and the track access charges will be significantly higher than use of existing network. Economics of the services would have to weigh track higher access costs against more cost-effective loads being carried on the CTRL with higher loading gauge
10. **The Committee urges the SRA to support the enhancement of capacity on the Hoo Branch line, which serves the regionally and nationally significant facilities at Thamesport.**
10. Freight loop scheme on Hoo Branch Line still not constructed
11. **Where track and signalling need to be renewed, this should not be considered on a simple 'like for like' basis, but the opportunity should be taken to explore how enhancements to the infrastructure can support other complementary projects and facilitate wider strategic objectives.**
11. Track and signalling improvements being carried out simultaneously on East Kent upgrade scheme
12. **Debate over Central Railway should not detract from efforts to optimise the potential of the existing network.**
- 12 Central Railway scheme seemingly not being pursued
13. **The potential to develop rail links to East Kent should recognise the potential growth in passenger and freight services at Manston Airport, Ramsgate Harbour and in the future Lydd Airport.**
13. Nothing proposed at present and unlikely to be unless significant growth is more certain.

Drug Use and Misuse

Summer 2003

There has been no formal monitoring of this report since it was published. The Health Overview and Scrutiny Committee will need to build this into their work programme.

There is an inter-relationship between this topic review and the topic review to be published shortly on Alcohol Misuse.

Vocational Pathways

November 2003

On 2 December 2004 the Select Committee was reconvened and received a report updating them on the progress made with the Select Committee recommendations as set out below:-

1. Policy

1.1 The LEA should actively involve a broad range of young people in all stages in the development of a 14-19 Strategy.

Improve student's attitudes, motivation and attendance

- Focus work of the KS3 Behaviour Strategy.
- Work with schools and colleges to develop behaviour and attendance strategies to meet needs of schools and students.

Commission a survey of young people's perceptions and expectations of learning through the 14-19 phase of education.

2. Transition

2.1 The LEA should investigate as soon as possible the use and potential benefit of research into emotional intelligence within Kent schools, noting the current work being done through pilots.

2.2 The LEA in partnership with Connexions must ensure that an improved level of pastoral support and careers guidance based on best practice is provided in the early years of secondary schooling, and throughout the 14-19 period.

2.3 The LEA should take steps to encourage sufficient pastoral care in Year 7 in order to avoid the onset of disaffection in this Year.

Pilot of Emotional Intelligence in Channel and Hugh Christie schools could be extended to other schools if found to be helpful to students and improves learning motivation and achievement.

Improve the advice and guidance to students at the key transition points in the 14-19 phase.

- Provide support and training for young people and staff in using Fast Tomato; a computer-based careers package that illustrates routes to employment, starting with Year 9 students.
- Improve the capacity of all staff in schools to deliver high quality impartial information, support and guidance by designing and implementing a CPD seminar programme, improving 1-1 delivery skills e.g. identifying and addressing barriers to learning and achievement and the effective use of ILPs.

Ensure all learners are well prepared for further study, training or employment at transition points.

- Improved Careers Education and guidance at KS3 & 4 through Adviser support and KS3 strategy.

Improve the levels of learner support to increase awareness of options, retention and achievement.

Develop and extend the work of Pas

3. Increased Flexibility

3.1 The LEA must actively encourage schools to introduce some learner choice in Years 8 and 9 in order to avoid disaffection.

Improve the advice and guidance to students at the key transition points in the 14-19 phase

- Encourage greater use of Fast Tomato, a web based guidance system which links a self-assessment/future planning guidance programme to local and national opportunities databases.
- Provide support and training for young people and staff in using Fast Tomato starting with Year 9 students.
- Support schools in the process of completing an ILP for each learner.
- Raise awareness and appreciation of vocational progression routes, including MAs.
- Improve the capacity of all staff in schools to deliver high quality impartial information, support and guidance by designing and implementing a CPD seminar programme, improving 1-1 delivery skills e.g. identifying and addressing barriers to learning and achievement and the effective use of ILPs.

Ensure students have accurate and accessible information, allowing them to make informed choices on achievable goals at points of transition.

In collaboration with partners, publish an Opportunities document in all 14-19 collaborative areas so that young people from Year 9 onwards have a broad menu of flexible learning pathways to choose from.

3.2 The LEA should encourage the taking of GCSEs when it is appropriate for the learner (earlier or later).

Put in place mechanism to ensure that all institutions recognise previous levels of learning and qualification students have achieved.

Implement Individual Learning Plans (ILPs) so that all records of achievement (including Progress Files) follow the learner to enable progression and avoid repetition.

3.3 The LEA in partnership with the LSC (Learning and Skills Council) should encourage the spread of the Increased Flexibility Programme (IFP) throughout all secondary schools in Kent at Key Stage 4, involving FE colleges and employers.

Establish an inclusive and flexible curriculum matched to the needs of all 14-19 Learners. Strengthen the structure, content and profile of vocational programmes

- Use findings from the Increased Flexibility Programme to inform future curriculum development.

Share curriculum development expertise and resources within and between Clusters/Collaboratives, identifying appropriate mechanisms for sharing information.

- Disseminate IFP findings as a result of LSC evaluation.

Evaluate and disseminate findings from the Increased Flexibility Programme to inform future curriculum development.

Sustain and improve the IFP Programme. **Establish an inclusive and flexible curriculum matched to the needs of all 14-19 Learners. Strengthen the structure, content and profile of vocational programmes**

- Use findings from the Increased Flexibility Programme to inform future curriculum development.

3.4 The 'Strategy for 14-19 years' must ensure that vocational options should be available as a right to learners of all ability ranges and through this age range.

Develop a network of Vocational Skills Centres to delivery training in vocational and key and basic skills. To be delivered between schools, colleges and training providers, linking provision to local regeneration needs.

- Project brief to VSC Project Manager, with clear lines of communication to LEA, LSC, FE and Connexions.

Extend curriculum choice and improve cost effectiveness, in particular for Levels 2 and 3 vocational courses.

- Vocational Skills Centres established from September 2005. Rolling programme of increased provision.

Effectively deliver the KS4 WRL entitlement to develop positive attitudes to life long learning, motivation for progression and employability skills.

- Evaluate Enterprise pathfinder projects and disseminate results to schools and EBPs.

Link the Enterprise Advisers working with schools to the Vocational Skills Centres

Deliver additional Levels 1, 2 & 3 vocational courses, to be rolled out across the Clusters/Collaborative Partnerships to improve and increase choice.

Vocational Skills Centres established from September 2005. Rolling programme of increased provision

3.5 The LEA should play an active role in raising the status of vocational education amongst parents, teachers, employers and learners to achieve parity with academic subjects.

Use the outcomes from the National 14-19 Pathfinder Projects as models for collaboration to broaden and make more relevant the 14-19 curriculum offer.

- Through CPD and Adviser visits.
- Publication of recommended timetabling and curriculum structures on website and publication to schools.

Extend curriculum choice and improve cost effectiveness, in particular for Levels 2 and 3 vocational courses.

Evaluate the work of the Vocational Skills Centres to inform future provision.

3.6 The LEA in partnership with LSC must monitor the profile of learner uptake on vocational courses, and encourage learners to cross gender-based boundaries, in following vocational pathways.

Establish a climate of acceptance of all students. This will include those who have distinctive needs to ensure the student entitlement is realised for all. We will also work towards breaking down traditional gender barriers in some occupational areas.

- AEN adviser support to Collaboratives and individual schools.
- LEO support for Cluster/Collaborative planning for inclusion.

All partners providing pastoral support and careers guidance to actively promote non-traditional career opportunities via mentoring, work tasters and placements.

3.7 The LEA should extend the existing '16-19 learner entitlement' to 14-19 years.

Ensure all learners are well prepared for further study, training or employment at transition points.

LSC and Kent Student Entitlement document adopted by all schools

4. Implications of Flexibility

4.1 The LEA must encourage the broadest possible choice for all ages in the 14-19 group, and positively engage in the LSC's StAR review (Strategic Area Review).

Provide strategic leadership and take responsibility for development and implementation of activities, which support the 14-19 phase.

- Work with the LSC to ensure the outcomes of the STAR reviews to ensure the most effective disposition of providers in terms of cost and quality to meet student and employer needs.

Extend curriculum choice and improve cost effectiveness, in particular for Levels 2 and 3 vocational courses.

- Vocational Skills Centres established from September 2005. Rolling programme of increased provision.
- Negotiate and implement provision based on StARs outcome

Build exemplar case studies in curriculum provision, timetabling etc Disseminate via web sites, CPD events and advisers.

4.2 KCC should encourage the strategic development of new 'skills centres', starting in Ashford and Kent Thameside.

Develop a network of Vocational Skills Centres to delivery training in vocational and key and basic skills. To be delivered between schools, colleges and training providers, linking provision to local regeneration needs.

Vocational Skills Centres established from September 2005. Rolling programme of increased provision
Develop a network of Vocational Skills Centres to delivery training in vocational and key and basic skills. To be delivered between schools, colleges and training providers, linking provision to local regeneration needs.

4.3 The LEA should in the planning of new Secondary Schools give consideration to the provision of vocational facilities on site.

Improve the quality of accommodation and teaching resources where shortcomings are affecting the quality of teaching and learning.

Audit current resources and accommodation, informed by StARs and Building Schools for the Future/ PFI programme/VSC programme.

4.4 The LEA should conduct further research into the funding arrangements of vocational provision at Key Stage 4 in order that the increased cost of vocational training is reflected in future funding allocations.

Provide strategic leadership and take responsibility for development and implementation of activities, which support the 14-19 phase.

- With the LSC, secure resources and target areas most in need of support and build 14-19 provision.

Sustain support and engagement of KCC Members in extending vocational skills pathways/provision.

- Encourage members to lobby Cabinet for prioritisation of resources for Vocational Skills development (14-16).

Develop the Forum's partnership structure to provide for an Executive Group with a number of Sub Groups reporting to it on finance/ data analysis

Appoint a 14-19 Strategy Manager to be responsible for coordinating joint LSC/LEA planning and funding of provision according to learner and skills needs, reporting to the Executive Group.

4.5 The LEA should encourage schools to establish a Kent pilot project wherein providers pool all 14-19 budgets.

Develop the Forum's partnership structure to provide for an Executive Group with a number of Sub Groups reporting to it on finance/ data analysis

Appoint a 14-19 Strategy Manager to be responsible for coordinating joint LSC/LEA planning and funding of provision according to learner and skills needs, reporting to the Executive Group.

5. Transition to the Workplace

5.1 The LEA in partnership with Connexions should take a leading in promoting labour market awareness amongst teachers and learners.

Develop capacity, relevance and quality of work-based learning (WBL).

- Map KS4 to modern apprenticeship progression routes.
- Develop progression routes to WBL from 14-16 by increasing the opportunity for extending vocational provision in the Vocational Skills Centres and extending WBL occupational tasters for young people at risk of entering the NEET group.

Effectively deliver the KS4 WRL entitlement to develop positive attitudes to life long learning, motivation for progression and employability skills. Ensure experience of enterprise education for all students

- Disseminate case studies on good practice, through website, Advisers and CPD in collaboration with EBPs.

Evaluate Enterprise pathfinder projects and disseminate results to schools and EBPs.

- Further develop the work of EBPs.

Ensure there are sufficient specialist teachers and tutors to meet the needs of the 14-19 curriculum offered in Kent educational institutions.

- Implementation of the Teacher Recruitment Strategy.
- LDSA/LSC training for vocational GCSEs.
- KCC CPD programme drawing on the expertise of Kent Leadership and Innovation Centre (KLIC).

Improve WRL provision through a focus on training teachers involving exchange programmes with FE tutors and WRL providers.

5.2 The LEA should encourage secondary schools to take up new ways of providing work experience, other than the common provision of a one-two week block at the end of Year 10.

Ensure educational provision is informed by the needs of employers and encourage improved participation in and quality of work placements.

- Provide framework for good practice in work experience through Work Experience Quality Standard.
- Disseminate information on employment and skill needs in the local and national labour market.

Liaise with EBPs on provision and organisation of work experience to link more effectively with curriculum and needs of students and employers.

5.3 Targets for work placements (including Modern Apprenticeship).

Develop capacity, relevance and quality of work-based learning (WBL).

- Map KS4 to modern apprenticeship progression routes.
- Exploit the growth potential of MAs amongst employers by undertaking a review of training and advice on MA's to employers.
- Develop progression routes to WBL from 14-16 by increasing the opportunity for extending vocational provision in the Vocational Skills Centres and extending WBL occupational tasters for young people at risk of entering the NEET group.

Carry out evaluation of e2e provision and develop strategy to deliver in schools.

5.4 The LEA and the LSC should conduct an audit of the whole of vocational and work-related Key Stage 4 provision (FE colleges and schools). The LEA should develop a set of targets and indicators for these areas.

Establish an inclusive and flexible curriculum matched to the needs of all 14-19 Learners. Strengthen the structure, content and profile of vocational programmes.

Implement recommendations of the 14-19 Audit of Provision which incorporates: Audit of learners needs, Audit of curriculum, Audit of current and future skill needs, Assessment of the quality of provision.

6. Learner Support and Personal Development

6.1 The LEA should give a high priority to promoting the quality and availability of physical, spiritual and value-based education given in schools for 14-19 year olds.

Ensure that there is high quality physical education, spiritual and value level education across Kent schools.

- Implementation of Kent Sports Strategy and development of physical education in Kent schools, building on good practice.
- Implementation of Study Support Programme for the development of RE and Citizenship across Kent schools, drawing on best practice.

- Implementation of Next 4 Years targets which focus on developing healthy living through support for healthy schools initiative. **Ensure that there is high quality physical education, spiritual and value /level/ education across Kent schools.**
- Implementation of Kent Sports Strategy and development of physical education in Kent schools, building on good practice.
- Implementation of Study Support Programme for the development o RE and Citizenship across Kent schools, drawing on best practice.

Implementation of Next 4 Years targets which focus on developing healthy living through support for healthy schools initiative.

6.2 The LEA should encourage Connexions to produce area-based information on education and employment options and offer independent advice to learners to assist them with their post-16 choices.

Ensure students have accurate and accessible information, allowing them to make informed choices on achievable goals at points of transition.

- Support development of comprehensive publications in language and formats accessible to all students on post-16 opportunities to inform young people of the full range of education and WBL opportunities across all post-16 providers in local areas.

6.3 The LEA should promote the wider benefits of teachers undertaking secondments or placements in the workplace and vice-versa for employers.

Promote the uptake of secondment and placement by teachers in workplace as part of Kent's CPD programme

- 6.4 The LEA should in partnership with schools explore the success of alternative forms of aptitude testing as a tool in raising attainment and helping students decide their progression routes.

Provide teachers with support and training in the use of aptitude tests and careers guidance tests.

7. Collaboration or Competition?

- 7.1 The LEA, alongside the LSC, must promote the joint planning of 14-19 provision with clusters/areas, including FE colleges

Implement the Cluster and Collaboratives 14-19 plans for significantly more accessible provision from all stakeholders, especially in terms of balance of individual and shared 14-19 specialism and curriculum pathways.

- Implement recommendations of StARs
- Implementation of the LEAs Strategic Vision for Secondary Schools. Require schools to collaborate in order to access VS Centres provision

- 7.2 The LEA should have a named officer co-ordinating collaborative activities between the maintained and independent sectors at cluster/area level.

Officer not yet in place

7.3 Improved collaboration with business community.

Develop capacity, relevance and quality of work-based learning (WBL).

- Map KS4 to modern apprenticeship progression routes.
- Exploit the growth potential of MAs amongst employers by undertaking a review of training and advice on MAs to employers.
- Develop progression routes to WBL from 14-16 by increasing the opportunity for extending vocational provision in the Vocational Skills Centres and extending WBL occupational tasters for young people at risk of entering the NEET group.

Carry out evaluation of e2e provision and develop strategy to deliver in schools.

8. Progression Routes

8.1 The LEA should monitor attainment and progress of 14-19 year olds as a whole, in addition to the attainment at the end of Key Stage 4.

Increase the aspirations of young people and their parents.

- Monitor the outcome of the annual Leaver Destination Survey to match aspirations against outcomes and monitor gaps.
- Link with Aimhigher to provide a broad range of experiences both in and outside the learning environment focusing on:
 - Making sure young people understand the range of opportunities available to them
 - Addressing barriers to access
- Challenge the aspirations of young people and parents by providing information on options available at key transition points, to show parity of esteem between vocational and educational frameworks.
- Enable parents to understand the opportunities and support available in 14-19 progression routes including access to HE, through parents' events and targeted information and literature.

Track all students in the 14-19 phase and use the information to assist planning of AEN provision, including expanding students' access to vocational training to national accreditation.

- All partners (LSC/KCC/Connexions) to work together in newly established data management group to refine student-tracking mechanisms.

8.2 Simplification of qualifications system.

Support the implementation of Tomlinson proposals to bring about simplification of qualifications system

Residential Care

December 2003

Residential Care

Care at Home

KASS has developed a number of schemes for recuperative care both in residential settings and in the person's own home, including specialist services for people with dementia.

KASS in partnership with Home Improvements Agencies and Homesafe Services has provided minor adaptations to older and disabled people to enable them to live safe and independent lives.

Arts and Museums

February 2004

Feedback on the recommendations to the Select Committee on 23 April 2005 - which sets out under each recommendation what will be done and how.

1. That the budget level and source for Arts events be clarified. The level of funding should reflect the aims of the Cultural Strategy

1. Since the Select Committee report there has been a complete review and overhaul of the Arts and Museums Unit. From 1st January 2005, the Museums function has moved to Libraries and Archives in line with national policy and to facilitate funding. Arts staff from within the library service have been re-deployed in new roles within the newly created Arts Development Unit. A new Head of Unit took up post on 21st February 2005. The funding for the new Arts Development Unit is clear, with sufficient funding to fulfil KCC's strategic objectives.

2. The strategy for Arts officers is to be commended and encouraged. Where there are User groups in Libraries they could be extended to embrace Art Galleries and Museums to involve the community further in the programme and to provide feedback on events.

Following consultation, the Arts Officers and Assistants have been re-deployed in new roles within the new Arts Development Unit in order to ensure a co-ordinated strategy for the Arts in Kent. In order to highlight the learning, creativity and community focus of the new Unit, a new Arts and Creativity team has been created incorporating the following new posts: two Community Arts Officers, three Learning and Creativity Officers and three Arts and Creativity Assistants.

3. KCC should continue to deliver Arts programmes. Delivery of Arts programmes should be a priority, taking every opportunity to link with District Councils. The up dating of buildings should be subject to a separate review, preferably looking for funding from external partnership sources.

KCC is continuing to deliver Arts programmes and this is now more co-ordinated following the redeployment of the Arts Officers into new roles within the new Arts Development Unit. The new strategic direction of the Arts Development Unit will ensure enhanced co-ordination with District Councils. £995,000 has been obtained from the Heritage Lottery Fund for the updating of the Sevenoaks museum, gallery and library (the Sevenoaks Kaleidoscope project) and funding is being sought for a new library/gallery museum building in Ramsgate to replace the building that was destroyed by fire in August 2004.

4. KCC should work with partners to seek local solutions to immediate storage problems as outlined in the cultural strategy.

As part of a partnership with Canterbury City Council, SEMLAC and the University of Kent, KCC in the form of the Museum & Heritage Development Manager and John Williams are currently financially supporting a feasibility study into the creation of an Archaeological Resource Centre for Kent. Once this report has been completed it is hoped that an HLF application will subsequently be made to create this store and if

successful this will provide space for the Channel Tunnel excavations as well as archaeological collections from small independent museums with cramped stores. A further development is that KCC has agreed to progress the development of a Kent History Centre to accommodate Kent's archival collections. A schedule of accommodation and costs has been produced and a bid for central government PFI credits submitted for a facility that will incorporate library and adult education provision; enhancing storage along with access, education and information.

5. KCC Arts and Museums to lobby SEMLAC, South East Arts Council, the Office of the Deputy Prime Minister and all relevant government funding agencies to set aside funds for a national strategy and implementation plan to solve the problem of museum storage.

No action on this due to the fact that at present the government is reviewing the MLA and it is likely that SEMLAC and the other Single Regional Agencies may be replaced by regional MLA offices, following the format used by the Arts Council in England.

6. To assess the Best value of Arts and Museums it is recommended that after the Transforming Kent Libraries project is complete a Best value review should be undertaken.

A comprehensive review of the Arts and Museums Unit has been completed

7. An evaluation should take place by KCC officers of the lasting effects of the Creative Partnership Project.

KCC remains in close contact with Creative Partnerships and in July 2004 and received copies of the first independent evaluation of their work. The work of Creative Partnerships is evaluated nationally and KCC has contributed to this evaluation. One of the Arts Development Unit's business plan targets for 2005/06 is to examine and learn from evaluations of Creative Partnership's work.

8. Arts officers to approach Creative Partnerships to offer their venues and facilities to become involved in projects.

The Unit has held several meetings with Creative Partnerships and more formalised training is now under way. The new Arts and Creativity team are working more closely with Creative Partnerships and will continue to complement their work across the rest of Kent. Furthermore, both the new Head of Arts Development and KCC's Assistant Director for Policy and Community Services are on the Creative Partnerships Board.

9. The Arts officers are encouraged to work across Directorates with the community development officers, the Arts and Museum unit and the County Archaeologists to strengthen the links with Education.

The new Head of Arts Development reports directly to the Head of Community Development, who also leads the Community Schools Development team. Furthermore, the Unit is a key player in the formation of Cross-Directorate Community Service Forums, which are now being rolled out across the County.

New posts of Learning and Creativity Officers have been created as a result of the review. These are arts professionals who will work directly with learning providers.

10 Kent has shown admirable initiative in co-ordinating the Kent Connects Network and beginning the project to digitise its archives.

Once SEMLAC's ICT Strategy for the South East, 2004' is published, a representative from Kent should become involved in the implementation of the strategy, forming partnership relationships and seeking external funding where possible.

The ICT policy is part of the three domain-specific strategic programmes governing SEMLAC work. The strategic programme for museums is *Renaissance in the Regions*. Kent is represented in the developments related to the SEMLAC ICT Policy directly through the Museums Development Officer; an employee of SEMLAC based in KCC arts and museums office and paid for by funding from Renaissance in the Regions. As part of this work the Museums Development Officer has visited nearly all the registered museums in the County and completed a database of information about each site. This will serve as the foundation for sector improvement initiatives linked to all SEMLAC policies, including the ICT policy as part of the Renaissance in the Regions strategic programme. Her work involves establishing partnerships between museums in the County and providing information to and seeking external funding for museums in Kent.

11. Kent should seek to provide links to the National Grid for Learning for its museum sites whilst in Kent's care, working in partnership with the KMG and Kent Medway Museums Partnership.

Due to the fact that there was a gap in museum officer provision in KCC until April 2004 the KMMP had lapsed as a functioning body. It is now beginning to establish some idea of the role it should be providing and possible ideas for joint working. In addition, KMG has also had management problems due to the departure of the chair and it is currently reviewing how it can become more active in the museum environment. The Museum & Heritage Development Manager and the MDO are members of the management committee of both organisations and are currently working with both bodies to develop these organisations.

12. Further work to be done to seek external funding for regeneration. The considerable external funding knowledge which exists throughout the County and District Council's should be pooled to avoid duplication

The Arts and Museums have an admirable record of securing external funding (illustrated by their recent achievement of £995,000 HLF for Sevenoaks Kaleidoscope) and also have the support of the Education and Libraries External Funding team.

13. Tourism unit should co-ordinate with Arts and Museums unit and further partnership links should be developed with District Council Tourism Officers.

As part of the Kent Big Read, the Arts Development Unit has established working relations with many of Kent's tourist attractions. A new post of Creative Industries and Marketing Manager has been created as a result of the 2004 review, and the Job Description for this post includes links with tourism and using the arts to boost tourism.

14. Arts and Museums, Arts officers in Libraries, and Adult Education should collaborate closely, especially where they do not share the same facilities.

The Arts Officers have now been re-deployed in new roles within the new Arts Development Unit and are no longer situated within the Libraries service. However several of the new Community Arts Officer and Learning and Creativity Officer posts are still based in libraries. Furthermore, close working with the Libraries Service is written into job descriptions and a Strategic Manager from the Libraries and Archives service was a key member of the Project Team that implemented the review.

15. Art therapy and reminiscence works are valuable tools in involving sections of the community with KCC's museum resources. Arts Officers should co-ordinate across the Directorates and to the Health Authority to offer access to their resources to support this work.

There is expertise in this field within the Arts Development Unit and the Unit plans to explore the possibility of working in this way over the coming year.

16. A database of qualified curators within Kent should be compiled, together with their specialist interests, who would be willing to give formal and informal advice to independent and voluntary museums. This work could be done through the Kent Museum group and/or the Kent Medway Museum Partnership.

The Kent Medway Museum Partnership distributed a questionnaire along the lines of the above in August 2004 and the database is currently being established.

17. Kent Museum Group should be encouraged to explore the options for training courses, especially in marketing, display and conservation, using best practice from throughout the SE region.

As part of the Museum Development Officer work several training events have been arranged for museums in Kent and seven are currently being advertised covering cultural diversity, fundraising, accreditation, forward planning, disability awareness, disaster planning and family learning. The KMG are now looking at their programme for the year and it is hoped that expert speakers will be included in this schedule which will increase training opportunities considerably for all Kent museums.

18. Kent should work to divest itself of the ownership of its museums by initiating talks with District Councils and interested groups.

Due to the staffing changes in libraries the Honorary Curator based at Folkestone has taken early retirement and this post is no longer part of the library service at Folkestone. This has meant that the Hythe Service Level Agreement is currently being reviewed and discussions have taken place with the Town Clerk. It is likely that within six months this service will cease to be provided by KCC.

19. While the long-term strategy should be as recommendation 18 above, KCC should continue to support the development of the Sevenoaks Kaleidoscope project.

The Sevenoaks Kaleidoscope Project is remaining within the Arts Development Unit, following the 2004 review. A further £995,000 was obtained from the Heritage Lottery Fund towards the end of 2004 and is currently being project-managed by an external consultant. The Kaleidoscope is on course for its formal opening in 2006.

20. A long-term objective should be as recommendation 18 above, but in the interim, KCC should begin the task of designing integrated museum functions to build on the excellent work done so far at Folkestone Library.

No action has been taken. Due to staff changes in libraries the library member of staff, described as the Heritage officer, employed at Folkestone who effectively ran the museum has left and currently there is no library staff involvement in running the museum. This matter is being reviewed at present.

21. That the Arts and Museum business plan target should be reinstated to complete an outline project plan for the whole building housing Ramsgate Library, Art Gallery and Museum, to co-ordinate with regeneration plans for the area.

The building housing Ramsgate Library and Arts Gallery was destroyed by fire in August 2004. Plans are being put in place for a new building with new facilities that will be accessible to all and also co-ordinate with regeneration plans for the area.

22. A working party to assess the options for Gravesend Museum, co-ordinating with Gravesham Borough Council to rationalise resources.

No action has been taken due to the staffing changes taking place in libraries. It is likely that the Honorary Curator role currently provided by the library will not continue and discussions will need to be arranged to discuss what help KCC could offer Gravesham Borough Council regarding their museum once staffing issues at the library have been settled.

23. Arts and Museums foster and build on their partnerships with District Councils and other district and County Councils outside Kent, accepting that some have greater skills and resources invested in the sector than KCC.

The three new Local Arts Partnerships (involving district councils, KCC and the Arts Council are now well established. With the appointment of a new Head of Arts Development we anticipate that KCC will build on these established relations with District Councils.

24. A medium term strategy be drafted for Art Galleries, including their future use.

Officers from the Project Implementation Team that led the 2004 review visited a selection of the County Council's art galleries as part of the review. Plans have been started and discussions have taken place with the Libraries and Archives Service about responsibility for the Community Art Spaces and some of the smaller galleries remaining with the Libraries and Archives Service. The aim is for the smaller spaces to be managed as a community resource by the Community Librarians. The larger galleries will showcase local, national and international talent.

The newly appointed Community Arts Co-ordinator is now taking this forward in consultation with staff from both the Arts Development Unit and Libraries and Archives. The review aims to ensure branding, marketing and programming of the highest quality in the main galleries.

25. The value of the Arts programmes has been proved to improve the quality of life for communities and contribute to educational achievement. Options for the Arts Officers working as Library staff should be reviewed, including closer collaboration with other units and organisations.

This recommendation has driven the creation of the Arts and Creativity team whose focus is on learning and creativity in schools, colleges and the wider community. This team will generate a wide range of arts events and projects to enhance learning, creativity and regeneration throughout Kent.

Procurement of Construction Contracts

July 2004

(i) KCC Property Group should be empowered to procure building contracts using frameworks and partnering arrangements.

i) Property Group is empowered to procure building contracts using frameworks and partnering agreements. It does this in collaboration and dialogue with client directorates whose capital projects are managed by Property Group. However, the use of partnering agreements as defined in the report has been minimal, since this is considered to offer less competitive advantage to KCC. The use of frameworks has been more common.

(ii) KCC Property Group should undertake an audit of existing SKILLS in order to establish a team within the Property Group to manage the County Councils building programme in a cost effective manner.

ii) I inherited in August 2005 a dedicated team for managing the County Council's building programme. Therefore I assume an audit of existing skills was undertaken prior to this being established.

(iii) KCC's Property Group should, drawing from other County Councils experience, work with constructors in Kent to establish an appropriate benchmarking system that includes the client, for construction work.

iii) The precise meaning of this recommendation is a little obscure to me, but we do benchmark and monitor the performance of the contractors we use.

(iv) KCC to commit to a systematic two stage framework and partnering approach, given the willingness of the construction industry to adopt this way of working.

iv) KCC has committed itself to the use of frameworks. As explained in answer at i) above, use of the partnering approach as defined by this report has been minimal. It is considered to offer less competitive advantage to KCC than frameworks, and Property Group's experience would question the "willingness of the construction industry to adopt this way of working" in terms of proven value for money to KCC as the client body.

(v) A standing committee to be established and to include:-

- (a) a representative of each political party;**
- (b) Key officers in each of the Directorates**

This group will monitor the Property Group in the execution of its function as and when required, and the oversight of the review, inclusion and structuring of the approved contractors list, including the financial banding of construction work.

- v) No such standing committee has existed so far as I know.
- (vi) **Members should be given a clear understanding of both the role of the Property Group within KCC and how it executes its function.**
- vi) I assume this may have been implemented between publication of the report in July 2004 and my taking up post in August 2005.
- (vii) **Property Group to market their services to internal clients, and where appropriate school boards.**
- vii) Yes, this is carried out where appropriate.

(Information supplied by Mike Austerberry – Director of Property – November 07)

Sport in Schools

March 2005

Feedback below on recommendations submitted to a reconvened meeting of the Select Committee on 10 January 2006.

1. PE & sports training should be offered to all teachers as part of their initial training and their Continuous Professional Development (CPD).

National CPD implementation plan in place. 100% of evaluations rate CPD opportunities as good or better. Higher Education Institutes have been invited to participate in CPD strategic planning group.

Ongoing dialogue between KCC and Partnership Development Managers (PDMs), facilitated by the six regular meetings between PDMs.

Kent Faculty of Tutors has established 70 trained tutors who are active in supporting delivery, of Primary Link Teacher training and other CPD opportunities.

2. The LEA should offer access to coaching courses for governors, parents and young people as well as teachers.

41 coach education courses offered between April and November 2005. The "Coaching for Teachers" programme is now under the national CPD "umbrella" and available to teachers and adults other than teachers.

Intention to pilot a Sports Leadership project in North West Kent - appointment of a full time Co-ordinator due in December 2005 (start date in January 2006).

3. School clusters and School Sport Partnerships should be co-terminus as soon as possible.

Plans in place for PE, School Sport and Club Links (PESSCL) news update. Regular network meetings in place and PDMs, Directors of PE & Sport supported regularly.

School Sport Partnerships & Clusters not co-terminus but (PDMs) meet six times a year with partners and an induction programme has been organised for the 7 new PDMs

4. The programme for all schools to be included in school sports partnership should be completed as soon as possible and sooner than currently planned

Action completed - all 13 partnerships now in place generating annual funding of approximately £3 million for county schools.

Two partnerships now fully expanded - (Angley & Hayesbrook). 11 further bids will be with DfES by 27th January 2006, with all partnerships due to be fully expanded by September 2006.

5. The LA and schools should encourage Advanced Skills Teachers (ASTs) to specialise in Sport.

The Schools Advisory Service continues to deploy a team of Advanced Skills Teachers (ASTs) across Kent. Four new primary school ASTs with PE as their main focus and 10 secondary school ASTs with PE and Dance as their main focus.

6. The LA must provide information to schools, through the clusters that clarifies the differing roles of the School Sport Partnerships (SSPs), the Sports Development Unit and the PE Advisory Service, including their responsibility to promote participation in sport.

Clusterweb being used more frequently with weekly bulletins and updates including information on Performance Reward Grant (PRG) funding, Schools Olympics and the Big Lottery Fund. School Sport edition of Sports Voice newsletter distributed to all schools via cluster web to enhance clarity of roles.

7. Clusters should be encouraged to always include sport in schools on their boards agendas.

PDMs encouraged to look at Cluster Plans. Increased collaboration, including cluster training days, occasionally being used to raise PE and school sport agenda

8. Schools within the same cluster should be encouraged to co-ordinate their timetable by year group, so they can compete against each other and co-ordinate the shared use of resources.

Raised at PDM meeting. No resolution reached due to impracticality, however, “soft” and “hard” federations of schools are developing where resources are jointly planned e.g. Cornwallis School, Senacre and Oldborough Manor Schools, (the New Line Learning - South Maidstone Federation) and the PE courses available to young people at post 16 federations such as Hayesbrook and West Kent College.

10. The LA should strongly encourage schools to listen to their pupils’ sporting and activity preferences and widen the choice of activities on offer, particularly at age 14+ to increase participation, competitiveness and to develop fitness.

Meetings in place with PE Associations, PDMs (six annually) and the Directors of PE and Sport. PE conference held in July 05.

11. Head Teachers should consider introducing flexibility in the way PE teachers are employed (later start and finish time or flexi-hours).

British Association of Advisers and Lecturers in Physical Education (BAALPE) guidance on workforce reform has gone to schools via e-bulletin, including input from Kent Leadership and Innovation Centre (KLIC) with reference to Planning, Preparation and Assessment (PPA) time, and flexibility of TAs, Adults Other Than Teachers and coaches. BAALPE (British Association of Advisers and Lecturers in Physical Education) Safe Practice in PE guidance document is used and promoted to all schools.

12. As part of the “extended schools” concept, all schools across Kent, including the independent sector, should be encouraged to make a commitment to share facilities and expertise.

Ongoing – Sevenoaks School facilities used for Basketball programme and Kent Disability Youth Games Ongoing – Sevenoaks School facilities used for Basketball programme and Kent Disability Youth Games.

Service Level Agreement (SLA) with Community Schools team in place. 65 schools advised on facility development/ community use with a further 51 on other school sport matters.

PE and School Sport festivals and other local arrangements for using facilities are in place.

13. The collection of baseline activity levels of children's exercise should be continued and extended across the County.

PESSCL Survey results have been analysed for 158 schools so far and indicate that 64% of 5 – 19 year olds are meeting the target of 2 hours high quality PE and school sport per week.

Sport England has launched a national survey to ascertain participation rates. A Kent and Medway Physical Activity Survey is also underway.

14. All schools should be encouraged to include sporting as well as academic talent on their Gifted and Talented register.

Sports Colleges working with National Governing Bodies (NGBs) to establish programme of academies and master-classes. Canterbury High School (Athletics), Hayesbrook (Basketball) including Gifted and Talented summer schools; master-classes are examples of work undertaken.

Gifted and Talented Co-ordinator provided with information on Kent Free Access for National Sports-people Scheme (FANS). 8 sports colleges now running Junior Athlete Education programme. Sports colleges provide Gifted and Talented summer school programmes.

15. KCC should press government to remove the requirement to achieve 25% A* - Cs at GCSE before being allowed to apply for Specialist Sports College status, as this discriminates against Kent's High Schools.

Continue to build links with national agencies such as the YST and DfES so that at the time of application, consideration of bids from Kent schools takes into account the local context.

Angley has been successful in its bid for a second specialism (as a high achieving school) and Hayesbrook are in the process of bidding for their second specialism (vocational) and have also been identified as a high achieving school.

3 Special Schools interested in bidding for Sports College Status. A meeting between YST and special schools is scheduled for January 2006. Angley has been successful in its bid for a second specialism (as a high achieving school) and Hayesbrook are in the process of bidding for their second specialism (vocational) and have also been identified as a high achieving school. 3 Special Schools interested in bidding for Sports College Status. A meeting between YST and special schools is scheduled for January 2006.

16. KCC should show that current national and sport specific structures do not maximise participation and urge government to simplify the system to enable funding to reach grass roots athletes.

KCC submitted comments on the current structure of sport to the national Independent Review of Sport, which has been published and reflects the comments made. Recommendations have yet to be taken forward by central government. September 2005 announcement that all elite work will go to UK Sport & English Institute of Sport with Sport England's primary focus on community sport from April 06.

17. The LA must maximise funding through sponsorship of schools leagues, competitions and sports kit, Private Finance Initiatives, matched funding, funding for small projects etc, in order to increase participation and raise standards.

Continued implementation of Big Lottery Fund programme and out of schools hours activity programme funding.

Supporting schools with "Sports Match", "Awards for All" and "Sports-saver" bids. 7 Awards for All bids school sport have been successful in the last year totalling £26,147, with Sportsaver and Pfizer funding totalling £5,215.

18. The LA should contact County and National Governing Bodies (NGB's) of sport and School Sport Associations to discuss ways of improving relationships and raising coaching standards.

Encourage School Sports Associations and NGBs to work more closely together. A condition of funding for School Sports Associations is that they work closely with NGBs.

Ongoing discussion with KSSC regarding use of this condition as part of School Sport Association (SSA) funding. Governing Body Whole Sport Plans to take account of this. Kent County Football Association (KCFA) and Kent Sports Football Association (KSFA) both sit on Charlton Athletic Steering Group to encourage co-operation.

19. The LA should increase the variety of activities, skill levels, shared facilities and involvement in the community, especially outside school hours and in school holidays by strengthening links with local sports clubs.

Targeted funding to support out of school hours sport on school sites, began in March 2005 and has benefited 72 organisations via a grants programme with 18 more selected for the next round of funding, bringing the total funds allocated to approximately £45,000 across the schemes. £45,000 has been provided to 9 primary schools as playground development grants and £39,000 has been allocated to the 13 SSPs to enhance their Out of School Hours Learning (OSHL) programmes. Kent School Sports Council has also received funding to support its 22 School Sport Associations.

Clubmark accreditation programme being rolled out county-wide. 87 Clubs attended Club Development forums since April 2005.

Community Sports Coach scheme (CSC) rolled out with school links as a priority. 27 CSCs appointed in Kent with a further bid for an additional 17 due in November 2005 (all with school links). DfES funding for CSCs is in place for next year via SSPs

20. As school sport partnerships develop, they should work with the Community Development Unit to increase the diversity and extent of community use of both school and clubs' facilities.

General Community Use Agreement is being drafted with legal services.

21. (a) The Sports Development Unit should make every effort to extend participation in sport or coaching activities throughout post school life.

(b) The Health and Education Partnership should be requested to advise on Healthy Eating in schools.

(a) Ongoing, and see KSDU 6 monthly monitoring report for KCC (BKC 76).

(b) Physical Activity (including food & diet) Alliance launched in Kent in October 2005. Healthy Schools Programme has 4 themes including one for Healthy Eating. 138 schools currently have the Healthy Schools Standard with a target of 310 by December 2006. Schools are supported by the partnership across all the 4 themes including Healthy Eating & Physical Activity. Ongoing, and see KSDU 6 monthly monitoring report for KCC (BKC 76).

22. The LA should encourage the development of the National Coaching Certificate and the establishment of coaching as a professional, structured career.

The Community Sports Coach scheme is being rolled out in Kent. January 2006 - 27 appointed, bid for further 17 in November 2005. Coach Development Officer appointed by Sportscoach UK to support professional development of coaches in Kent.

23. The Public Service Agreement targets 2 hours per week of PE and School Sport. In addition, the LA should challenge all schools to arrange for all pupils to participate in sport or physical activity for a further 2 hours a week in or outside the school day.

See above (e.g. PESSCL Survey results (64%), Funding for activities on school sites, Community Sports Coaches, CPD, development of facilities, PDM and Sports Colleges Network.

Transport Policy – 25-30 year time horizon (interim)

April 2005

1. To meet the anticipated challenges of Kent's growing population and economy:

- **It is of paramount importance that planning for a coherent transport network and its effective management must be undertaken now.**
- **Kent's policies can not be taken forward in a vacuum and must take account of policies at all levels.**

1. Requires a Transport Strategy which is adequately funded and as part of a holistic strategy. This is proposed by Managing Director as an element of an overarching Regeneration Strategy

2. The Committee supports the principle of road pricing as a priority as soon as a national system has been agreed, and if supported by evidence of benefit.

2. National system for Road Pricing has not been agreed and Government is trying to encourage local authorities to establish pilots. The County Council supports pricing of lorries entering the country by a Britdisc or Vignette system.

3. The Committee supports measures to improve traffic management where appropriate to achieve free flowing roads.

3. Traffic management in towns will improve with Urban Traffic Management Control. This is currently being developed in Maidstone but will be extended to other towns in the county. On motorways, the Highways Agency will be introducing automatic traffic control with variable speed limits on the M20 around Maidstone.

4. The current method of national funding of transport, especially highways schemes, needs reviewing urgently.

4. In June 2006 in response to Government consultation, KCC formally objected to the Government's proposal to introduce a 10% "Local Contribution" requirement for major schemes; unfortunately, the Government have decided to adopt this requirement.

5. It is recognised that when planning major improvements to transport infrastructure it will be necessary to have a constructive dialogue with neighbouring local authorities.

5. On Lower Thames Crossing, in dialogue with Essex County Council

6. There will be a need to achieve more modal shift away from the private car*

***The Committee identified that if congestion is not to overcome Kent's roads, it is essential to encourage and persuade people to use transport means other than the private car. The move towards using public transport, cycling or walking is called modal shift.**

7. The Committee recognises that more use must be made of public transport that is cheap, safe, reliable, available and accessible, and to achieve that will need high levels of investment by the public and private sector.

8. All modes of public transport must be improved and integrated.

6, 7 and 8 The County Council has improved bus patronage from 43.4m journeys in 2003/04 to 47.1m in 2006/07, exceeding the target of 46.1m. This has been achieved through promoting the award-winning Fastrack system in Kent Thameside and Quality Bus Partnerships in Canterbury and Maidstone with recently introduced frequent, well defined services with high quality buses in Dover, Canterbury and Thanet.

The County Council continues to promote walking and cycling schemes, spending one-fifth of its Integrated Programme on walking improvements including flagship walking routes in Folkestone and Thanet. Urban cycle networks continue to expand, especially in Ashford and Kent Thameside.

9. The Committee supports the extension of high-speed train links across Europe and the United Kingdom, which should be re-examined to maximise the benefits to Kent.

9. High speed rail links are being improved throughout Europe with extension to Strasbourg and Cologne already built and to Amsterdam next year. There is a lobby for high speed rail links to link London with the Midlands and North of England, but funding has not been granted. Overall Kent has gained in access to high speed rail services, but the start of services from Ebbsfleet has meant a cut in services from Ashford

10. Where possible, local domestic services must be integrated with high speed rail lines.

10. There is some integration of domestic and high speed services, but this will diminish as Eurostar services from Ashford are cut as Ashford IPS is well served by domestic rail services. Ebbsfleet is only accessible by rail from the North Kent Line and then requires taking a Fastrack bus from Greenhithe unless a good link with nearby Northfleet Station can be forged. It appears that CTRL Domestic Services from Ashford in the peak period towards London will not stop at Ebbsfleet (due to lack of capacity) meaning that existing Ashford - Brussels passengers will not be able to access early Brussels services from Ebbsfleet unless they drive.

11. Transport links for passengers and freight to Manston Airport must be improved.

11 Road access to Manston Airport is good from the west and will be from the east when the East Kent Access Phase 2 scheme is completed in 2011/12. Rail access to the area will be improved when the CTRL Domestic services start in December 2009, and currently looking at the viability of a parkway station in the proximity of the airport. There is no likelihood of freight to and from Manston being taken by rail as in volume terms there are relatively small and double handling of the freight (without a direct rail link into the airport) would make the operation uneconomic.

12. If in this time period of 25-30 years Lydd airport is up-graded, it is essential that transport links to it are improved.

12. Current planning application contains only limited transport improvements - improvement to road junctions in the local vicinity

13. Foreign heavy goods vehicles must be charged for using UK roads.

13. The County Council supports a Britdisc system. Government currently exploring a vignettes whereby all lorries entering the country would have to pay

14. In order to ensure that more freight moves from road to rail, there must be sufficient investment in infrastructure.

14. There has been no investment in infrastructure to encourage more rail freight in and through Kent

15. Freight distribution systems must be re-examined to eliminate unnecessary travel, which is environmentally unfriendly.

15. The road haulage is highly competitive and seeks to be as efficient as possible with, for instance, trying to eliminating empty running

16. All Kent ports must be better integrated into the road and rail system.

16. Recent improvements to road access to Sheerness (Second Swale Crossing) and road access to Ramsgate planned with East Kent Access Phase 2 proposals. No other schemes for road and rail improvements to ports currently approved.

Regeneration of Coastal Towns

August 2005

Economic Regeneration - (Chapter Three)

1. KCC Strategic Planning Directorate (SPD) to lead, support and encourage Districts and key stakeholders to develop a long term (for example 30 years) vision or strategy to improve the overall long term prosperity of the coastal towns. (3.9)

1. The R&E Division (formerly R&P) developed a Coastal Action Zone Plan defining a range of existing and potential projects and initiatives and has continued to provide up-dates on this activity to the Committee. With the new Managing Director's proposal to develop a Regeneration Strategy for Kent the issue of a strategy for the Kent Coast will be re-visited.

2. KCC and SPD to continue to lobby for and support the establishment of a new enterprise gateway/hub in East Kent. (3.19)

3. SPD in partnership need to proactively consider the issue of availability of business space and to develop a joint strategy and action plan to target this issue with appropriate stakeholders or partners. (3.21)

2 & 3. The purchase of Manston Business Park in Thanet and the subsequent joint venture being established with Thanet District Council will see this park and nearby Eurokent Park being brought forward in a complimentary way to provide more employment space. Kent Highways has undertaken work at Whitfield Business Park in Dover to help bring forward the availability of that site. In all three cases the East Kent Spatial Development Company, Chaired by the KCC Cabinet Member for Regeneration and Supporting Independence, has engaged with utility companies to support the necessary forward infrastructure development.

4. KCC members and SPD to continue to lobby for and encourage Kent archives and the government agencies needing to move out of London to relocate to the coastal towns. (3.26)

4. Exploratory discussions are now being undertaken with English Partnerships and other partners since the recent acquisition of Connaught Barracks and the adjacent Fort Borgoyne in Dover with a view to utilising part of that site for ARC and associated community benefit.

5. There is a need for both Members and Officers of the Council to lead and raise the profile of EK coastal towns, promoting the positive and the successes, and develop a strategy to raise the profile of EK as part of the regeneration initiatives (3.27)

5. KCC gave evidence to the House of Commons Select Committee report on Coastal Town published earlier this year but, with others, has been disappointed at the Government's initial reaction. Officers are now liaising with other English Coastal areas to explore ways of raising the profile of coastal towns issues and opportunities to ensure an appropriate focus in future.

KCC has been actively engaged with SEEDA and partners as it develops its emerging coastal framework for the region with a view to ensuring the necessary profile for the Kent coastal area.

In the meantime, the East Kent Coast is seeing regular positive press coverage on a number of fronts including:

6. KCC and SPD to consider the development of the entrances and approaches, and to consider the option of holding a national design competition to raise the profile and image of EK coastal towns (3.28)

6. A public realm strategy for Dover town has been developed and resulted in very positive community engagement. The project will shortly see specific improvements at a number of locations in the town including the approaches to Priory Train Station. Other work is progress in Margate linked to the Turner Contemporary and Rendezvous Developments to improve the public realm and linkages between the seafront and old town.

7. KCC SPD, in partnership with Highways, to review signage within Kent with a view to promoting a vision of connectivity and the coastal towns, linking to London, Paris, Brussels etc. (3.30)

7. No specific action to date.

8. KCC and partners need to consider the issues raised in relation to Partnerships (Area, Local and economic/regeneration). (3.44) SPD need to:-

- **highlight the importance of building stronger links between the LSP and the AIF/ASP**
- **support the development of these partnerships to reflect best practice**
- **monitor/challenge the partnerships on outcomes and value added to ensure they are delivery focussed – Filleting, merging or refocusing where necessary.**
- **produce information document detailing the partnerships, their roles and responsibilities, membership etc.**

8. KCC Members and officers have been active at Board level in a number of partnerships in East Kent. The nature of partnerships in the area will now change from April 2008 following SEEDA's review of partnerships this year. East Kent Partnership will not longer exist but the five local authority Leaders are meeting with a view to establishing an East Kent LSP. In terms of the town centre partnership which have also enjoyed SEEDA financial support, the Margate Renewal Partnership will continue with SEEDA holding the Chairmanship and work is ongoing to ensure the continued development of Dover Pride with KCC in the chair.

9. KCC to lobby government to support and in consultation with Districts for the retention of monies arising from the changes to the 2nd home incentives for reinvestment. (3.45)

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10. KCC should encourage and support the wider use of section 106 in promoting the regeneration of EK coastal towns. (3.46)

10. The Developer Contributions team works extensively across the county in working to ensure that S106 opportunities are maximised for the local long term benefit.

Chapter Four: Regeneration & Tourism.

The key points highlighted in the Tourism phase of the review are listed below and are reflected within recommendation 11 as a whole.

- All towns should seek to involve local partners in developing a vision.
- Tourism should have an independent voice at LSP level.
- Statutory agencies should take a lead role in working with train operating companies to identify priorities.
- The potential for tourism as a vehicle for community development, as well as structural social change, should be explored.
- Opportunities for product development should consider the involvement of local people.
- Statutory agencies and businesses should, at the earliest opportunity, identify a marketing strategy that meets the aspirations, and finds the support, of all partners.
- All parties with a stake in the future of the Dreamland site at Margate should seek to resolve the uncertainty over its future in the best interests of local people.
- Where there are concerns over brown tourist information signs these should first be addressed to Babtie as the responsible agency.
- Whitstable's success in developing a niche market has come at a cost to the local environment in terms of congestion and overcrowding. TSE and the County need to work with the Harbour Board and the Area Members Panel, and District Tourism team to develop strategies to manage the growth of tourism potential and ensure that this potential can be optimised rather than dissipated with the support of nearby towns, in particular Herne Bay.
- Following concerns that privatised tourist information centres (TICs) are promoting accommodation not included within star-rating quality schemes the Committee strongly recommends that the County and KTA establish a dialogue with privatised TICs to ensure that this situation is remedied.
- To maximise the benefit to the County of the Channel Tunnel, districts and KTA will need to work together to develop products that attract visitors from mainland Europe.
- The Committee found some evidence that small businesses and local agencies experienced some difficulty in keeping up to date with developments the range of grants that are available to support projects. The Committee hopes that through the mechanism of the

“Tourism House” any information regarding financial support will be readily available.

11. KCC should seek to explore with key stakeholders/partners the best way to deliver a cohesive approach to tourism in relation to regeneration of the coastal towns and consider the key points highlighted. (4.55)

Chapter Five: Transport and Infrastructure

12. The Select Committee welcomes and supports the proposed development of Kent International Airport. KCC (Officers and Members) should continue to lobby government for investment in the infrastructure to support this growth and consider promoting and encouraging the development of an express bus service to the airport (in partnership) to link with CTRL development. (5.7)

13. The Select Committee endorses and supports the response to the SRA especially improvements to the reliability and punctuality of services and the provision of CTRL domestic services to the Kent coastal towns including Dover, and supports the continued lobbying from KCC SPD to this aim. (5.10)

Chapter Seven:

14. The Committee recognise the significant achievements of the PSA partners (Police, Fire, Social services, Education). KCC to promote success of PSA 1, and highlight the benefits through the reinvestment of reward monies and development of more multi-agency working as part of PSA 2. (7.10)

15. KCC SSD/SPD and Members should lobby government to maintain future funding for Sure Start (and similar schemes) and that future savings to other services are reflected, providing successive funding enabling these schemes to continue and evolve. (7.13)

16. KCC and SPD need to lobby Government and other authorities to tackle issues of placements of looked after Children in coastal towns and promote preventative strategies and share practice with other authorities. (7.18)

11 – 16. An ongoing process for KCC and highlighted in this year's Parliamentary Select Committee Report on Coastal Towns

Chapter Eight Environment

17. KCC SPD to ensure the benefits of the environmental asset (both historic and natural) are promoted in support of regeneration of East Kent and attracting a broader socio & economic group. (8.7)

17. KCC's heritage group continues to work closely with colleagues and partners to ensure that opportunities are maximised. For example, the recent purchase by English Partnerships of Connaught Barracks includes the ancient monument of Fort Borgoyne which presents opportunities for social and economic enrichment. Wetland sites are still being actively pursued and the Natural East Kent project is gaining pace as a mechanism for drawing the many assets in East Kent together to present a more cohesive offer in economic, environmental and access terms.

18. KCC to lobby government for exclusion of VAT to repairs on historic buildings. (8.13)

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Chapter Nine: Funding

19. KCC in partnership with Districts should actively seek to identify the low – high risk level of SRB schemes, provide a strategic overview and provide appropriate support and identify possible sources of alternative funding where appropriate. (9.12)

SRB now at an end.

(Information supplied by E & R Directorate – Nov 07)

Water and Waste Water

September 2005

The Select Committee was reconvened on 31 October 2007 to receive a report on progress made with its recommendations.

1. The Context for Ashford's Growth

2.1 2005 Select Committee Recommendation 1

(1) "The Select Committee would endorse the view, expressed by officers of Kent County Council, that the solutions proposed for management of issues regarding the water system in the Ashford growth area must ensure mutual benefit and support, as far as possible, with the economic and social dimensions of growth. The Committee also endorses the view that environmental considerations must be given equal weight in decision-making with social and economic considerations to achieve truly sustainable growth. The Committee recommends that when considering in future how to take forward actions identified through the IWMS, Kent County Council should continue to pursue strongly the objectives of the Kent Environment Strategy. The Council should consider how appropriate actions and targets from the IWMS could be linked to the Environment Strategy."

2.2 Progress on Recommendation 1

(2) The challenge of sustainable development – integrating social, economic and environmental considerations, and giving equal weight to each in the way the Committee recommended – was an important principle in the development of the IWMS and in subsequent policy development for the Ashford Integrated Water Strategy (AIWMS). Since the Select Committee's report, the commitment to sustainable development has been reinforced in the adopted Kent and Medway Structure Plan, and a new water policy statement adopted by Kent County Council in December 2006. The latter signalled a high level recognition by KCC that we need a greater focus on sustainable management of water resources, and set some clear principles against which we can test forthcoming proposals which may affect the water environment. The challenge now is to ensure that these principles are put into practice through, for example, the Ashford Integrated Water Strategy, the Environment Agency's water resources strategy and forthcoming water quality strategy, water company investment plans and the Local Development Frameworks being developed by Kent's district councils.

(3) This challenge should not be underestimated and it will be important to ensure that robust sustainability appraisal (which is a statutory requirement for such plans) is applied to these plans and to specific proposals for water resource development which may come forward in future. At the core of this, as set out in KCC's water policy statement, should be a focus on demand management, as using less water will always be the most sustainable option of first resort. KCC will need to work with EA, water companies and district councils to ensure that such appraisal is indeed robust and reconciles social and economic needs with the need to remain within the limits of what the water environment can sustain.

(4) KCC officers inputting to the IWMS were mindful of the principles set out in the Kent Environment Strategy throughout, and have sought to reflect them in the IWMS. The Kent Environment Strategy is to be reviewed and relaunched in 2008, which provides an opportunity to revisit the question of how to manage Kent's water environment sustainably, to clarify the priorities for achieving this and, crucially, to secure the commitment of a wide range of partners in Kent to making more efficient use of water. This review will be informed by lessons learned from the IWMS and related work, and its conclusions will in turn inform follow up work from the IWMS and other proposals affecting Kent's water environment.

2.3 2005 Select Committee Recommendation 2

(5) ***“The Select Committee would support the establishment of a permanent group for the management, protection and enhancement of the water system in the Stour Catchment, made up of key stakeholders from central government (including planners and regulatory authorities), local government (county and district levels), water companies, and technical and environmental experts. Its remit should include land management issues relating to water and wastewater in the Stour Catchment. KCC should drive the establishment of this group, ensuring that key stakeholders are involved, and that its work dovetails with that of Ashford's Future and the IWMS. The Group should engage actively with local people regarding its work, fostering public ownership and participation in measures to protect and enhance the aquatic environment.”***

2.4 Progress on Recommendation 2

(6) The Environment Agency responded positively to this recommendation of the Select Committee and convened an Upper Stour Stakeholder meeting in early 2006. Following that event, discussion with the EA concluded that the event had been useful in widening the awareness of the issues addressed by the IWMS and highlighting the concerns of stakeholders.

(7) As part of the Water Framework Directive the EA is currently establishing a stakeholder communication programme. Kent is covered by two of the River Basin Districts (RBD) that have been established as part of the Water Framework Directive (see www.environment-agency.gov.uk/wfd). The Thames RBD includes the River Medway surface water catchment and the South East RBD covers a large number of smaller catchments that generally drain south and eastwards. The EA is the competent authority responsible for implementation of the WFD and KCC has been one of the partners in the River Basin Planning process. The EA is managing public engagement through a structured process of consultation that is now underway. This will include catchment-based groups. These will cover cross issue- cross sector work at the local level involving co-delivers. Nine catchment groups are proposed for the South East RBD, including the Stour. The first catchment workshops are planned for January/February 2008. The EA are also establishing issue work groups. For the South East RBD it is proposed that these groups will cover issues including rural diffuse pollution, urban and transport diffuse pollution, point source pollution and flow problems. Issue work groups will commence in November 2007.

(8) In April 2006, water resource planning came under statute (Water Act 2003). This required water companies to place their draft quinquennial plans out to public consultation whilst they are being evaluated by OFWAT. This is expected to take

place in March 2008 for 3 months. The consultation will present their preferred approach to ensure supply of water for the next 25 years. It is expected that the final plans will be approved in April 2009.

(9) KCC has been pro-active in the development of the complementary “Natural East Kent” initiative in the lower reaches of the Stour catchment from Canterbury to the sea. This initiative is currently managed by the East Kent Partnership and involves a range of stakeholders concerned with management of the land and water resources as well as those concerned with nature conservation, tourism and rural regeneration.

2. Ashford’s Aquatic Environment

3.1 2005 Select Committee Recommendation 3

(1) ***“Many of the Committee’s recommendations will be more or less relevant to the welfare of the River Stour. Given that the growth in Ashford’s population will lead to an increase in the output of wastewater, and that this growth sits within a context of higher temperatures and reductions in summer rainfall in the South East it must be stated here that the Select Committee believes that the Stour’s chemical and biological condition, its temperature, flow levels and its chalk river characteristics downstream, and the condition of its environment must be given a priority consideration when carrying out selection of the options for managing water resources and the water supply and wastewater system in and around Ashford.”***

(2) ***“The Select Committee also acknowledges the Environment Agency view that ‘what is good quality for one habitat is not necessarily good quality for another’, and therefore urges that attention should be focused in particular on the quality of the chalk river stretches of the Great Stour. To facilitate this, the Select Committee recommends that as a matter of urgency an appropriate system of monitoring should be put in place to identify critical changes in the chalk river characteristics of the Stour, and to monitor the Stour’s flow levels and temperature, not just the river’s chemical and biological quality. Research should be undertaken to fill gaps in the present understanding of the impact of variations in flow levels and temperature on rivers with chalk stream characteristics. The Environment Agency’s resources should be increased as appropriate to enable this research.”***

(4) ***“Although the Environment Agency’s statutory ‘backstop’ position is to maintain river chemical and biological quality, having noted existing concerns about the state of the Stour, especially in its chalk water stretches, the Select Committee would urge that the firm aim of the Environment Agency and all key stakeholders in the Stour Catchment should be an overall improvement in the chemical, biological and physical quality and the flow levels of the Stour, and in the condition of the Stour’s environment. The Select Committee recommends that such an aspiration should be at the heart of the Stour Catchment Group recommended by this report. Moreover, the Committee would urge that the Environment Agency should be given the statutory mandate and the resources needed to work for the improvement of the quality of surface waters throughout England and Wales. In parallel with this, the Committee recommends that the technical implications of the Water Framework Directive should be clarified as a***

matter of urgency, so that it may be given detailed consideration in forward planning for water supply and wastewater treatment and disposal.”

3.2 Progress on Recommendation 3

(5) The extent to which the EA has been able to respond to this recommendation has obviously been constrained by national policies and funding constraints. Although there has been no change to its mandate the EA is now charged with implementation of the EU Water Framework Directive (WFD) and the very strong compliance requirements of this Directive will effectively start to drive the EA's position on river water quality in the near future. The WFD makes clear that its objective is the improvement of water quality in the environment up to what has been defined as "good ecological status". Although there are some caveats for "heavily modified water bodies" the principle of "no deterioration" is an absolute requirement of the WFD.

(6) The concerns underlying this Select Committee recommendation have been addressed in a number of ways:

- Water quality at sampling sites in and downstream of Ashford show compliance with River Quality Objectives.
- In summer 2007, the EA, following a DEFRA request, submitted a case to DEFRA that the reach from Bybrook to Wye on the River Stour should change in designated under the Freshwater Fisheries Directive from cyprinid to Salmonid.
- Modelling of pollution loads on the river system using SIMCAT software formed part of the IWMS consultants' work and, since then, has been developed further by the EA and used to calculate indicative consent standards for Southern Water's proposed flows. Following the study and a successful bid for Growth Area funds, the EA commissioned the Ashford River Health Toolkit (ARHT). This integrated wastewater management planning tool, will help determine the effect of the development growth of Ashford on the sewerage and surface water infrastructure of Ashford and ultimately on the chemical, including temperature, and biological quality of the River Stour. This is expected to be fully available by March 2008.

(7) Since 1998 water quality in the Stour has shown improvement in phosphorous concentrations due to phosphorous removal taking place at Bybrook WWTW. But modelling work has recently identified that pressures arising from the growth of Ashford are likely to compromise the river environment unless significant additional investment is committed by 2011. One of the problems is phosphorous concentrations throughout the Upper Stour catchment and, although diffuse agricultural pollution does contribute to the problem, this, through investigations conducted through the Catchment Sensitive Farming Programme, has now been found to have a relatively small contribution. The problem is primarily caused by phosphorous levels in the effluent from wastewater treatment works (WWTWs).

(8) The main incremental phosphorous loading will occur at the Bybrook WWTW, however the phosphorous levels are already elevated upstream of Ashford as a result of discharges from the WWTWs at Lenham, Charing and Sellindge. Securing a long-term improvement of river water quality will require investment in phosphorous stripping at these upstream works and enhanced phosphorous stripping at Bybrook.

(9) The upstream WWTWs serve population centres that fall below the threshold at which the Urban Wastewater Treatment Directive would drive this investment. And,

since there are no designated environmental features immediately downstream, there is also no conservation driver for improvements at these works. This means that the required investment of approximately £9m falls outside the scope of normal water industry funding.

(10) At Bybrook WWTW the problem is slightly different. Here established water industry drivers are in place but the level of treatment that is considered to be required by the EA (to meet a mean phosphorous concentration of less than 1mg/l) goes beyond what is regarded as 'Best Available Technology' in the UK and will have high capital and operational costs.

(11) Implementation of the Water Framework Directive requires no deterioration in polluting substances and also the preparation of a Programme of Measures to achieve defined environmental standards for substances, including phosphorus. The draft phosphorus standard for rivers such as the Great Stour is 120 µg/l. The Great Stour currently exceeds this standard significantly. Whilst details of WFD implementation are yet unconfirmed, it is clear that deterioration resulting from growth carries a clear risk of non-compliance with the Directive.

(12) A paper was presented to the Ashford's Future Board on 20th September discussing these issues and suggesting ways forward.

4. Water Resources and the Supply-Demand Balance

4.1 2005 Select Committee Recommendation 4

(1) ***“To support work seeking to achieve and maintain a balance between population growth, water resource management and infrastructure development, the Select Committee recommends that the actual growth of the population and number of households in the Ashford urban area should be closely and regularly monitored. This information should be shared between local authority planners, water industry regulators and water companies, to provide a common baseline for their forward plans.”***

4.2 Progress on Recommendation 4

(2) This recommendation highlights an important issue that has been a source of some tension throughout the development of the Ashford Integrated Water Strategy. Disagreements have tended to centre on alternative projections of future household occupancy rates and ultimately Mid Kent Water have continued to rely on their own processes and projections to assess this. MKW use a consultancy company that provides this service to several water companies and they maintain that the consultants gather information from a number of sources including census data and local authorities population estimates using a process that has been approved by OFWAT. MKW commission this work at an early stage of each round of water industry planning and, since the preparation of the Ashford Integrated Water Strategy did not coincide with that timetable, it proved impossible to gain agreement on a future water demand profile.

(3) Since the processes that the water companies go through to develop their water demand profile and the data that this relies on are both subject to the scrutiny of the industry regulator, it appears that the issue is adequately addressed.

(4) In Kent Thameside a similar Water Cycle Strategy is currently being scoped by consultants. KCC is supporting this and it appears that, in this case, it might be possible to synchronise this to some extent with the industries' PR09 planning.

4.3 2005 Select Committee Recommendation 5

(5) "Assisted by close observation of population growth and number of households in the Ashford urban area, and by further research (as recommended by the draft consultants' report for the IWMS) into levels of non-mains water abstractions, the Select Committee recommends that the area's actual level of demand for water should be closely monitored by the Environment Agency, especially in the planned growth period. This information must be shared between planners, water companies and water industry regulators, so that an agreement as to the baseline position for forward planning can be established."

4.4 Progress on Recommendation 5

(6) Since completion of the consultants' work on the IWMS the EA has produced the Ashford Integrated Water Strategy (AIWMS). This was adopted by the Ashford Future's Board in July 2007. This strategy outlines how the organisations responsible for planning and managing water will meet Ashford's growth challenges. The strategy includes policies to meet the vision and aims of the strategy and an action plan to co-ordinate existing activities and projects recommended by the Ashford Integrated Water Study.

(7) The strategy and action plan is monitored by the Waste, Energy and Water (WEW) Working Group for Ashford's Future. The second annual monitoring report was discussed by the WEW working group at its meeting on 6th September 2007.

(8) The AIWMS includes a policy that 'individual water demand should be reduced' (M2). The EA are currently identifying more robust indicators for these policies as part of a review into how policies in the Ashford Integrated Water Strategy are measured and monitored. Mid Kent Water, as a member of both the WEW working group and the KWDMG, could be asked to identify and present data on actual water demand

(9) Two projects were identified by the IWMS to address non-mains water abstraction. These are included in the Ashford Action Plan of the AIWMS as 'potential/recommended projects' since there are currently no identified leads for this work. More importantly, there is currently no mechanism to allow a conclusive assessment of non-mains demand. Following implementation of the Water Act 2003, all abstractions of less than 20m³/day are now exempt from licensing regulation and therefore not quantifiable. Moreover, until the new authorisations part of the Act is implemented it will not be possible to measure the demand for currently exempt purposes (including trickle irrigation and de-watering activities). Sensitivity analysis for the Stour Resource Assessment for the Stour Catchment Abstraction Management Strategy showed that the effect of abstractions of less than 20m³/day was minimal and therefore that the risk of environmental impact from these abstractions was low.

4.5 2005 Select Committee Recommendation 6

(10) ***“The Select Committee recommends that, given the current uncertainty regarding the viability of Broad Oak reservoir (which must be resolved as a matter of urgency), detailed work should be carried out looking into the viability of alternatives to resource the supply-demand balance in the Ashford area, particularly effluent re-use. Work on effluent re-use should especially focus on the local environmental implications of such schemes, and on public health and acceptance issues”.***

4.6 Progress on Recommendation 6

(11) Mid Kent Water is leading on a process of water resource investigations that is designed to establish all the feasible options for meeting future water needs including reservoir development, wastewater re-use, desalination and improvement of output from existing sources. Phase 1 has identified 41 feasible options.

(12) Mid Kent will produce their draft water resources plan in April 2008. This will promote actions which will satisfy its water resources supply/demand balance for the period 2010 to 2035. The plan has to be approved by OFWAT (the EA is statutory consultee for OFWAT) before it is endorsed. This is likely to be in April 2009. It should be accepted that this timetable may be delayed due to the proposed merger of Mid Kent and South East Water in January 2008. Early indications are that OFWAT will expect only one plan to be produced and thus the companies will have to spend time adjusting their proposals to accommodate the merge.

(13) Strategic Environmental Assessments will be completed for the water companies' final water resource plans. These will provide assessment of environmental, public health and acceptance issues.

(14) An effluent reuse study, to assess the potential for effluent reuse in Southern Region was commissioned by the EA in August 2006. Findings will be reported in late October 2007 and will be used to influence water resource option appraisal.

4.7 2005 Select Committee Recommendation 7

(15) ***“The Select Committee recommends that investigations should continue as to the most effective means to achieve demand management through tariffed metering. The Committee also recognises that incentives are lacking for customers to opt into metering, and recommends that the Government has a role to play in developing such incentives. The Committee would also recommend further research and open discussion regarding the potential costs of metering to customers, the reasons why water companies may apply for Water Scarcity Status and the implications of compulsory metering powers under Water Scarcity Status. The Committee urges that considerations of social justice be given high importance in the development of metering tariffs and that schemes to assist vulnerable customers should be publicised more widely.”***

4.8 Progress on Recommendation 7

(16) Since 2005 the issue of demand management has been gradually gaining attention and there have been several encouraging developments.

(17) Folkestone & Dover Water Services (FDWS) has been granted Water Scarcity Status and have started to implement their plans for 90% metering by 2015. The company has started with the compulsory metering of the whole town of Lydd (using New Romney as a control). Through the Kent Water Demand Management Group KCC has been in discussion with F&DWS about extending this to include a banded tariff and retrofitting water saving measure in existing homes.

(18) KCC has been working with Mid Kent Water and Hillreed Homes to deliver the "Savings on Tap" project. (www.savingsontap.co.uk). The project includes a seasonal tariff that has been in operation since May 2007. Customer survey and monitoring work in November 2007 will provide a first indication of the impact of this. The project has won several awards for Hillreed Homes.

(19) The EA believe that with appropriate social safeguards, metering is the fairest way to pay for water. Metering needs to be central to water resources strategy and should be vigorously promoted in areas of serious water stress. For this reason, the EA expect all houses in the south east of England to be metered by 2015. In January 2007 the EA produced a report identifying areas of water stress. This report provides water companies and other organisations with a classification of relative levels of water stress and allows them to target water efficiency measures in areas of greatest need and greatest potential benefit. The EA believe metering will influence purchasing decisions and so help develop the market for water efficient goods. The EA are examining the effects of tariffs, demand effects and affordability.

4.9 2005 Select Committee Recommendation 8

(20) ***"The Select Committee strongly recommends to the Government that an accredited and recognised system of water efficiency labelling should be developed for fixtures, fittings and appliances using water. To address the important issue of reducing demand in existing housing stock, consideration should be given as to how retrofit of high-efficiency fixtures, fittings and appliances could be incentivised effectively. Installation of such measures in new build should be made compulsory under reformed building regulations, at least in areas where the water supply-demand balance is under strain."***

(21) ***"The Select Committee also strongly recommends to the water industry regulators that a water efficiency commitment should be developed, setting targets for water companies to reduce water use by their customers. Active encouragement should be given by Government and by the water industry regulators to partnership working on demand management projects between water companies and developers, and water companies and local authorities."***

4.10 Progress on Recommendation 8

(22) The national Waterwise project was established in 2006 with the aim of reducing per capita water consumption by 2010. (See <http://www.waterwise.org.uk/>). It is an independent NGO set up by the UK water companies and has been active on the issue of water efficiency rating and accreditation. The KWDMG has been liaising with Waterwise from the outset and the director is an informal advisor during the development of new Kent projects.

(23) A number of trials and pilots are in progress around the country on retrofitting water-saving measures into existing housing stock. These are generally led by the relevant water company and, although the fittings used have generally performed well, the results have shown a rather poor take-up rate by customers. Take-up rates have typically been in the range of 10 to 20% and this is said to be too low to offer any economies of scale for retrofitting operations. Although data from these pilots suggest that savings of between 5 and 20% as possible, concerns have been expressed by some Kent water companies about whether these initiatives will give actual reductions in demand at the water supply mains level and whether any such savings will be sustained over time.

(24) KCC is now leading the development of a pilot project that is being designed to answer these questions. In partnership with MKW, the EA and Ashford Borough Council, suitable areas are currently being identified in Ashford for a 500 home pilot project. The homes will be part of a discrete neighbourhood (called a District Metered Area) that is supplied by a specific water main where MKW have detailed historic monitoring data. The approach would to intensively target the neighbourhood with a package of information, home water audit, advice, voluntary water metering, free retrofit water saving fittings and behavioural change messages and to monitor the impact on overall water demand relative to a neighbouring control area.

(25) The costs of rolling out this project have been included in the Ashford's Future Cost Plan with a view to possibly accessing Strategic Tariff funds for this in future. This could raise the possibility of Ashford's growth becoming water-neutral through a combination of high standards in new buildings and offsetting the remaining additional water demand through investments in the existing local housing stock.

4.11 2005 Select Committee Recommendation 9

(26) “The Select Committee strongly recommends that further research be undertaken into the possibility of introducing rainwater harvesting and other appropriate technologies to new developments in the Ashford growth area. The results of this research should be reflected in the design of future developments in the Ashford growth area and elsewhere, and in the revision of national building regulations.”

4.12 Progress on Recommendation 9

(27) The water consumption standards that have been included in the Ashford LDF Core Strategy will be very difficult to meet without the inclusion of rainwater harvesting systems and, even in its draft form, this strategy has started to generate interest in the technology. Nevertheless, the approach that has been adopted by central government, and now by ABC, is to specify a level of performance that buildings should attain rather than to specify particular technology that should be used.

(28) Discussions have been held with the County Showground management about the possibility of establishing a demonstration rainwater harvesting system on the site. This was initially very encouraging but has since run into problems.

4.13 2005 Select Committee Recommendation 10

(29) ***“The Select Committee welcomes the commitment to and guidance for sustainable development offered by Kent Design, and Ashford Borough Council’s commitment to seeking high standards of water efficiency in new development, including consumption of toilets, taps and showers, bath size and white goods (where installed by the developer). It urges Government to give water conservation measures priority consideration in reform of the building regulations, including provision for stricter standards to be applied by local authorities in areas where the supply-demand balance is particularly under strain. Existing training and information should be extended to support local authority officers in enforcing building regulations and other high standards for design and construction, as deemed appropriate for the needs of the area (e.g. EcoHomes standards, SEEDA Sustainability Checklist, Kent Design principles). Local authority officers should be assured of the resources necessary to enforce such regulations and standards.”***

4.14 Progress on Recommendation 10

(30) This recommendation appears to have fallen on fertile ground as there have been a number of encouraging developments since 2005.

(31) Government has consulted twice on the proposed Code for Sustainable Homes (CSH). The first consultation document took a very weak approach, it was heavily criticised by many organisations, including KCC, and was withdrawn. The CSH consultation was later re-launched in a much-strengthened form.

(32) Although the CSH is not mandatory for private sector buildings to achieve any particular CSH level, 61% of respondents to the CSH consultation expressed the view all new homes should have to state their CSH rating. A follow-on consultation is currently underway on the question of making a CSH rating mandatory on all new build¹.

(33) In July 2007 DCLG / DEFRA committed to bringing forward proposals for revising the Water Supply (Water Fittings) Regulations 1999 to set new performance standards for key fittings (toilets, urinals, washbasin taps etc).

(34) The EA is currently consulting on a new Water Resources Strategy that appears to give a renewed emphasis on water demand management².

4.15 2005 Select Committee Recommendation 11

(35) ***“The Select Committee supports initiatives such as the SE Water Resources Forum, and the Kent Sustainable Business Partnership, which raise environmental considerations further up the business agenda. The Committee would wish to see more businesses applying for environmental management accreditation, and would suggest that more be done to incentivise such accreditation.”***

4.16 Progress on Recommendation 11

(36) No information to report against this recommendation.

¹ <http://www.communities.gov.uk/documents/corporate/pdf/Makingaratingmandatory>

² <http://www.environment-agency.gov.uk/subjects/waterres/981441/137651/?version=1>

4.17 2005 Select Committee Recommendation 12

(37) *“The Select Committee encourages local authorities, DEFRA and the Environment Agency to take forward the following actions:-*

- *compulsory metering of non-mains abstraction within the Stour Catchment, especially any closely linked to water resources for the Ashford growth area, in order to ascertain usage – to be complete within five years*
- *research into the possibilities offered to farmers and horticulturists, through diversification, to proactively adapt to water resource pressures and climate change, and into the best policies and means by which to support such adaptation research into the means to make the most efficient use of water from abstractions, and into alternative water resources (including reservoirs)*
- *partnership working with farmers and with groups such as the NFU, to give practical advice and support regarding efficient water use and the planning, development and deployment of alternative resources. Within Kent, such work could be facilitated by the Stour Catchment group as outlined in Recommendation 2”*

4.18 Progress on Recommendation 12

(38) All abstractions of over 20m³/day, except for exempt purposes (most notably trickle irrigation and de-watering), must be metered as part of their licence conditions. Details of abstracted quantities are submitted to the EA on a regular basis.

(39) KCC started working with East Malling Research and Mid Kent Water to set up a centre of excellence on agricultural and horticultural water use and to develop a pilot project focusing on the soft fruit sector in a priority location for Mid Kent Water. The project was dependent on a bid to the Business Resource Efficiency and Waste (BREW) programme but this was unfortunately unsuccessful.

(40) The EA are currently sponsoring field trials in water efficiency at Brogdale. This work is ongoing.

4.19 2005 Select Committee Recommendation 13

(41) *“The Select Committee would endorse the IPPR’s position that ‘we do not feel that a lack of evidence should mean an abandonment or down-playing of demand management strategies, but that greater effort should be made to build the evidence base on how effective different strategies are in reducing water demand’. Given the existing concern regarding abstraction levels and the potential impact of growth on the supply-demand balance, discrepancies between population and demand projections, and uncertainty regarding the viability of some resource development options, demand management measures must be viewed as an immediate priority for action.”*

(42) “Public education could be led in the first instance by local authorities such as Kent County Council and Ashford Borough Council, in partnership with water companies, developers and local environmental groups.”

(43) ***“The Committee is encouraged by the work of the Kent Water Demand Management Group, led by KCC, in promoting water efficiency in building and business; the work of this Group should be supported and extended to support the mobilisation of stakeholders to systematically address water consumption pressures and develop related business opportunities locally (e.g. in water efficient technology).”***

(44) ***“Should a Stour Catchment Group such as that proposed in Recommendation II be developed, this group could take forward work in engaging the local population to tackle challenges in the supply-demand balance in their area.”***

(45) ***“Local authorities should carry out auditing of their own water use, and take action to improve efficiency. KCC should reaffirm and act on its commitment to carry out a water audit across all its areas of business, excluding schools, within three years. Schools should be encouraged to respond to this action within the same timescale.”***

4.20 Progress on Recommendation 13

(46) KCC is taking a proactive stance in addressing water demand management. However, given our dependence on water industry funding, the piloting and roll-out of projects is constrained by the pace of change within the industry and, ultimately, by OFWAT’s view of best value for customers.

(47) KCC has been active on public education through leading a successful water festival in Ashford on 27th May 2006. This event was supported by a number of partner organisations and attracted some 1000 people. However, it is questionable how many of those have changed their behaviour as a result.

(48) Hampshire CC has been running a programme of water festivals for some years now but are unable to demonstrate any impact on per capita consumption. However, during the drought of 2004 to 2006, awareness raising messages in combination with the hosepipe ban was estimated to have resulted in 15% reduction in water demand.

(49) Behavioural change is a complex issue of which public education is part. KCC is currently developing a more focused approach to this as part of the retrofit project for existing homes.

(50) The KWDMG won a national commendation under the “Inspiring Change” category of the 2007 EA National Water Efficiency Awards for its programme of work that included the Savings on Tap project, the water festival and the Kent Design Guide Appendix.

(51) The KWDMG held a Water Efficiency Seminar on 2nd March 2007 to explain the early results from the Savings on Tap project and to raise awareness of amongst housing developers of emerging water efficiency standards and the technology that can help them to deliver these. Six companies exhibited their water efficiency technology at the event. One company that specialises in rainwater harvesting systems is known to have expanded into Kent using an established distributor.

(52) KCC has also given presentations at a number of conferences including an international “Global Water Efficiency Strategies” conference in June 2007.

5. Wastewater: Completing the Cycle

5.1 2005 Select Committee Recommendation 14

(1) ***“The Select Committee would urge OFWAT (and its successor as the economic regulator) to give greater long-term financial security, through a revised Price Review process, to water companies’ plans for long-term enhancement of their services. The economic regulator is also asked to consider how the process and timing for approval of water companies’ asset management plans could be made more flexible, to allow greater synchronicity with local development frameworks and with actions identified through area projects such as the Ashford IWMS.”***

5.2 Progress on Recommendation 14

(2) The EA will influence Defra and OFWAT through its Water Resources Planning Policy Group. The EA have started the process of reviewing their Water Resources Strategy (‘Water Resources for the Future: A Strategy for Southern Region’) and in July 2007 initiated consultation to establish what the new strategy should include (<http://publications.environment-agency.gov.uk/pdf/GEHO0707BMXQ-e-e.pdf?lang=e>). Over the next year the EA intends to publish a series of working papers for further consultation. These will look more closely at some of the major water resources issues under a range of scenarios. These modules will provide the analysis and supporting information that will feed into the strategy. The scope and content of the papers will be influenced by the responses received from the consultation exercise, but are likely to include impacts of climate change and impacts of growth areas with reference to the South East.

(3) Between April and September 2008, all external stakeholders will have the opportunity to influence OFWAT through the consultation process of each individual water company water resources plan.

5.3 2005 Select Committee Recommendation 15

(4) ***“The Select Committee recommends that not only flood risk implications but also the protection and enhancement of the River Stour should be taken into account in the consideration of all proposals for development in the Ashford growth area. (This recommendation supports the Committee’s Recommendation 3).”***

5.4 Progress on Recommendation 15

(5) Section 2 of the AIWMS Monitoring Report lists the major development schemes that are currently being implemented and provides a helpful assessment of their likely impact on aspects of the water environment including flood risk and environmental water quality. This highlights some concerns regarding drainage issues for the Town Centre developments and the Junction 10 improvements.

(6) The EA work on modelling the river water quality changes that are expected with development is beginning to provide a strong advance warning on potential impacts on the river system and will also help identify what is needed to secure improvements. However, there is currently no mechanism for funding improvements and the only mechanism for preventing damage to the river is for the EA to object to planning applications. It is unlikely that a computer model would be seen as robust evidence of certain damage and there are many precedents that suggest that the only proof that is accepted by the water industry is that damage has already occurred.

(7) Whilst this situation is clearly unsatisfactory, it is perhaps one that should not cause too much alarm as the EU WFD will, over the coming years, begin to exert a powerful influence for the good of the river environment. Concern should probably focus on whether the full development of Ashford will result in pollution loading that that cannot be mitigated sufficiently to both accommodate growth and secure environmental enhancements. The Ashford River Health Toolkit will be modelling this particular scenario as a priority and will be able to indicate the discharge consent standards and runoff controls that will be required.

(8) Although there remains no established mechanism for restricting growth according to anticipated environmental constraints there are other growth centres around the SE region the situation is more critical than at Ashford. The EA report "Planning for Water Quality and Growth in the South East" offers a first step in this but, because of the prioritisation system used, it does not highlight any particular capacity issues for Ashford (see <http://www.environment-agency.gov.uk/regions/southern/955496/1661262/?version=1&lang=e>).

5.5 2005 Select Committee Recommendation 16

(9) ***"The Committee recommends that separate storm and foul sewerage should be installed in place of CSOs, as and when redevelopment work takes place in the vicinity. It also recommends that OFWAT (and its successor as the economic regulator) should ensure there are financial means to fund the replacement of CSOs before unacceptable impacts are detected."***

(10) ***"The Committee also recommends that the Environment Agency should be required to advise the public through posting of notices and through public journals of all untreated or unsatisfactorily part-treated discharges – both licensed and unlicensed – of sewage and effluent into the sea, watercourses or over land. A record of such discharges should be maintained and be available to members of the public."***

5.6 Progress on Recommendation 16

There appears to have been no action against this recommendation.

Gypsy and Traveller Sites

January 2006

The following feedback on progress made with the recommendations was presented to a reconvened meeting of the Select Committee on 29 November 2007.

1. For KCC, in partnership with all Kent local authorities, to take joint responsibility for the establishment of a network of transit sites across Kent. For KCC to co-ordinate the submission of funding bids to the regional housing fund for January 2007 and subsequent bidding opportunities, where appropriate and sustainable. (Page 22, 4.5.10 For KCC, in partnership with all Kent local authorities, to take joint responsibility for the establishment of a network of transit sites across Kent. For KCC to co-ordinate the submission of funding bids to the regional housing fund for January 2007 and subsequent bidding opportunities, where appropriate and sustainable.

The two required planning advice options were submitted by Kent and Medway planning authorities to SEERA by the due date of 15 October 2007, and will very soon be available on the KCC web site, including the full versions of all four Gypsy and Traveller Accommodation Assessments for Kent and Medway. All the authorities agreeing the submission (only Medway Council voted against it) reserved their rights to comment and challenge on any of the options that SEERA consult on. That consultation will take place between 6 May and 29 July next year, and SEERA will decide on the consultation options at a meeting scheduled for 5 March 2008. About twenty-five public meetings may be organised across the South East Region, funded by SEERA and which may be hosted jointly by planning authorities, subject to agreements being reached.

An announcement is expected, before 29 November, on the funding available for the South East Region for the three financial years 2008/11, following the Comprehensive Spending Review. Bidding guidance is expected in December or January.

Recommendations on transit site need were included within the partial review advice submitted. These are very tentative, but based on a mixture of the results of the Gypsy and Traveller Accommodation Assessment and the results of nearly four completed years of data on unauthorised encampments across Kent and Medway.

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2. For Kent local authorities to investigate ways to facilitate growth in the number of self-owned, self-leased and self-managed private sites, within the existing planning and legislative framework.

The Housing Corporation are producing a paper on this subject, which will act as a basis for increased RSL involvement. The South Eastern Director of the Housing Corporation, Fiona Cruickshank, visited the Kent Gypsy and Traveller Unit in August, including some site visits, and also attended the second Kent and Medway stakeholder meeting on the Partial Review of the South East Plan.

The Communities and Local Government Department have now produced revised guidance on Accommodation Assessments. The KCC GTU have developed closer working relationships with Amicus Housing, and are keen to hold an event which involves RSLs operating in Kent, once there are Housing Corporation or CLG new proposals to discuss.

The paper for the Gypsy and Traveller Advisory Board will now be prepared once the Housing Corporation have produced theirs.

3. the KCC Gypsy Unit to investigate the situation of Irish Travellers in Kent, regarding access to local authority sites, and to monitor and report on the pitch occupancy rate on public sites.

The results of the GTAAs in Kent showed that the following percentages of various Gypsy and Traveller Groups had been included in the samples surveyed:

Table 5.2: Gypsy/Traveller Characteristics (% of respondents on authorised and unauthorised sites): GTAA Interview Surveys

Gypsy and Traveller Group	North Kent	East Kent*	West Kent	Sevenoaks
Romany Gypsy	71.4	73.5	93.3	42.6
English Traveller	21.3			38.0
Irish Traveller	5.5	11.8	6.7	11.9
New Travellers	None found	None found	None found	N/A
Welsh Travellers	None found	None found	None found	N/A
Scottish Travellers	None found	None found	None found	N/A
Travelling Showpeople	Not included	14.7	Not included	3.1
Other	1.8	None found	None found	4.4

Gypsy and Traveller Group	North Kent	East Kent*	West Kent	Sevenoaks
	100	100	100	100

** unweighted data*

4. For KCC to facilitate the sharing of best practice between Kent local authorities, over the needs assessment processes, including addressing future needs.

Since the last meeting, KCC has facilitated the sharing of best practice through the Countywide Member Group considering the various Accommodation Assessments produced to cover the whole of the Kent and Medway area.

5. All Transit and permanent site provision in Kent should have amenities and services, including boundary fencing, hardstanding on each pitch, water supply, toilet and washing facilities, waste disposal and electricity supply and ensure adequate health and safety measures are taken.

The weblink for the CLG draft site design guide is:

<http://www.communities.gov.uk/publications/housing/guidancedesignsites>

6. Where transit sites are to be provided in Kent by the district authorities, KCC should offer its expertise in managing sites that have special challenges.

That offer remains in place, to facilitate the provision of transit sites which operate successfully.

7. For all Kent local authorities, to increase the involvement and responsibility of Gypsy and Traveller residents in site management arrangements.

The issue of site management, and the CLG draft guidance, was discussed at a special GTAB in July 2007, and we now await the final version of the guidance from CLG. There is, as yet, no date set.

Engagement with Gypsy and Traveller residents of managed sites continues to develop, and numbers of them attended each of the Partial Review stakeholder events in August and September, for example.

8. For KCC, in consultation with district authorities, to consider having a residential 'gatekeeper' on transit sites in Kent.

There has been further discussion of transit sites, both at the Countywide Group and over the production of Planning Advice Options for SEERA.

Rough estimates of transit site need in Kent have been produced as part of the advice to SEERA.

It is then an issue for District Council and Medway Council planning and housing authorities to cater for in Local Development Frameworks for their respective areas, and the KCC GTU will work closely with councils, when they wish it, over management

arrangements for transit sites, including the involvement of RSLs as potential partners or site managers, too.

9. For Kent local authorities to ensure that any new transit sites in Kent should be self-financing, with rent charged on sites. The revenue costs for the running of transit sites should be shared between KCC and the relevant District/Borough Councils.

Considered in general terms at earlier Countywide Officer Group (CWG) meetings, including a review of information from other authorities, especially in two-tier authority areas.

10. For KCC, with district authorities, to lobby the Department of Work and Pensions to address the difference in the treatment of County Councils (as if they were profit-making landlords) in comparison to housing authorities. This is in the context of the Department of Work and Pensions meeting the full reasonable rent of claimants in receipt of housing benefit who reside on Gypsy and Traveller sites. This is in order to ensure that County Councils and Housing Associations who provide and manage public sites are not forced to subsidise the costs of provision.

Ministers at the Department for Work and Pensions are currently considering proposals designed to produce equity in the treatment of all public site providers over Housing Benefit, as well as to take into account the higher cost of managing sites, compared to the Local Reference Rents which is all the rent that many County Councils receive for many of their site licensees. No decisions have yet been made, but implementation is aimed to begin in April 2009.

As result of the decision to extend the Mobile Homes Act 1983 to publicly-run sites specifically for Gypsies and Travellers, there would be restrictions on the raising of rent on public sites in future.

The National Association of Gypsy and Traveller Officers has suggested that there should be a system of rent-setting across England, brought in over a number of years (as happened with housing rents), so that rents could be directly related to the quality of facilities provided.

If a new system is introduced, it could be helpful to KCC in ensuring that a fairer rate of housing benefit is paid towards the maintenance and management costs of sites than is currently the case.

11. For KCC, with district authorities, lobby the government to provide sufficient resource to ensure that unsuccessful retrospective planning applications can be dealt with in weeks rather than years.

12. For Kent local planning authorities to consider the importance of ensuring that temporary applications are refused in situations where there are material objections, along the same lines as dealing with permanent permission applications.

13. For Kent local planning authorities to consider the importance of ensuring that, where rural exception policies are included within Local Development

Frameworks, there is a need to ensure that they are tightly drafted to mitigate any potential increase in planning applications on these grounds.

14. KCC to facilitate the establishment of a Countywide partnership group, which will work to share best practice and information to reduce and tackle Unauthorised Developments.

11 – 14. A letter has recently been sent to the Kent Planning Officers Group, on Recommendations 11-14, and their response will be circulated to members of the Select Committee.

Since the last meeting, the KCC Gypsy and Traveller Unit has been successful in working with Kent Waste who worked with the BBC “Rogue Traders” programme to expose a partner of the licensee of one of our managed sites as a fly-tipper, including on the access road to the site itself, and prosecution is now expected shortly.

15. For the KCC Gypsy Unit and Trading Standards to demonstrate increased collaboration in effectively reducing the practice of rogue trading, including more effective strategic and operational data sharing.

In place. Gypsy and Travellers Unit and Trading Standards liaise closely on Unauthorised Encampments of concern.

16. For KCC, with district authorities, to lobby the government, to ensure that there is stronger multi-agency working to tackle any criminality or tax evasion in transient populations.

A letter has recently been sent to the Communities and Local Government Department, asking what further support they can provide on multi-agency working, and pledging our support for promoting multi-agency working, which is being practised extensively in Kent.

17. For KCC to facilitate the establishment of a joint Kent and Medway Authority group, to address the accommodation needs for Gypsies and Travellers. The primary objective of this group is to address the accommodation needs that are identified. It will also provide a vehicle for consultation and a sub-regional approach for applying for funding. In addition, it will consider the revenue cost implications linked to site provision, with a view to pooling resources.

A Countywide Group with nominated representatives from all local authorities and other agencies has been established and has met 4 times.

It has, very significantly, included, at every second meeting, individuals invited from Gypsy and Irish Traveller communities, and this has enabled very detailed discussion of issues of mutual concern, and engagement over the planning, housing and needs assessment processes that are proceeding in Kent, the South East and across England.

The work of this group is the biggest progress made with the Select Committee recommendations, as it involves invitations to all the relevant stakeholders, including the Kent Association of Parish Councils.

The Group is the key to future progress with partnership working on the remaining recommendations.

18. For the KCC Gypsy Unit to be renamed as the 'Gypsy and Traveller Unit', in order to reflect the role of the Unit in working with all Gypsies and Travellers.

Achieved.

Home to School Transport

March 06

Feedback on the recommendations submitted by officers to a reconvened meeting of the Select Committee on 27 April 2007. The comments made by the Select Committee are set out in bold.

1. For Kent County Council to make the description and explanation of school transport rules in its school admission booklets more clear and accessible (Page 14).

Officers Response

Description and explanation of school transport has been enhanced in Admission to Secondary School booklet for 2007. This year the booklet featured a dedicated section spanning four pages that clearly explains transport eligibility.

The Transport team has developed a new transport booklet explaining transport assistance in detail. This booklet has been distributed to Primary schools during April 2007 in time for May applications. It has been designed with the applications for transport forms inside the back cover so parents will have full access to transport information on hand while completing their applications for transport.

Officers within Admissions & Transport will also be attending some school open evenings to assist parents in understanding the rules. Admissions & Transport staff will continue to monitor feedback regarding the School Admission booklet and indeed the transport booklet, both of which ask for feedback and suggestions for improvement. Any comments will then be used to inform future editions of the publications.

Select Committee's comments:

- **Members welcomed the production of a separate transport booklet explaining transport assistance in detail, copies of which were given to Members of the Select Committee.**

Mrs Dean raised the following issue, which come to light since the Select Committee Review. The Appeals Panel had heard three cases recently where parents had phoned KCC Admissions in relation to casual school vacancies and were told that KCC did not hold this information and were advised to contact the schools direct. Parents had then made their admission choice based on the information given by the school but apparently they were not given any information about entitlement to transport either by the Admissions Team or the school. Also as the casual admissions team did not keep a record of these phone calls, neither side could prove whether advice in relation to transport had been given. Mrs Dean suggested that when parents contacted the Admissions Team in relation to a casual admission, they should automatically be sent a copy of the transport booklet explaining transport assistance. Dr Craig agreed to look at this issue in more detail.

2. To consider the provision of online systems that supply school admission and transport information and that enable electronic applications and payments (Page 14).

Officers Response

On-line admissions became available to the public from September 2006 for applications for Secondary school places. The on-line Primary applications also went live in December 2006 both of these receiving an impressive uptake far exceeding government targets. In year one, Local Authorities were expected to achieve between 5 - 10% of applications on-line. KCC had an uptake of 17.8% of the secondary cohort and 18.9% of the primary cohort on-line. This was a significant success that resulted in several days inputting being saved. Effectively on-line resulted in the reduction of over 5300 CAF forms being manually inputted by agency personnel.

The system while operating effectively did encounter a number of problems on 1 March when parents tried to log onto the KCC website for their results. Many parents experienced difficulties in getting through as a result of the sheer volume of demand. The system had been tested to cope with up to 1000 hits every 20 seconds but 9 am on 1 March the servers were unable to cope with the demand and whilst not crashing, it did stall and slow down. This problem was compounded by local radio stations advising all parents they could log on and view their result when in fact this was restricted to people who had applied on-line.

As part of the initial on-line projects, consideration was also given to Transport applications being available online. eGov targets prioritised online Admissions ahead of Transport and it became apparent Admissions would take up all the allocated resources for delivering an online scheme. There are also significant changes in transport legislation relating to home to school transport provision and with central government still to finalise the legislation officers consider developing an on-line transport system with so much uncertainty about the extent of provision would not be prudent at the present time.

Select Committee's comment:

Mr Bagshaw explained that in relation to on-line applications for transport assistance, there were changes due in the legislation and the guidelines had not been yet published. Officers were therefore awaiting the publication of the guidance before progressing to a system of on-line applications for transport assistance.

3. To ensure continuous dialogue between Kent County Council and religious denominations in an effort to reflect more accurately the communities that denominational schools serve in the entitlement and provision of free home to school transport (Page 17).

Officers Response

Denominational transport has been granted on a discretionary basis by KCC for many years. The new Admissions Code of Practice that came into effect on

28 February 2007 now requires local Authorities to ensure that transport is provided to the nearest school preferred on the grounds of religion or belief, where this is between 2 to 15 miles for low income families. Transport to denominational schools is generally no more expensive on an individual journey than to any other Kent school. The criteria are the same but also include a confirmation on the form from a priest/vicar that the child is a regular and practising member of a church of the same denomination as the school. For some pupils the church school can be their nearest school and therefore transport would be granted without the confirmation from the Church. Ceasing of transport for faith reasons has been offered within the MTP on a regular basis but has been dropped on each occasion for political reasons. The new code will mean that any such removal of denominational transport could only be for pupils who are not regarded as from low income.

Any extension of the existing policy will require funding. Central government has pledged up to £45 million to local authorities to assist in the implementation of legislative changes to transport provision for those children from low income families. It has not yet been decided how this is to be distributed but however it is unlikely that the allocation for Kent will completed meet the associated costs.

Select Committee's comment:

Dr Craig reassured Members that there was a continuing dialogue at various levels with the Diocesan organisations and the issue of school transport came up regularly. This dialogue was mainly between the Church of England and Roman Catholic school representatives, rather than Methodist and Baptist groups. It was acknowledged that if the 'Towards 2010' pilot (recommendation 20) was successful and rolled out across the County, then there would not be any issues regarding travel assistance to denominational secondary schools. However members were disappointed to hear that no specific discussions had been held with the Diocesan authorities to consider the Select Committee's recommendation, and asked that this be done.

4. That in the interests of consistency consideration be given to free home to school transport for pupils specifically selected by aptitude to attend specialist schools (Page 17).

Officers Response

Home to school transport is provided to children who are selected for grammar school education, attend their nearest appropriate school and live more than three miles from the school. However, they must live within a selective area of education to receive assistance. If they live in a comprehensive area of education, children would not receive assistance to a grammar school even if they have been selected. For children taking aptitude tests to enter specialist or particular types of schools – this would depend on whether or not the school is the nearest appropriate school or not.

It would require a change in the Transport Policy if children are to be guaranteed transport assistance to a specialist school if this is not the nearest appropriate school. Changes in the new Admissions Code of Practice will require that children from low income families must be given the option of transport to any one of three

nearest appropriate schools and will therefore have this advantage from September 2008.

There are a large number of specialist schools and changes would require an extension of the transport provision across the County, with undoubtedly, further financial implications.

Select Committee Members were aware of the current situation but thought it iniquitous and thought free school transport should be considered. They had expected officers to report on the implications of such a decision including extra costs and were disappointed that this had not occurred. However in the light of the Freedom Pass pilot this could now await the results of that trial.

5. That in the interests of consistency consideration be given to providing transport to the nearest single sex school if a preference is expressed by the parents (Page 17).

Officers Response

Policy states that the Council does not take into account a parent's preference for a single-sex, mixed, specialist or particular type of school. In effecting this change there is the likelihood of considerable increased costs due to the distance children would travel if these schools are further away than the nearest appropriate school. There are currently 14 single sex grammar schools for boys, 14 for girls, 4 single sex high schools for boys and 4 for girls.

A change in the policy would also need to consider why parents wanting to send their child to mixed sex school should be treated any less favourably than parents wishing to send their child to a single sex school, and may involve legal challenge.

Select Committee's comments:

- ***It was noted that if the freedom bus pass was rolled out across the County, it would resolve this issue or if not it could be reviewed further.***

6. To ensure additional legal support is available to Members when they exercise their discretion at the Regulation Committee Case Panel (Page 18).

Officers Response

If Members require Legal support, Democratic Services would make the necessary arrangements. Legal Services do charge and this charge would have to be met by Democratic Services. To our knowledge, there has only been one appeal where a Legal representative was present as the parent had brought her own representative to the appeal.

Clerks need to be made aware that in the event of legal advice being required, they could call upon it immediately.

7. To consider younger siblings' eligibility for free transport when applying to a school that, although not their nearest appropriate, is the one to which the older sibling has been directed, therefore receiving free transport (Page 19).

Officers Response

When siblings apply for transport all circumstances are taken into consideration. However, whilst Members refer to the LEA 'directing' pupils to schools there are several scenarios that have to be taken into account:

- (a) If it has not been possible to offer a place at any of the preferred schools at the time of secondary transfer and have allocated child a place – transport would only be granted to the allocated school if the nearest appropriate school had been named and refused a place.
- (b) If a child has moved in and cannot attend nearest appropriate school – Admissions & Transport would advise parent of where there are places available and therefore it would be parents who decide where their child will attend. If they attend the next nearest appropriate school transport would be granted.

If it is deemed appropriate to make changes to the existing policy this would require a Cabinet decision, such a scenario would ordinarily be considered through the independent appeals process. This route is far more appropriate because panels can consider the full implications of individual circumstances and effect the overriding of the policy. This process protects the LA and facilities an opportunity to make exceptions on a case by case basis.

Select Committee's comment:

It was noted that if the freedom bus pass was rolled out across the County, it would resolve this issue. However, this issue may still apply in relation to eligibility for assistance with travel to Primary Schools for a younger sibling. This was an issue that might need to be revisited.

8. For Kent County Council to take lead responsibility in promoting walking bus initiatives. This includes: for KCC to make financial contributions to walking bus schemes; attract business sponsorship to help funding walking buses; encourage a greater involvement of Community Wardens in promoting walking buses at strategic and operational level (Page 26).

Officers Response

Kent Highway Services (KHS) have the lead in this area. This is because the current funding from Government to support the development of School Travel Plans is managed within KHS's Sustainable Transport Team. A specialist team of School Travel Advisors have been in post since 2004 and to date, some 330 approved Travel Plans have been produced by schools in Kent. The team has levered in over £2 million of additional capital grants for Kent schools to support sustainable travel initiatives.

Walking buses are viewed as a very useful tool in encouraging walking to school and have been established at many schools across Kent to support individual school Travel Plans.

KCC enjoys a unique partnership with the Kent and Medway Walking Bus charity and Medway Council in developing and managing walking buses across Kent. KCC/Medway are responsible for the risk assessment and monitoring of routes, as well as providing basic road safety information to volunteers. The charity (affiliated to the KM Newspaper Group), provides support for the walking buses through media coverage, sponsorship and events/prizes to encourage the longevity of the routes.

The partnership has gone from strength to strength in recent years and we have also worked to develop additional walk to school initiatives including the KM Green Footsteps Challenge (walking bug) and Walk on Wednesday (WOW). As a result, there are already over 40 operational walking buses in Kent, one of the highest numbers for any UK Local Authority.

The partnership has also recently supported 130 successful school applications for additional funding from the Department for Transport. This has levered in a further £95,500 of funding to support walk to school initiatives in Kent and the work of the partnership.

Select Committee's comment:

Members were pleased to note the increase in the number of Walking Bus Schemes and the related joint working between officers at County and District.

9. To continue to support and promote initiatives and schemes aimed at encouraging safe cycling to school and at improving the quality of cycling networks and services in Kent (Page 28).

Offices Response

Kent Highway Services continue to support cycling to school by:

- Provision of cycle training to year 6 pupils, as requested by schools. This training is led by the Road Safety team.
- Investing in the improvement and expansion of the cycle network and connecting schools with their neighbouring communities e.g. £160,000 in 2006/07 to implement new links between Christchurch CoE High School and Park Farm in Ashford
- The appointment of a Bike IT officer (utilising new funding as part of the Education and Inspections Act 2006). A match-funding arrangement with the sustainable engineering charity Sustrans has enabled the appointment of a specialist advisor to work with schools and pupils to encourage cycling to school in the Ashford area. Subject to the success of this scheme, there may be opportunities to apply for additional officers to work in other areas in future years.

10. For Kent County Council to enhance its involvement in organising, promoting and monitoring its own car sharing initiatives in order to increase the number of people using the scheme (Page 32).

Officers Response

Kent Highway Services have set up and developed the successful Kentcarshare initiative across Kent (www.kent.gov.uk/carshare). Kentcarshare is a free, simple, secure scheme that enables you to register your car journey on-line and find others to share the costs. The scheme is operated by Liftshare, the UK's largest provider of web-based car-sharing schemes and has over 2000 members.

A sister initiative of Kentcarshare is Kentschoolrun, which enables schools to set up and manage their own car-sharing schemes. This is promoted by School Travel Advisors as part of the development of School Travel Plans. Some 60 free licences were initially allocated to schools but take-up has been quite low due to the need for schools to co-ordinate and manage the scheme on a day to day basis. New legislation relating to seatbelts and car-seats has also caused problems. KHS are currently working to enhance and improve Kentcarshare, including the Kentschoolrun element, with a view to targeting a small number of schools in 07/08 and developing a flagship scheme which others can then emulate.

Other more informal car-sharing arrangements already exist at several other schools in Kent.

Members were advised that there was no monitoring of the number of occasions when use of the scheme results in successful car shares.

11. To maximise the use of the rail network, where available, for school transport purposes. (Page 33)

Officers Response

Transport Integration does make use of the rail network currently having children travel by rail where appropriate. However, it should be remembered that the rail companies consider a child as an adult on their 16th birthday and would charge KCC accordingly. The potential to increase this above the 13% mainstream pupils eligible for free travel is limited by a number of factors e.g. a high number of rail journeys involve a considerable walk at either end of the journey which is generally less so with buses whose timetables are more suited to school sessions.

Select Committee's comment:

It was noted that the rail companies had declined the invitation to join the freedom pass pilot scheme. Members hoped that in future they could be persuaded to join with bus companies to provide an integrated transport scheme for young people.

12. To urge a stricter enforcement of parking regulations in schools' surroundings (Page 34).

Officers Response

This is generally an enforcement matter in the first instance and schools should bring problems to the attention of their local Police Community Schools Officer or community warden. Where inconsiderate parking is causing a safety concern and restrictions do not already exist, the school should contact their Local Education Officer who may then discuss with the relevant Transportation Manager in Kent Highway Services. New restrictions and Traffic Orders will be considered on a case by case basis as resources and funding permit. In some circumstance there may be opportunities for CFE to contribute to the funding of such schemes.

Select Committee's comment:

It was noted that some District Council's allowed up to 5 minutes parking outside schools to pick up and deliver children and the Highways Advisory Board should be requested to review this issue.

13. To ensure that Green Travel Plans are embodied in the planning stage before building new schools, which should include consultation with KCC Commercial Services (Page 35).

Officers Response

All school planning applications (with the exception of very minor works) trigger the requirement for the school to develop and submit a Travel Plan which meets national standards. The School Travel Advisors assist all schools in such circumstances as part of the overall target of all schools having travel plans in place by 2010. An approved plan entitles the school to receive a capital grant which may be spent on a wide variety of projects within the school grounds, which support the objectives of their travel plan e.g. cycle storage, footpaths and sheltered waiting areas. Such grants normally amount to about £5,000 for primary schools and £10,000 for secondary schools.

Select Committee's comments:

- ***Members emphasised the importance of travel plans for new schools being produced as part of the planning application process. There should also be discussions and agreement with the Commercial Services Integrated Transport Unit.***
- ***It was noted that meetings were held between the Transport Integration Unit and the Children, Families and Education and Environment and Regeneration Directorate.***

14. For Kent County Council to gradually expand its bus fleet, where this can be done without unacceptable harm to the viability of commercially provided routes (Page 37).

Officers Response

KCC has been gradually expanding its own fleet with the combined objectives of market moderation and raising standards. This has met with an adverse reaction from some local bus operators and Members should be cognisant of that. Longer term, introduction of free transport for all would affect this policy.

Select Committee's comments:

- It was noted that questions raised by small bus operators relating to contracts awarded to Commercial Services had been investigated by PriceWaterhouseCoopers. The accounting principles were found to be sound and there were no issues with three of the four complaints in relation to contract award. However, in the fourth case although the auditors found KCC had received Best Value from the award they held that other operators should have been given opportunity to revisit their bids.*
- Mr Harlock informed Members that he was in discussion with a group of Members from Surrey County Council in relation to assisting with a similar scheme of market moderation in Surrey.*
- In response to a question from a Member, Mr Harlock stated that the current County Council bus fleet consisted of approximately 75 vehicles.*

15. To promote the use of CCTV systems in all buses used for school transport provision in Kent and to encourage the provision of escorts in school buses (Page 39).

Officers Response

At present, Transport Integration do not require potential transport providers to supply CCTV on hired school bus services. This could, however, be included as a pre-requisite in all Invitations to Tender for hired services. There would, however, need to be regulation specifying the type of systems to be used and issues such as data protection would need to be addressed. The cost of retro-fitting CCTV to a vehicle is in the order of up to £3500 and it is unlikely that operators would be able to bear this additional cost; it is probable, therefore, that the tender prices received, and hence the cost of home to school transport in general, would rise as a result. As a guide, Transport Integration currently manage around 260 hired contracts with vehicles of 16 or more seats (£910k).

A rather more difficult consideration would be if this requirement was extended to all commercial bus routes upon which entitled scholars travel.

The cost of providing escorts on all buses could be as much as £2 million per

annum.

Select Committee's comments:

- ***Mr Edwards confirmed that there was an ability to put escorts on buses for a time if there was a problem in a specific area.***

Clarification of the cost of providing escorts on all buses rather than just hired transport.

Members had expected to be provided with the costs of implementing CCTV on all vehicles and were disappointed not to have received this information. In the light of the discussion guidance was sought on the costs of requiring CCTV to be fitted in all new buses used in school transport since retro fitting would appear to be too expensive.

16. To carry out further investigation, through bus companies and school clusters, into the staggering of starting and finishing times of primary and secondary schools in Kent in order to reduce car congestion and school transport costs (Page 41).

Officers Response

This exercise is being explored and implemented in a number of areas following consultations with schools and parents. The impact of such changes have yet to be fully established and will require close monitoring before any further reaching policy decisions can be explored.

Problems can be increased costs, as existing contracts may have to be cancelled to gain new ones, which would be quoted at a higher cost. Times could cause issues for parents for collecting and delivering children to school. Possibly more congestion due to breakfast club/after school clubs being at different times.

Initial discussions with Headteachers would indicate their primary concern is raising standards of achievement and extending or staggering the school day is not proven to be conducive to this.

Hugh Christie School has embarked on this process and already found that transports costs have increased in the region of £65,000.

There will be obvious staffing and student concerns to be overcome in the process and a full cost benefit analysis will need to take place in due course. A major consideration for primary schools parents is a disruption in childcare arrangements that may be costly.

Select Committees response :

- ***In relation to the discussions that had been carried out with Hugh Christie School regarding the cost of staggering school hours, Dr Craig pointed out that Hugh Christie School was a case where flexibility was limited and therefore it was hoped that the costs highlighted were a***

worst case scenario. Dr Craig informed the Committee that every school in the county had been asked to look at staggering school hours but there had been limited response to this. This was being prioritised as a 2010 target and officers were doing their best to progress this.

17. To continue to monitor technical developments which may be of use in the provision of school transport to a higher appropriate standard (Page 44).

Officers Response

System currently used is called Routewise, which is managed by Transport Integration. The system not only holds details of children who are eligible for assistance but also those who have been refused. The system has the operators contained within it and TI are able to assess the contracts that they use, who is on them and how many spaces they have in order to allocate children on to the most appropriate mode of transport. Currently it is considered to be the best system available. The system is also used by Special Educational Needs, Social Services and children attending Pupil Referral Units and alternative curriculum centres.

The system is comprehensive but it is not easy to interrogate and the provision of statistical data is not always easy to come by. Representations continue to be made at User Groups regarding further development of the software.

18. To support the East Kent Direct Project in an effort to supply a more co-ordinated, integrated and efficient allocation of transport services which meet the needs of Kent residents (Page 45).

Officers Response

Transport Integration has played a significant role in the East Kent Direct project and is keen to work further towards the stated goals. Although there has been a recent lull due to the re-alignment of Ambulance Services across the southeast, work has already been undertaken in relation to the provision of public transport information, joint procurement activities, joint provision of training services and the development of common eligibility criteria for Primary Care Trusts amongst other activities. The proposed absorption of the East Kent Social Services client transport by Transport Integration, which already manages the service for the former Mid and West Kent areas, has been delayed due to internal KCC re-structuring although work has recently re-commenced.

19. To continue to support cross-border collaboration with neighbouring authorities, and to promote the initiative of a shared, co-ordinated transport database aimed at maximising the utilisation of school transport and at creating a more cost-effective transport system (Page 47).

Officers Response

Transport Integration has good contacts with colleagues in neighbouring Authorities and effort is made to share information and vehicle movements where possible. However, the natural pupil flows mean that there is not a great deal that can be achieved with regards to mainstream transport; flows from Kent into neighbouring Authority schools are often in the opposite direction from those arranged by that Authority. Greater opportunities, although still few in number, exist for pupils attending special schools.

20. To explore the possibility of becoming a Pathfinder authority, by providing all students aged 11 to 16 years living in a selected area of Kent with an annual bus pass in order to evaluate bus usage and consequent reduction in car use (Page 53).

Officers Response

The Education and Inspections Act 2006 provides opportunities for Local Authorities to put themselves forward as Pathfinder authorities with respect to Travel to School.

In response to criticisms of existing policy, conflicts around the walking distance criteria for free school transport and the lack of account of parental preference, DfES is offering opportunities for local authorities to apply for Pathfinder status, to consider the needs of all pupils in their area. Pathfinder authorities will test innovative solutions in their area to promote sustainable travel and encourage less use of the car.

Whilst Pathfinder authorities will have to continue to make arrangements for 'eligible children' (those currently receiving free travel and children from low income families), other measures will be expected to go well beyond this minimum.

Up to 20 Pathfinders are likely to be selected, these can be individual or joint with other LAs and arrangements will have to be introduced in 2009 for a period of 4 years. Each authority can receive up to £200k pump priming money. Also, Government will make up to £12 million per annum available across the pilot schemes to help fund the initiatives. To be a Pathfinder authority, charges must be made (except for children on low incomes or those in receipt of free travel at the start of the scheme). A charge of £1.00 per day may be considered in any scheme and this income must be hypothecated to reinvest in transport services.

Kent has confirmed interest in being considered as a Pathfinder authority, potentially in support of the Kent Freedom Pass project. However the timings for this are not ideal given that a full bid needs to now be developed in time for substantial consultation with stakeholders and other interested parties before a final bid is submitted by 30 November 2007. The schemes are to start in September 2009 when the Kent Freedom Pass is planned to go Countywide, subject to the

success of the current pilot.

The Kent Freedom Pass pilot will begin in June 2007 and will benefit those pupils aged 11-16, resident in Kent and attending schools in Canterbury District, Tunbridge Wells District and Tonbridge Town. An annual pass may be purchased for £50 which will entitle the holder to free unlimited bus travel on all registered bus services operating in Kent. Private contracted bus services are excluded.

Select Committee's comments:

The all party Select Committee would like to express their thanks to the DfES in taking a flexible approach to KCC's potential application for Pathfinder status in respect of sustainable travel to school. The council look forward to continued discussions with DfES following the launch of the Kent Freedom Pass scheme in June 2007 and its initial evaluation. The Committee are hopeful that the pilot scheme will lead to a successful bid and to Kent ultimately being awarded Pathfinder status. This would make a substantial contribution to Kent's ambitions to roll the scheme out county wide from 2009.

Tackling Obesity

April 2007

Feedback on recommendations submitted to Corporate POC on 7 December 2007.

1. All future developments in Kent should be required by planning authorities to make provision for healthy lifestyles – including adequate footpaths and cycle paths, and sports and leisure facilities.

- Discussions opened with Leigh Herington re planning action required and use of Health Impact Assessments in planning process
- KSDU (Kent Sports Development Unit) is negotiating with District Councils to enable cheaper/subsidised access to sports and leisure centres.
- Policy will be part of the Obesity Strategy that will be drafted by end September for adoption by all LA's
- Making walking more accessible for people with disabilities is a priority for the KCC Public Rights of Way team.

2. Food manufacturers should adopt a standard system of food labelling, to enable consumers to make better-informed choices.

- Local discussion with providers to be initiated.

3. All local councils should include in local guides reference to the availability of facilities for breastfeeding.

- Improving rates of breast feeding is a national public health priority and is part of the public health strategy and the Kent Agreement.
- Corporate policy on breast feeding will be considered by the Public Health Board
- East Kent has already put significant investment into increasing rates of breast feeding and it will be developed as part of the Kent-wide obesity strategy.

4. KCC CFE Directorate should continue to promote the Healthy Schools programme and the Extended Schools concept – including Breakfast Clubs and use by the wider community of school sports facilities.

- 300 schools in Kent now have Healthy Schools status and this target is on track to be met.
- Discussion with District Councils about how best to link the Building Schools for the Future programme to the best community use of schools and other facilities is under way including CFE and Communities directorates from KCC

5. All local authorities in Kent should:

- **Support initiatives that encourage young people (including girls) to participate in sport**

- **Consider appointing Sports and Health Managers, to promote active lives for the community.**
- **Do as much as possible to capitalise on the public interest generated by the 2012 London Olympics in order to promote wider participation in sport.**
- **All local authorities in Kent should:**
 - **Support initiatives that encourage young people (including girls) to participate in sport**
- **Consider appointing Sports and Health Managers, to promote active lives for the community.**
- **Do as much as possible to capitalise on the public interest generated by the 2012 London Olympics in order to promote wider participation in sport.**
- Kent School Games will take place in Autumn 2007 to May 2008 with more than 600 schools involved in 14 different sports
- Kent has been acknowledged by the LGA as being in the vanguard of preparing for and using the 2012 Olympics to promote activity
- 75% of 5 and 6 year olds are currently taking part in 2 hours of exercise per week in school
- £900,000 has been secured from the Big Lottery Fund to promote exercise and better diets across Kent which will fund a wide range of projects
- Go Cycle Kent has built upon the Tour de France and the Olympics to promote cycling as a family activity
- Sport Specific Development Officers have been employed including for swimming and archery
- 18 Associate Officers have been appointed to develop sports for people with disabilities
- District Councils are now part of the County Sports Partnership (run by KSDU)

6. KCC Sports Development Unit and KPHD and the Kent Physical Activity Alliance must work more closely together to promote physical activity.

The activities related to Recommendation 5 are being carried out in partnership between these units and the collaboration will continue to be developed

7. All PCTs should encourage GPs to prescribe exercise to patients where appropriate. This prescribing should include referral to sports and leisure centres with staff trained to provide specialist services tailored to individuals' clinical needs.

No action specific required but the issue is part of negotiations and discussions in a number of arenas.

8. In order for LSPs to play their part in addressing obesity, and other public-health issues, the government must ensure they are properly funded and

resourced for this purpose. LSPs also need more direction and more structures of accountability.

No specific actions required but tackling obesity is a major priority of the public health strategy for Kent and LSPs will need to play an active part in delivering the necessary interventions. Closer working between the KDPH and the LSP representatives from KCC is being developed.

9. The production by KCCs Public Health Department (PHD) of a detailed obesity strategy for the whole of Kent, in collaboration with partners and stakeholders, must take place as soon as possible following the reorganisation of the NHS in Kent and Medway.

The first draft of this strategy will be issued very shortly. The first draft of this strategy will be issued very shortly

10. KCC should seek to set an example of good practice in encouraging and facilitating healthy lifestyles among its workforce.

The innovative work of the E&R Directorate in this regard should be copied by all KCC Directorates.

A business case setting out the benefits for employers of this approach should be developed by KCC and shared with other employers in Kent.

Work is continuing with the KCC Staff Care Manager to develop this and a number of initiatives are being undertaken including fit4health.

11. All sports and leisure centres should seek to remove perceived barriers to using their service (relating to age, gender, ethnicity, disability, etc) so that they can serve all groups in the community.

A workshop involving the District Councils and other leisure providers to highlight and share best practice on this issue is planned by the KDPH

12. The money allocated to PCTs to fulfil the Choosing Health objectives should be ring-fenced by the DH.

KCCs NHS O&SC should receive a breakdown of how this money has been spent each year by PCTs in Kent.

- No further action required but it should be noted that following representations from the KDPH and KCC the full Choosing Health allocation has been committed to public health interventions by both Kent PCTs for the first time. Lobbying of DH may be needed if situation changes.
- A breakdown of the spending of Choosing Health money has been presented to KCC cabinet.
- No further action required but it should be noted that following representations from the KDPH and KCC the full Choosing Health allocation has been committed to public health interventions by both Kent PCTs for the first time. Lobbying of DH may be needed if situation changes.

- A breakdown of the spending of Choosing Health money has been presented to KCC cabinet.

13. KCC's NHS O&SC should initiate a research programme, in partnership with Canterbury Christ Church University's Dept. of Sport Science, Tourism and Leisure, to evaluate the effectiveness of brief interventions in primary care in tackling obesity. This should include evaluation of giving patients pedometers, referral to leisure centres and referral to Health Walks.

Discussions with Canterbury Christ Church University have resulted in a proposal for a study of short-term interventions being accepted.

Climate Change




Oct 06


The attached sheet does not attempt to cover all action in response to the recommendations, but provides an overall assessment of progress and an accurate direction of travel, picks up the main highlights achieved so far and the next steps we are working on.



Information supplied by Dr Alison Cambray (alison.cambray@kent.gov.uk) who also maintains a full KCC Climate Change Action Plan programme plan which runs to some 30 pages.





Summary of progress towards each recommendation



(NB: The full programme plan runs to 30 pages – I have pulled out the main key points only here)

Key:  = Complete / advanced progress  = Some good progress although more to do  = Little / no significant progress yet / high risk (therefore high priority next steps)

Recommendation	Significant highlights	Key next steps / risks / issues	Status
Corporate leadership			
1. An explicit corporate acceptance of climate change and how human activity contributes to it	<ul style="list-style-type: none"> ✓ Council approved first set of actions in response to Select Committee ✓ Chief Executive communicated to all staff and has taken on climate change champion role ✓ Cabinet Working Group on Climate Change established to oversee implementation of actions (Alex King, Keith Ferrin, Roger Gough) 	<ul style="list-style-type: none"> ▪ Funding for project manager, support posts and programme activity not yet secured for 2008/09 onwards. ▪ Further work needed on internal communications ▪ Further work needed to embed climate change mitigation and adaptation throughout staff training, development and performance management processes. 	
11. Clarify political and managerial leadership and accountability on climate change within KCC.	<ul style="list-style-type: none"> ✓ Project manager recruited and in post within Chief Executive's Department, jointly funded from all Directorates ✓ Director-level leads identified to champion action on each of the 3 workstreams ✓ Lead officers identified for each action within each workstream, with regular reports to project manager ✓ Additional governance in place where needed (e.g. working groups reporting into KCC Environment Board) ✓ Activity budget jointly funded from all Directorates secured for 2007/08 ✓ Approach to corporate communications on climate change agreed and in progress (e.g. KNet) ✓ KCC emissions reductions embedded in Corporate Environmental Performance and ISO 14001 delivery (on track) with continued improvements in baseline data ✓ Revised KCC Environment Policy (including carbon emissions) due for Cabinet clearance Dec 2007 ✓ 2008/09 business planning template includes issues for climate change mitigation and adaptation ✓ Revised Cabinet Report template includes implications for climate change (due for issue Nov 2007) ✓ Relevant Towards 2010 targets and indicators now agreed 	<ul style="list-style-type: none"> ▪ Further work to rollout specific training and guidance to specific target audiences within KCC (e.g. new entrants, Members, procurement officers, planners, facilities managers etc). ▪ Process for 12-month review by Select Committee still to be finalised and delivered. 	

Recommendation	Significant highlights	Key next steps / risks / issues	Status
Mitigation and carbon management			
6. Increase support for energy efficiency and renewable energy, particularly micro-generation, in the KCC Estate and across Kent as a whole.	<ul style="list-style-type: none"> ✓ Carbon emissions reduction targets for KCC (10% by 2010, 20% by 2015 on 2004 baseline) agreed by Cabinet (March 07) ✓ Commitment in principle to BREEAM “very good” design standard for new KCC buildings. Formal monitoring of BREEAM uptake under Towards 2010 reporting. ✓ KCC Energy Loan Fund extended (total £1m fund for capital investment in energy / water efficiency and renewables projects within specified payback period) and making significant emissions and budget savings. Additional support officer now in post to manage fund. ✓ Sustainable Estates Taskforce established as formal KCC Environment Board working-group, overseeing benchmarking and prioritisation exercises to support further retrofitting of energy efficiency and water efficiency measures ✓ Focus where biggest potential savings (e.g. currently scoping opportunities in Oakwood Park campus) ✓ Core funding identified for Eco Schools Officer post – working well with schools ✓ Further training of school estate managers ✓ Further training being offered to Private Care Home managers 	<ul style="list-style-type: none"> ▪ More action needed to stabilise and reduce emissions to meet the targets – although good progress has been made in some areas, overall net carbon emissions from KCC not yet stabilised. ▪ Further work to embed energy efficiency and renewable energy into corporate decision-making (e.g. through revision of KCC Environment Policy) ▪ Further work on sustainable procurement (KCC’s carbon footprint arising from consumption of goods and services; potential to use procurement power to green the supply chain and support/invest in new technologies) ▪ Further work to embed energy efficiency into information technology and office improvement programmes ▪ Sustainable Estates Taskforce helping to shape further training and developing additional policy guidance for those who manage KCC estate. 	
4. Provide support for better sustainable energy advice to Kent’s residents	<ul style="list-style-type: none"> ✓ Funding opportunities identified in principle (e.g. Interreg IV, Kent Improvement Partnership) for several parts of this action plan (not just limited to sustainable energy advice) ✓ Secured funding for and begun implementation of Low Carbon Communities pilot project (working through Kent Energy Centre to help four Kent communities become low-carbon, also producing a practical toolkit for other community groups to use) (due completion March 2008) ✓ Energy efficiency promoted on KCC website aligned to new national “Act on CO2” campaign ✓ Held several Big Green Fairs to engage schools about tackling climate change (development of broader schools pack not applicable at present because central Government have done this) 	<ul style="list-style-type: none"> ▪ Development of specific bids in partnership for external funding for all aspects of climate change – in particular Interreg IV in time to meet application deadlines ▪ Further work to support community-wide emissions reductions (aligned to new national performance indicators) including wider public sector buildings, social housing etc. 	

Recommendation	Significant highlights	Key next steps / risks / issues	Status
5. Complete a feasibility study for use of Biomass in KCC Buildings and replace conventional fuels with Bio-Fuels in KCC vehicles where possible.	<ul style="list-style-type: none"> ✓ KCC fleet vehicles operated by Commercial Services have been running on 5% biodiesel since 2006. Now technically possible to increase to 30% subject to consideration of costs (increases vehicle service frequency) ✓ Feasibility studies completed for biomass and other renewable energy sources in schools. 1 or 2 suitable for biomass boilers (will be installed summer 2008), up to 20 ongoing solar photovoltaic / wind projects. This will increase proportion of renewable energy used (and uses Energy Loan Fund as per 6 above) 	<ul style="list-style-type: none"> ▪ Further work to ensure Building Schools for the Future programme considers sustainable energy and biomass solutions ▪ Further work to increase uptake of biomass and/or other appropriate renewable energy solutions 	
7. Review Transport Policy to achieve an overall reduction in emissions from transport in the KCC estate and across Kent as a whole.	<ul style="list-style-type: none"> ✓ Green Transport week 2007 promoted range of available sustainable travel options for KCC (e.g. Kent car share, Streetcar etc) ✓ Cross-cutting Sustainable Travel and Transport working group now established and has commissioned in-depth KCC travel carbon footprint study (due Jan 2008) to improve baseline data, prioritise and take forward a range of further actions. ✓ Switch to low energy traffic signals to be completed by spring 2008; streetlights intended next subject to outcome of pilot testing 	<ul style="list-style-type: none"> ▪ Further work (after footprint study) to incorporate KCC travel emissions into carbon emissions for 2008/09 (action agreed by Cabinet March 2007) ▪ Business need for corporate Sustainable Travel Coordinator role identified – significant progress will be subject to securing funding for this role ▪ Work through Resource Directors and COG to develop revised KCC policies (e.g. on lease cars, user mileage allowances, parking) to incentivise sustainable alternatives where appropriate ▪ Kent-wide action through delivery of Kent Agreement 2 and continuous improvement of Local Transport Plan. 	
Adaptation and resilience			
8. Make more efficient use of land in the development process and meet higher standards of sustainable construction.	<ul style="list-style-type: none"> ✓ Scoping report and recommendations published on impacts of climate change on biodiversity ✓ KCC submitted responses to consultations including on PPS on climate change 	<ul style="list-style-type: none"> ▪ No known monitoring as yet of consideration of <i>Adapting to Climate Change checklist</i> criteria ▪ Unclear about extent to which KCC's development control function has made progress on this recommendation as a whole, in collaboration with district councils. 	
2. Detailed assessment of climate change Impacts on KCC services and development of adaptive	<ul style="list-style-type: none"> ✓ One of a small group of local authorities testing new, innovative UK Climate Impacts Programme method for developing a Local Climate Impacts Profile based on analysis of past weather events. First draft completed Sept 07 ✓ Engaged in development of user interface for UKCIP08 climate change scenarios ✓ Adapted Nottingham Declaration Action Park methodology to 	<ul style="list-style-type: none"> ▪ Further support for business planning process including running further workshops ▪ Further work with partners to validate, expand and analyse Kent LCLIP to become invaluable tool for decision-making for whole of Kent (aligned to Kent View) – generating high interest across Kent so far. ▪ Work to prepare Kent authorities to make maximum 	

Recommendation	Significant highlights	Key next steps / risks / issues	Status
responses.	help service areas in KCC assess impacts of climate change on service delivery to support 2008/09 business planning process. Holding series of senior management workshops to take them through the process.	use of new threshold-based UKCIP08 climate change scenarios when released in autumn 08.	
3. Ensure climate change impacts on flood risk, water resources and emergency planning are taken into account.	<ul style="list-style-type: none"> ✓ Range of new national and regional guidance published on flood risk and adapting to climate change ✓ Some good work on planning and flood risk with Environment Agency ✓ Further Select Committee on Flood Risk convened summer 2007 (report still to be published but should include useful further recommendations) ✓ New water policy approved Dec 06 ✓ Target to reduce KCC's own water use by 7.5% by 2010 on track ✓ Successful water efficiency demonstration projects for new and existing housing ✓ Kent Resilience Forum has established a Severe Weather subgroup to develop specific plans for high-risk sea-flooding areas in first instance and is making progress (although pace constrained by resources) ✓ Kent's Community Risk Register has been assessed against 2006 guidance for inclusion of climate change risks (based on current understanding – Kent LCLIP work will help inform this further in future) 	<ul style="list-style-type: none"> ▪ Some good progress but remains high risk area, appears constrained by resources ▪ Spatial planners need to become more engaged in climate change, progress through LDFs unclear ▪ Impacts of climate change on water stress and water security not yet fully understood by KCC decision-makers. In particular need to build position in time for Periodic Review 09 consultation by water companies (Jan 08) ▪ Kent domestic sector still highest water consumption in England ▪ Awaiting response to 2007 Select Committee on Flood Risk for further actions 	
Community leadership			
9 Introduce a Climate Change Action Plan, supported by clear targets.	<ul style="list-style-type: none"> ✓ KCC's own emissions targets adopted and published. ✓ Community-wide reduction targets will now set through national indicator on per capita CO2 reduction. Adaptation target is also set through national indicator. ✓ Ongoing work to secure "low-carbon and climate-change-resilient economy" within next Kent Agreement – this is key framework for Kent-wide climate change action plan ✓ Kent Leaders and Chief Executives and Kent Partnership have now agreed to work together to tackle climate change as a priority. ✓ Climate change officer network established with participation from all district councils, working on a range of actions (due to report on progress in March 07) 	<ul style="list-style-type: none"> ▪ Following good practice in developing community-wide climate change action plans, under umbrella of high-level agreement through Kent Partnership, develop mix of cross-cutting activities and sector-specific action plans led by sector champions (revised approach also agreed by Cabinet Working Group on Climate Change). 	

Recommendation	Significant highlights	Key next steps / risks / issues	Status
	<ul style="list-style-type: none"> ✓ Engaging with a range of business sector leads to take action forward, range of funding opportunities 		
10. High profile communications programme	<ul style="list-style-type: none"> ✓ Engaged, and continue to engage, with Act on CO2 programme ✓ Opportunities through low carbon communities project (see 4 above) ✓ Proposed engagement with Tomorrow's England campaign (Jan 08) ✓ Kent Partnership agreed need for shared joined-up approach to communicating with citizens and businesses – range of innovative proposals currently under development (linked to possible Kent Improvement Partnership funding) 	<ul style="list-style-type: none"> ▪ This communications programme has yet to peak – good opportunities in 2008 aligned to Kent Partnership and Kent Agreement 2 priorities. 	☹
12. Improve young people's education on climate change impacts	<ul style="list-style-type: none"> ✓ Public Education Group set up and will develop programmes to influence public behaviour through adult education, libraries, schools, youth service etc 	<ul style="list-style-type: none"> ▪ Eco-Schools Officer approached CFE but no clear way forward yet on specific recommendation. Needs to take account of proposed Government curriculum changes 	☹

Transitional Arrangements

May 07

1. When the Select Committee's final report and recommendations were considered by Cabinet on 14 May 2007, it was proposed by Mr K G Lynes that an Informal Member Group be convened to undertake a piece of focused work around some of the key issues raised by the Select Committee, reporting initially to Dr T R Robinson and himself, and its findings be included as part of the overall report on the issue to the full County Council in Autumn 2007. This proposal was supported by the Leader and agreed by the Cabinet. Unfortunately, the Group has been delayed in moving ahead with its work due to the illness of the Chairman.
2. In addition to the establishment of the Informal Member Group, officers in the Kent Adult Social Services and Children, Families and Education Directorates have been enthusiastic in welcoming the report. The 2010 Transition Executive Group is well established. It is chaired by the Managing Director of KASS, with Director-level representatives from KASS, CFE, Connexions, NHS, the Learning and Skills Council and the Joint Director Learning Disabilities. A District Council Chief Executive has been invited to join the Group. The recommendations of the Select Committee have been brought together with the Group's work plan. Early outcomes have been a set of protocols which are being piloted before final sign-off, a user survey which will shortly be undertaken by the Tizard Centre at the University of Kent at Canterbury, and a guide for young people and their parents/carers, giving information on services and access.
3. The progress of the Informal Member Group and Executive Group will be reported to future meetings of the Adult Social Services Policy Overview Committee.
4. A meeting of the Select Committee to monitor progress with the Select Committee recommendations will be held in May 08.

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By: Graham Badman, Managing Director for Children, Families and Education
 Mark Dance, Cabinet Member for Operations, Resources and Skills, CFE
 Chris Wells, Cabinet Member for Children, Families and Educational Standards, CFE

To: Cabinet – 14 January 2008

Subject: Joint Strategic Needs Assessment for Children and Young People's Health in Kent

Classification: Unrestricted

Summary Cabinet is asked to endorse the use of the Joint Strategic Needs assessment as an aid to planning and commissioning for the Children's Trust and its Locality arrangements as part of the developing partnership between Health and KCC.

Introduction and background

1. (1) Through the Children Act 2004 (section 10) Health Primary Care Trusts (PCTs) have a duty to co-operate with KCC to improve outcomes for children and young people.
- (2) The Joint Strategic Needs Assessment (JSNA) for Children and Young People's Health in Kent is a statutory document which each Health PCT is required to produce to inform health commissioning decisions. This is a new requirement and we understand that this is one of the first JSNA for children and young people produced in the country. It is noteworthy and helpful that agreement between the 2 PCTs has been reached to publish a document for the whole of Kent.
- (3) The development of this document was led by Dr Jonathan Sexton, Assistant Director of Public Health Canterbury/Swale, Eastern & Coastal Kent PCT, supported by a team from both Health and from KCC CFE as part of the developing relationship with Health being fostered through the Health Division within CFE and the KCC Public Health Unit.
- (4) It has been developed on the premise that improving children and young people's health in Kent is not just the job of Health services, but of all agencies and providers of services for children and young people in Kent.

Structure and methodology of the JSNA

2. (1) A Joint Strategic Needs Assessment (JSNA) is the means by which Primary Care Trusts describe the future healthcare and wellbeing needs of local populations and the strategic direction of service delivery to link those needs.
- (2) The intention of this Needs Assessment is to provide an analysis of:
 - the data to show the health and wellbeing status of children in Kent,
 - demonstrate where inequalities exist,
 - use the views expressed by Kent children,
 - demonstrate evidence of effectiveness of interventions based on research studies,
 - use the information to determine the shape, future investment and direction of services.
- (3) The conclusions of the JSNA, in the form of recommendations, seek to define achievable improvements in health and wellbeing outcomes for Kent children, send signals to existing and potential providers of services about the scale of change, support the better delivery of health and wellbeing outcomes, inform subsequent stages of commissioning cycles, generally aid better decision making and further advise on the choice of local outcomes and targets.

Key Child Public Health Issues identified as needing greater attention in the JSNA

3. (1) Dysfunctions either of poor child development opportunities or wider factors that prevent optimal development of children, which include:
 - Some of the highest levels of child poverty in Europe (WHO 2007)¹;
 - Increasing inequalities in child health;
 - Emotional and behavioural problems;
 - Obesity;
 - Social interaction patterns²;
 - Teenage pregnancy – still the highest rates in Europe;
 - Accidents both at home or on the road;
 - Being a member of a vulnerable group e.g. LAC, teen parents, young offenders, those in need of protection and/or family support, young drug misusers, or a child of drug or alcohol misusing parents, children of asylum seekers;
 - Children with one problem are often at greater risk of experiencing others.

¹ NB Poverty is relative, not an absolute

² Eg social interaction patterns may affect, for example a pupils' attitude to learning and thus his/her ability to learn, or may impede a parent in asking for help appropriately and thus getting the help they need for their child.

Use of the JSNA

4. (1) The JSNA is a useful tool to support the joint planning, commissioning and delivery of services for children and young people in Kent under development through the Kent Children's Trust.
- (2) Every Child Matters and the NHS National Service Framework for Children are primarily concerned with standards of care in order that children's services are fit for purpose. This Strategic Needs Assessment will be used to identify issues requiring future investment grounded upon the identification of local issues. It should also identify other change issues necessary to advance improvements in the health and welfare of children and young people. For this reason there are obvious cross links from this Needs Assessment to the Children and Young Person's Plan.
- (3) Whilst the prime audience for the Needs Assessment is the multi-agency Kent Children's Trust, wherever possible the data is broken down to district level. Thus emerging Local Children's Trust Arrangements can use the data in the document together with its commentary to highlight local issues reflected in the relative position of each locality to the county as a whole and to make regional and England comparisons. KCC analysts are also developing a report card for each district, which will use the data stated here, summarised for focused local use.
- (4) There is more work to be done on improving information about child health particularly indicators that show how we are doing on inequalities in health. This will form part of the work of the Kent Public Health Observatory led by the Director of Public Health.
- (5) It is planned that a summary version of a revised JSNA will be produced in Autumn 2008 which shows how it has influenced commissioning and how we are progressing on reducing inequalities in health to influence commissioning in 2009/10.

Implications

- | | | | |
|----|-----|-------------------------------|---|
| 5. | (1) | Budget/Financial Impact | None |
| | (2) | Equality And Diversity | This document highlights and makes recommendations about tackling inequalities in children and young people's health across Kent |
| | (3) | Customer Service and Delivery | Use of this document to guide commissioning decisions will help improve the cost effectiveness of some services to children and young people. |
| | (4) | Towards 2010 Targets. | This document supports delivery of a number of T2010 targets |

Request

6. Cabinet is asked to **note** the JSNA and to **endorse** its use as a tool to support the development of the Kent Children's Trust, and the commissioning of locality based services.

7. Background Documents:

The Joint Strategic Needs Assessment (JSNA) for Children and Young People's Health in Kent – attached as Appendix 1.

8. Other Useful Information:

Item 3 Cabinet 26th November 2007. Other general background information and documents are available on the Children's Trust WebPages:
<http://www.clusterweb.org.uk/children/childrenstrust>

9. Author Contact Details

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Joint Strategic Needs Assessment for Children in Kent



September 2007

West Kent 
Primary Care Trust

Eastern and Coastal Kent 
Primary Care Trust



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A Joint Strategic Needs Assessment - Purpose

A Joint Strategic Needs Assessment (JSNA) is the means by which Primary Care Trusts and Local Authorities describe the future healthcare and wellbeing needs of local populations and the strategic direction of service delivery to link those needs.

The intention of this Needs Assessment is to provide an analysis of the data to show the health and wellbeing status of children in Kent, demonstrate where inequalities exist, use the views expressed by Kent children, demonstrate evidence of effectiveness of interventions, all of which are included to shape the future investment and direction of services.

Accordingly the conclusions in the form of recommendations seek to define achievable improvements in health and wellbeing outcomes for Kent children, send signals to existing and potential providers of services about the scale of change, support the better delivery of health and wellbeing outcomes, inform subsequent stages of commissioning cycles, generally aid better decision making and further advise on the choice of local outcomes and targets. It is for those at county and local level using this strategic framework to detail the necessary change strategies including investments in accordance with subsequent stages in the commissioning cycle.

Strategic Needs Assessment – Its place

The place of the Strategic Needs Assessment is clear. Every Child Matters and the National Service Framework for Children are primarily concerned with standards of care in order that children's services are fit for purpose. This Strategic Needs Assessment is required in order to identify issues requiring future investment grounded upon the identification of local issues. It should also identify other change issues necessary to advance improvements in the health and welfare of children and young people. For this reason there are obvious cross links from this Needs Assessment to the Children and Young Person's Plan.

Whilst the prime audience for the Needs Assessment is the Kent Children's Trust (Commissioning), wherever possible the data is broken down to district level. Thus local Children's Consortia and emerging Local Children's Trust Arrangements can use the data in the assessment together with its policy commentary to highlight local issues reflected in the relative position of each locality to the county as a whole and to make regional and England comparisons. KCC analysts are also developing a report card for each district which will use the data stated here, summarised for focused local use.

Partnership Working

To address the range of child public health issues described requires a partnership approach – this being beyond the competency of a single agency. Every Child Matters (2003) sought to address some of the accountability gaps between agencies, between different professions and organisations and between managers and front line practitioners. Children's Trusts made up of senior officers from health, social services and education working in partnership with the voluntary and business sectors, are charged with becoming the strategic body steering reform of children's services. Children's Trusts are therefore required to conduct a systematic review of services and local needs linked to efficiency gains from reducing duplication of effort and the pooling of budgets and services becoming appropriately targeted.

The Kent agenda is significantly influenced by an impressive range of initiatives that have emerged from central government in recent times.

Some Basic Precepts

The term 'child public health' is used, as distinct from child health. This Needs Assessment is concerned with the populations of infants, children and young people, rather than with individuals with which the term 'child health' can be associated.

The term 'health' and specifically 'public health' in this context is defined as "the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society" (Acheson 1988).

Emphasis is placed on the strategic nature of the JSNA in so far as it is Kent-wide and wherever possible disaggregated to the level of district councils. However much of the data currently is not disaggregated below district council level (i.e. to ward level). The exception to this is all health data which is disaggregated to electoral wards and can be accessed via web-based tools to the Kent Public Health Observatory record.

Community views in this context have been derived from a survey of children commissioned by the County Council and undertaken by the National Foundation for Educational Research (NFER). Again the analysis to hand has only been undertaken at county level. Further analysis below county level is in hand.

Some further triangulation of analysis has been derived by reference to published literature and studies. Reference has also been made to such evidence base as exists in this area of health policy.

East Kent refers to those areas of the county covered by Eastern and Coastal Kent PCT. These comprise Ashford, Canterbury, Dover, Shepway, Swale and Thanet local authorities. West Kent accordingly refers to those areas of the county served by West Kent PCT. These comprise Dartford, Gravesham, Maidstone, Sevenoaks, Tonbridge and Malling and Tunbridge Wells local authorities. South of West Kent means Sevenoaks, Tonbridge and Malling and Tunbridge Wells.

The use of rates, is a statistical method used to adjust (control) for differences in the size of populations amongst the areas or sub-groups being compared. In calculating rates, the population provides the denominator and the number with or without a condition provides the numerator. Rates are often expressed as the number of cases per 1,000 or 100,000 population; sometimes they are expressed as a percentage.

Acknowledgement

I have sought to ground available data, the views of young people and relevant national policy into a Kent context. I should acknowledge that aspects of health policy and the approach I have used are influenced by and often attributed to Sheena Asthana and Joyce Halliday's masterful study of health inequalities.

Thanks

I wish to express my thanks to the following people in acknowledgement of their contribution to this Needs Assessment:

Bill Anderson, Kent County Council
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Trish Dabrowski, Kent Children's Trust (Commissioning)
Julian Barlow, Public Health Health Informatics Service
Kerry Oakton, Public Health Health Informatics Service
Sarah Spencer, Public Health Health Informatics Service
Sue Mackay, Healthy Schools, Eastern & Coastal Kent PCT
Penelope Searle, Eastern & Coastal Kent PCT

Dr Jonathan Sexton
Assistant Director of Public Health Canterbury/Swale
Eastern & Coastal Kent PCT

1. Key Child Public Health Issues

1.1 The key child public health problems are the dysfunctions either of poor child development opportunities or wider factors that have intervened to prevent optimal development. These include:

- Some of the highest levels of child poverty in Europe - the UK having been criticised for these levels by the World Health Organisation in 2007.
- Increasing inequalities in child health. Children from lower socio-economic families have a significantly higher chance of dying in infancy than those from higher groups;
- Emotional and behavioural problems;
- Obesity;
- Social interaction patterns;
- Teenage pregnancy – the rates of which are still the highest in Europe;
- Accidents whether at home or on the road involving children;
- Certain groups of children being placed in positions where they are unable to benefit from opportunities available to others. Specifically up to 20% of UK children are considered to be vulnerable or in need. Such children need help from public agencies if they have any chance to optimise their life chances. Such children include:
 - those in public care – this is a particular issue in Kent as authorities elsewhere in England have sent children to be cared for within the county
 - teenage parents
 - those with disabilities
 - those in need of protection
 - those in need of family support
 - young offenders
 - young drug misusers
 - children of asylum seekers
- A clustering of problems. Although each of the above challenges exerts individual effects, many of the factors that adversely affect children's health tend to cluster. Thus children with one problem are often at greater risk of experiencing others. Individual adverse factors may potentiate the effects of others. Social Scientists refer to this as 'social patterning' and some social epidemiologists view this as the pathway or cumulative model of health inequality (see 1.11 post).

Competing Policy Agendas and the Challenge of Policy Reconciliation

1.2 It is important to recognise that the children's agenda is not wholly coherent and that there are inherent tensions and contradictions in policy (Churchill 2007). The social investment approach stresses the need to address problems such as poor educational outcomes and an empowerment or ethic of care perspective that seeks to enhance children's rights, resources and wellbeing (Featherstone 2004, Williams 2004). Whilst this approach is critical in addressing disadvantage, some argue that this reformulates childhood as a public concern, reducing the view of childhood through terms of preparation for employment.

- 1.3 The social threat discord focuses on anti-social behaviour as a problem of behaviour of some individuals and families. This can also risk increasing parental anxiety over what constitutes good parenting (see for example Ferudi 2001). Professionals may prematurely label children as having problems.
- 1.4 The social justice approach focuses upon the need to redress the balance of power, resources and opportunities in society and service provision in children's favour. Not all health inequalities are unjust or inequitable. For example, in general women live longer than men – a likely consequence of biological sex differences, this is not therefore inequitable. However in cases where women have the same or lower life expectancy as men – that is where social conditions act to reduce the “natural” longevity advantage of women – this inequality is a mark of gross inequity.
- 1.5 Within these competing conceptualisations, Every Child Matters focuses upon an outcome-led approach. This is complicated by methodological issues and the conflicting underlying policies concerned with children's wellbeing outlined above. Such differences in approach will need to be reconciled by the Kent Children's Trust, Local Children's Trust Arrangements and through the Kent Agreement. The latter has the potential to be useful in providing a strategic framework to the planning of improvements in the wellbeing of children through the partnership approach it demands. Thus economic development, environment, community safety and the wellbeing of children need to be cohesively considered as a whole. Such an approach could promote more favourable economic and social environments for families and the wellbeing of children.

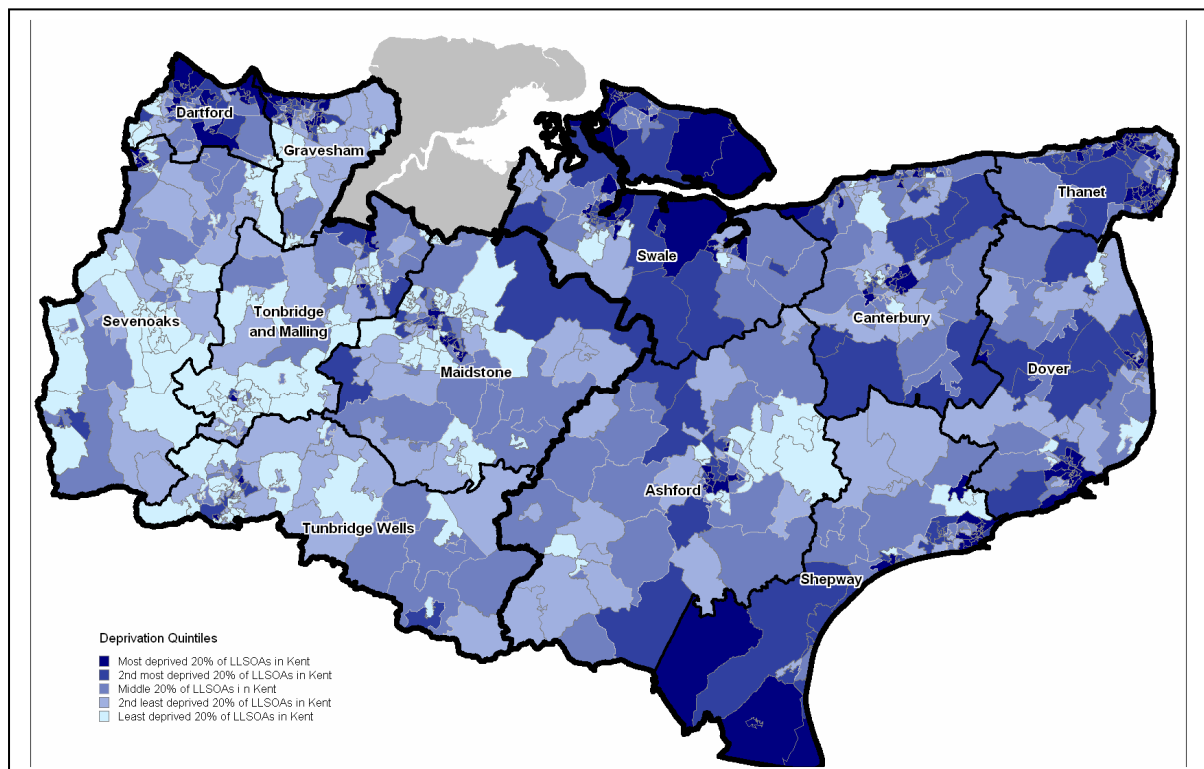
Health Inequalities in Child Public Health

- 1.6 There is a close affinity between child public health and health inequalities. Child health is assumed to be a period of relative equality within the totality of a life course. Key child public health issues are the dysfunctions either of poor child development opportunities or wider factors that intervene to prevent optimal development.
- 1.7 Some of the key health inequality approaches need to be outlined in order to understand the approach being taken within this Assessment.
- 1.8 The Black Report (1980) established a causal link between poor health, life expectancy and socio-economic status. Its key focus was on the causation of poverty, defined in the context of an advanced western society such as the UK as relative deprivation. The Whitehall studies (Marmot et al 1984,1991) highlighted the importance of social gradient. In other words, health inequalities is not exclusively a relationship with poverty, rather that variations in health cover the entire social structure of any society, western or otherwise. Professor Sir Michael Marmot is chairing a WHO Commission on the social determinants of health. An interim statement has been published (2007). The final report which will include major recommendations on children's health will be published in 2008. This could be a landmark in addressing the social determinants of child public health as well as the immediate causes of health inequalities.
- 1.9 Whilst the conclusions of the Black Report did not find favour with the Government of the time, it has nevertheless proved highly influential in launching a wide ranging enquiry amongst researchers and epidemiologists. Two of the more influential and relevant models of health inequalities research to children are the **latency** and **cumulative** models and it is important to understand each of these approaches

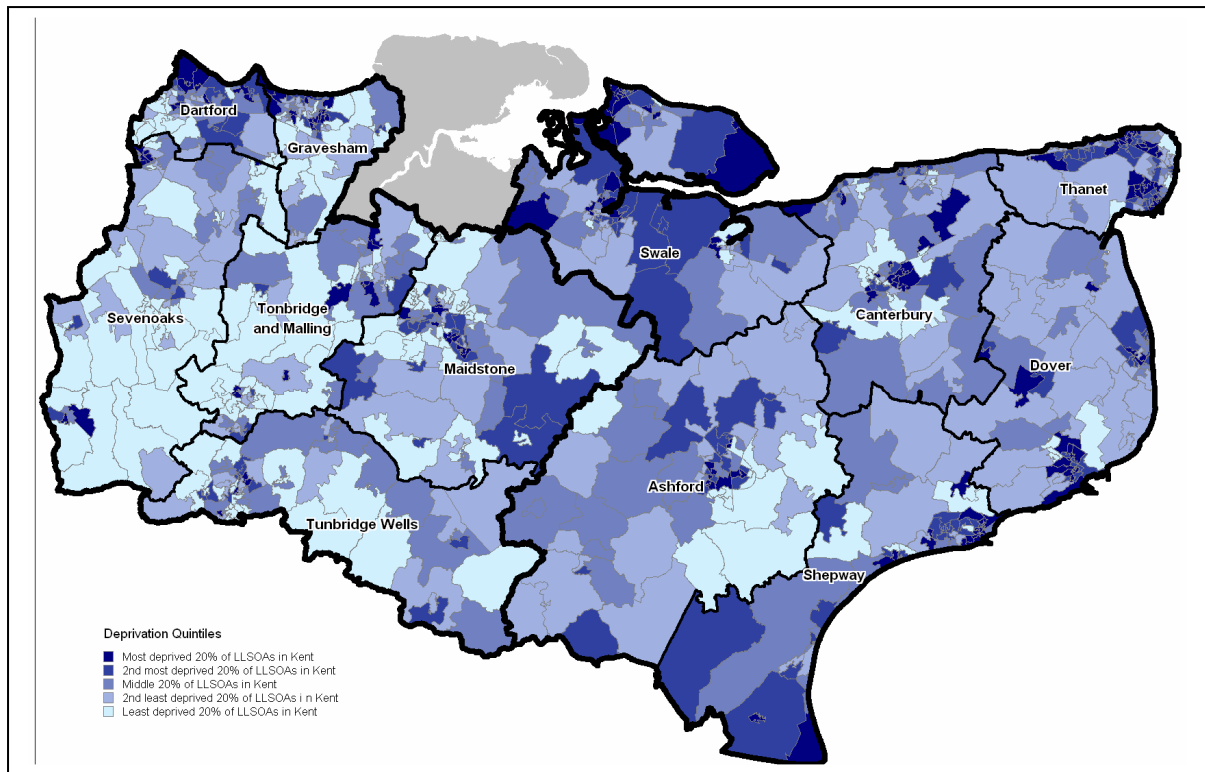
because fundamentally these approaches determine policy commentaries and the evidence base.

- 1.10 **Latency** effects focus on the way in which environments in early life affect adult health. Adverse biological or developmental influences at sensitive periods have lifelong impact on health and wellbeing regardless of subsequent living conditions. The latency model focuses upon clear biological and developmental pathways that can be targeted for intervention. The limitations of this approach are that it focuses upon an immediate response rather than addressing the underlying and often complex causes or influences of these adverse effects. Much epidemiological literature is focused upon the latency model because it is amenable to coherent and largely measurable study (see for example Davey-Smith et al 2003).
- 1.11 The **pathway or cumulative** model is the idea that differences in early life direct children on to different life courses. One bad experience/exposure leads to another and then another etc. Although pathway models are interested in inter-generational continuities, they should not be confused with work that attributes the transmission of poverty across generations to either genetic inheritance or the cultural attitudes of the so-called under-class. Continuities that exist in disadvantage between parent and child and between childhood and adulthood are seen as probabilistic rather than deterministic. In other words, they are amenable to positive action (Graham and Power 2004).
- 1.12 The maps below describe areas of the county of Kent by reference to socio-economic status, highlighting in particular those areas where there are significant concentrations of households including households with children, living in what by reference to objective measures, is described as relative deprivation.

Map 1 – Rank of Index of Multiple Deprivation Scores for LLSOAs in Kent



Map 2 – Rank of Income Deprivation Affecting Children Scores for LLSOAs in Kent



2. Early Life and Health Inequalities: Overview

Research on early life programming has been influential in highlighting the role of latent effects and in identifying a number of specific biological and development factors that can be targeted by preventative health programmes, e.g. cigarette smoking is probably the most important variable mediating socio-economic disparities in intra-uterine growth retardation. Barker (1994) emphasises the need for nutritional programmes to improve the diets of girls and young women, while others focus on the role of parenting support and pre-school provision to improve cognitive and socio-emotional function in children living in poverty or in psychologically stressful family environments. Thus there are grounds for singling out some factors as key foci for health programmes, e.g. smoking during pregnancy and specific nutritional deficiencies during pregnancy increasing the risk of brain development and during infancy and early childhood rapid weight gain indicates increased risk for obesity in childhood and later life with related diseases.

In addition to biological risk factors, a growing body of research is exploring the interplay between biological and psychological/behavioural influences. This suggests that chronic stress can have long-term consequences on physical and emotional health from the earliest stage of life. Maternal stress for instance has been implicated in risks of prematurity, adverse neuro-development and chronic degenerative disease in adulthood. During infancy and early childhood, neglect, abuse and social deprivation can produce a cascade of neuro-biological events that in turn affect emotional, behavioural, cognitive and physiological development. Thus children deprived of appropriate love and stimulation are not only at increased risk of socio-emotional and psychological problems. Key neuro-biological changes are also associated with reduced cognitive ability, impaired immune function, increased risk of cardio-vascular disease and diabetes.

Whilst care should be taken to avoid the conflation of poverty with poor parenting, there is strong evidence suggesting that parents struggling with financial problems and lack of social support are at higher risk of suffering from depression and anxiety. Poor psychological health in pregnancy is strongly associated with social disadvantage. Depression and anxiety have been associated with negative and less developmentally positive interaction with children. Parents own adult experiences together with a lack of information and education can shape attitudes to and expectations of child behaviour and development. Poverty also has a direct effect on parenting practices by undermining a family's ability to provide education resources. All these factors suggest that parents caring for children in disadvantaged circumstances are likely to need additional family support if they are to protect their children from the effects of disadvantage.

Abbreviated from Asthana and Halliday 2006

Population

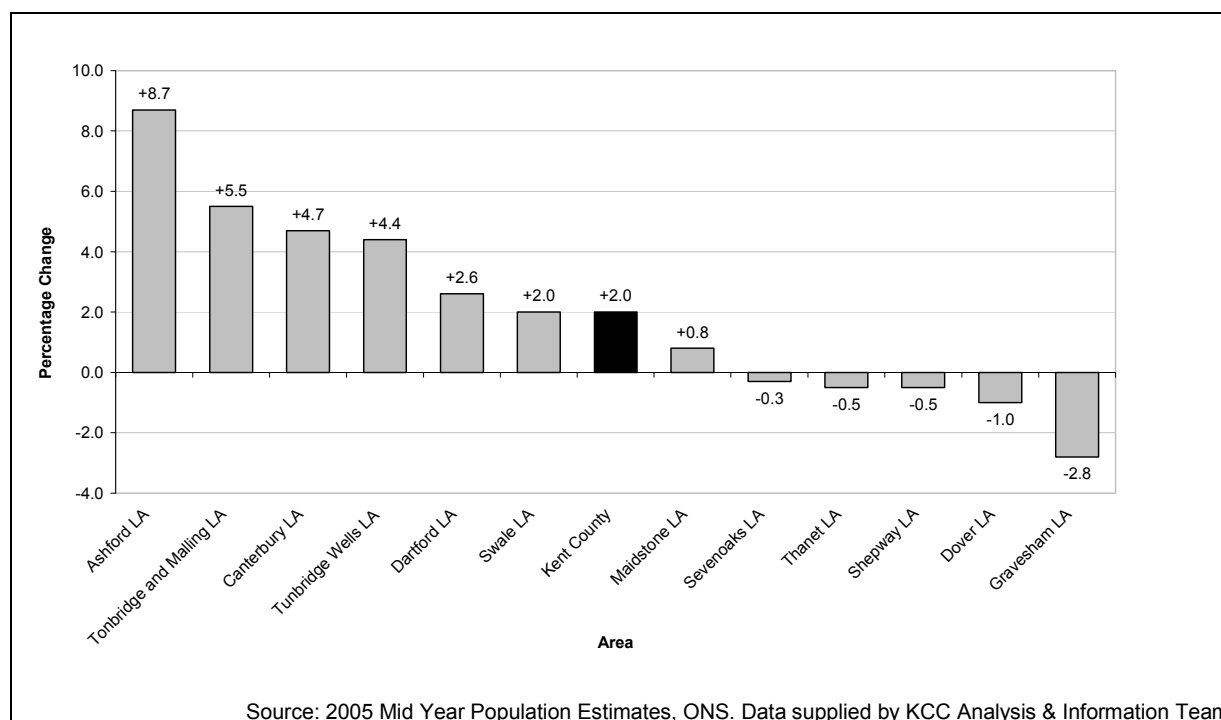
2.1 Over recent years (2000-2005) the largest growth in the 0-18 population has been in Ashford, with the major planned housing developments associated with the south east housing growth strategy. Other areas of significant growth include Tonbridge and Malling, Tunbridge Wells and Canterbury. However the same period also demonstrates the beginnings of the longer term downward trend in the numbers of children and young people relative to the population at large.

Table 1 - Change in 0-18 year old population in Kent local authority districts, 2000-2005

Local Authority	% Change
Ashford Local Authority	+8.7
Canterbury Local Authority	+4.7
Dartford Local Authority	+2.6
Dover Local Authority	-1.0
Gravesham Local Authority	-2.8
Maidstone Local Authority	+0.8
Sevenoaks Local Authority	-0.3
Shepway Local Authority	-0.5
Swale Local Authority	+2.0
Thanet Local Authority	-0.5
Tonbridge and Malling Local Authority	+5.5
Tunbridge Wells Local Authority	+4.4
Kent County	+2.0

Source: 2005 Mid Year Population Estimates, ONS. Data supplied by KCC Analysis & Information Team

Figure 1 - Change in 0-18 year old population in Kent local authority districts 2000-5



2.2 As regards future population growth, it will be noted that the population of 0-14s is forecast to decline by 5% across Kent as a whole by 2016. The decline in West Kent

is marginally less than that forecast for Eastern and Coastal Kent. Whilst this pattern of decline is broadly common to all district council areas, the notable exceptions are again Ashford and also Dartford where positive increases in numbers of children relative to the population at large are anticipated. These increases can be attributed to planned housing developments associated with the Thames Corridor developments and the Ashford Growth Area. Most parts of Kent also have planned housing developments but the anticipated outcome of these developments do not result in an overall increase in the proportion of younger people as part of local populations. The latter reflects declining fertility rates and socio-economic factors.

- 2.3 The decline in the number of children relative to the population at large has implications for service delivery in all agencies. Nevertheless this should not be seen as the opportunity to disinvest in services, but to enhance a service quality to meet changing and ever more complex needs.

Table 2 - 2011 and 2016 population projections by local authority of children aged 0-14, 2005

Local Authority	2005		Projected Population Aged 0 - 14		% Change	
	Population Aged 0 -14	% of Total Ward Population	2011	2016	2005 to 2011	2005 to 2016
Ashford Local Authority	21290	19.6	22290	23180	4.7	8.9
Canterbury Local Authority	22700	16.2	21560	21060	-5.0	-7.2
Dartford Local Authority	17980	19.1	19730	21180	9.7	17.8
Dover Local Authority	19150	18.1	17720	16890	-7.5	-11.8
Gravesham Local Authority	17670	18.9	16710	16640	-5.4	-5.8
Maidstone Local Authority	25970	18.3	25710	25300	-1.0	-2.6
Sevenoaks Local Authority	20000	18.5	18780	17910	-6.1	-10.5
Shepway Local Authority	17180	17.6	15890	14960	-7.5	-12.9
Swale Local Authority	23370	19.3	22490	22040	-3.8	-5.7
Thanet Local Authority	23930	18.4	23020	22610	-3.8	-5.5
Tonbridge and Malling Local Authority	21430	19.9	20790	20340	-3.0	-5.1
Tunbridge Wells Local Authority	19780	18.9	18050	15940	-8.7	-19.4
Kent County Total	250450	18.5	242740	238050	-3.1	-5.0

Source: Kent County Council Strategic Planning Analysis and Information Team

Births

- 2.4 Over the last ten years the number of births across Kent as a whole and indeed both PCT areas has been broadly consistent. There was a dip in the number of births in 2001 and 2002 but for the last three years the numbers appear to be approaching the established pattern of ten years previously.
- 2.5 The most notable trend for Kent as a whole and replicated in both PCT areas is the steady increase in the number of live births to mothers aged 35+. This is a reflection of social change with increasing numbers of planned births later in life in consequence both of the wish to establish careers and probably a product of increased housing cost.

Table 3 - Numbers of Live Births by Age of Mother, 1996-2005, Kent County

Age of Mother	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Under 20	1039	1160	1172	1370	1092	1114	1024	1022	991	1086
20-34	12782	12697	12470	11740	11253	10955	10940	11198	11328	11425
35+	1945	2130	2220	2251	2405	2575	2640	2814	2954	3102
All ages	15766	15987	15862	14117	14750	14644	14604	15034	15273	15613

General Fertility Rate

2.6 Between 1997 and 2005 there has been an overall decline in the fertility rate (live births per 1,000 women aged 15-44) in Kent. In the first three years of the new century this decline was marked, but a modest increase is indicated in more recent years notwithstanding that over the whole trend period the rate is generally downward. The fertility rate in the West Kent PCT area is consistently higher than in Eastern and Coastal Kent.

Table 4 - General fertility Rate 1997-2005 – Live births per 1,000 women aged 15-44

Local Authority	Year								
	1997	1998	1999	2000	2001	2002	2003	2004	2005
Ashford LA	61.8	61.5	61.2	58.2	61.6	62.0	63.4	61.4	61.0
Canterbury LA	54.0	49.9	50.1	46.4	45.7	47.0	47.8	44.9	46.8
Dartford LA	64.8	63.3	64.3	58.5	57.9	60.2	60.8	62.6	66.2
Dover LA	60.4	59.8	53.8	53.4	55.3	51.7	53.2	55.3	59.3
Gravesham LA	67.4	65.6	62.3	60.5	57.0	55.2	56.4	58.6	62.7
Maidstone LA	55.6	57.6	58.3	54.2	56.5	54.3	60.9	57.7	58.8
Sevenoaks LA	58.6	63.4	60.6	54.7	58.9	56.1	56.9	58.1	59.8
Shepway LA	59.9	58.0	54.1	51.1	55.9	56.2	56.1	58.3	58.8
Swale LA	67.5	63.8	62.2	59.7	59.0	59.7	57.8	60.2	60.2
Thanet LA	64.2	63.4	59.6	61.4	56.4	56.1	58.8	60.8	61.4
Tonbridge & Malling LA	65.9	64.6	61.6	60.2	59.9	59.2	57.5	61.6	57.8
Tunbridge Wells LA	63.8	67.6	61.3	59.6	55.9	57.7	59.5	58.3	54.6
Kent County	61.6	61.2	58.8	56.2	56.4	56.0	57.2	57.8	58.5

Ethnicity

2.7 In contrast to major conurbations and in particular inner city areas, the number of Kent children born outside the UK is small.

Table 5 - Kent 0-15 year olds born outside the UK by continent of birth, 2001

Local Authority	0-15's born outside the UK as a % of all 0-15's	% of all 0-15's born outside the UK							
		Other Western Europe	Asia	Africa	North America	Oceania	Eastern Europe	South America	Other
Ashford LA	2.2%	30.6%	21.8%	21.4%	8.9%	8.7%	5.6%	2.3%	0.6%
Canterbury LA	3.4%	31.7%	30.9%	12.9%	9.4%	6.2%	7.3%	1.5%	0.0%
Dartford LA	1.4%	19.6%	27.2%	24.4%	9.6%	8.0%	11.2%	0.0%	0.0%
Dover LA	3.1%	46.6%	15.7%	9.1%	16.0%	5.9%	5.5%	0.5%	0.6%
Gravesham LA	1.9%	22.2%	32.7%	12.6%	7.3%	6.3%	16.6%	1.5%	0.8%
Maidstone LA	2.2%	32.5%	27.4%	16.5%	10.1%	9.0%	2.2%	1.7%	0.5%
Sevenoaks LA	3.7%	27.1%	20.6%	16.5%	16.6%	14.3%	3.1%	1.5%	0.4%
Shepway LA	3.1%	28.1%	37.1%	11.7%	6.9%	6.3%	8.0%	1.4%	0.7%
Swale LA	1.3%	37.2%	18.6%	17.4%	11.4%	7.8%	3.9%	2.1%	1.5%
Thanet LA	2.3%	29.3%	23.3%	14.3%	6.8%	5.4%	11.2%	2.9%	6.8%
Tonbridge and Malling LA	2.3%	28.5%	19.0%	20.1%	16.6%	12.8%	1.5%	1.5%	0.0%
Tunbridge Wells LA	3.7%	27.2%	29.7%	16.0%	15.2%	7.6%	3.7%	0.6%	0.0%
Kent County	2.5%	30.6%	25.4%	15.3%	11.8%	8.2%	6.1%	1.5%	1.1%
England	3.6%	21.4%	31.3%	21.2%	13.2%	3.9%	6.4%	1.7%	0.9%

Source: 2001 Census, Standard Table 15, ONS

- 2.8 A dialogue of community relations is forged through practice and encounter with significant ethnic minorities who typically settle as immigrants, from which come indigenous second and third generations. The pattern of immigration in Kent has been different from much of the UK.
- 2.9 Notwithstanding that there are concentrations in the Thames-side area of Kent (and also the Medway Towns), there is less of a presence of communities whose descendents come from new Commonwealth countries. The marked presence of the latter groups elsewhere in the UK has justified the current categorisation for the purposes of measurement and for the assessment of need.
- 2.10 Overall, at nearly 96%, the population of Kent is predominantly white and is in contrast to other parts of the UK, particularly urban conurbations. The one local authority area where there is a more notable percentage of the population classified as being of ethnic minority is Gravesham, with Dartford also showing some variance from the overall Kent pattern and reflecting its geographical proximity to the edge of the London conurbation. The proportion of the population classified as being of ethnic minority is marginally higher in West Kent PCT than Eastern and Coastal Kent.
- 2.11 The data in tables 5 and 6 derives from the 2001 Census. This may not have captured inward migration from Eastern European states that have acceded to the EU. The extent to which inward migration involves children as opposed to adults is uncertain.

- 2.12 Public authorities serving the needs of children and young families need to be especially mindful of the need to assure equality and diversity policies and to ensure that staff are culturally aware in their working practices.

Table 6 - Ethnicity of resident children aged 0-15, 2001

Local Authority	All People	White		Asian		Black		Chinese/Other		Mixed Race		Total ethnic component	
		No	%	No	%	No	%	No	%	No	%	No	%
Ashford	21714	20960	96.5	157	0.7	70	0.3	65	0.3	462	2.1	754	3.5
Canterbury	24901	23917	96.0	199	0.8	75	0.3	153	0.6	557	2.2	984	4.0
Dartford	18265	17023	93.2	545	3.0	168	0.9	92	0.5	437	2.4	1242	6.8
Dover	21114	20659	97.8	107	0.5	22	0.1	70	0.3	256	1.2	455	2.2
Gravesham	20679	17938	86.7	1965	9.5	122	0.6	112	0.5	542	2.6	2741	13.3
Maidstone	27281	26265	96.3	323	1.2	61	0.2	102	0.4	530	1.9	1016	3.7
Sevenoaks	22163	21522	97.1	100	0.5	49	0.2	84	0.4	408	1.8	641	2.9
Shepway	18794	18111	96.4	228	1.2	38	0.2	60	0.3	357	1.9	683	3.6
Swale	26510	25851	97.5	150	0.6	48	0.2	61	0.2	400	1.5	659	2.5
Thanet	25518	24588	96.4	182	0.7	94	0.4	124	0.5	530	2.1	930	3.6
Tonbridge & Malling	23178	22583	97.4	105	0.5	21	0.1	74	0.3	395	1.7	595	2.6
Tunbridge Wells	21502	20693	96.2	137	0.6	47	0.2	175	0.8	450	2.1	809	3.8
Kent County	271619	260110	95.8	4198	1.5	815	0.3	1172	0.4	5324	2.0	11509	4.2
SE Region	1594219	1481853	93.0	49096	3.1	10492	0.7	10702	0.7	42079	2.6	112366	7.0
England	9901581	8558564	86.4	644651	6.5	294489	3.0	81498	0.8	322379	3.3	1343017	13.6

Source: ONS 2001 Census Theme Table 13

- 2.13 Kent County Council supports unaccompanied asylum seeking children (UASC). The next table illustrates the numbers of UASC aged 0-17 in Kent County Council's care as at 31st October 2006. These figures exclude those placed in Kent by other local authorities. The larger number of such children placed in Canterbury and also Tunbridge Wells is notable. Children in Medway are those supported by KCC but placed in that unitary authority.
- 2.14 The numbers reported are very small and will vary within year and between years and therefore are subject to regular monitoring and reported up-dates.

Table 7 - Unaccompanied Asylum Seeking Children (UASC) aged 0-17 in KCC care by district of residence as at 31st October 2006

Local Authority	Number of children
Ashford LA	6
Canterbury LA	59
Dartford LA	2
Dover LA	13
Gravesham LA	15
Maidstone LA	16
Sevenoaks LA	5
Shepway LA	11
Swale LA	3
Thanet LA	22
Tonbridge and Malling LA	4
Tunbridge Wells LA	37
Medway UA	1
All UASCs in KCC care	194

Source: Services for Unaccompanied Asylum Seeking Children (SUASC), KCC

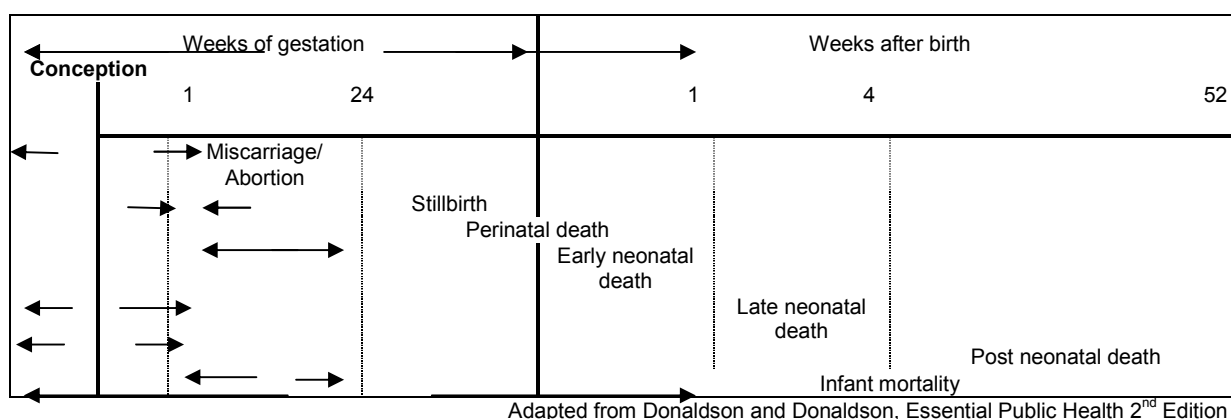
Infants

2.15 Infant mortality is a key national and international measure of infant health. One of the key national targets for improving health and reducing health inequalities relates to infant mortality. The national target is:

“To reduce the gap in infant mortality between routine/manual groups and the population as a whole by at least 10% by 2010”

2.16 Several measures of mortality are used for the period covering infancy: stillbirth rate, perinatal death rate, neonatal death rate, post neonatal and infant mortality rates.

Figure 2 - Measures of Infant Mortality



Still Births

2.17 Still birth rates (still births per 1,000 births at 24 weeks gestation or more) have been low in England and Wales for many years. Low rates therefore can be affected year on year by variations caused by single cases. In order to offer data that is statistically consistent, it is necessary to calculate rates by reference to three year rolling averages. On this basis Kent county has been consistently below the England and

Wales average for the period 1997-2005. This pattern is reflected in both Eastern and Coastal Kent PCT and West Kent PCT.

Table 8 - Still birth rates per 1,000 births, 1997-1999 to 2003-2005

Local Authority	Year						
	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005
Ashford Local Authority	4.0	4.6	3.8	5.3	4.2	5.1	4.8
Canterbury Local Authority	3.9	3.8	3.8	2.6	2.6	4.0	4.8
Dartford Local Authority	5.4	5.5	5.4	4.6	4.8	3.2	4.5
Dover Local Authority	3.0	3.4	4.8	3.7	4.1	5.1	5.5
Gravesham Local Authority	6.7	6.4	5.7	6.4	6.8	6.4	4.1
Maidstone Local Authority	4.7	4.7	3.5	3.5	3.3	4.1	4.6
Sevenoaks Local Authority	3.8	3.4	3.8	6.3	7.4	7.4	5.5
Shepway Local Authority	5.1	4.1	3.9	3.0	4.0	4.9	5.5
Swale Local Authority	6.9	5.1	4.6	4.2	6.0	5.2	4.7
Thanet Local Authority	3.9	5.4	6.4	6.2	5.1	3.9	4.0
Tonbridge & Malling Local Authority	3.5	1.8	2.6	3.9	5.5	4.9	4.4
Tunbridge Wells Local Authority	3.6	5.3	7.0	5.0	3.6	3.0	5.9
Kent County	4.6	4.5	4.6	4.5	4.7	4.7	4.8
England and Wales	5.3	5.3	5.3	5.4	5.5	5.6	5.5

Infant Mortality

2.18 Infant mortality has declined throughout England and Wales. The overall rate for Kent county has been consistently lower than the overall England and Wales rate. Because of the low incidence, it is necessary to calculate rates by reference to three year rolling averages. The infant mortality rate for West Kent has been consistently lower than the Kent county and the England and Wales rates for the entire strategic period. The rate for Eastern and Coastal Kent has been consistently above the Kent county average. In latter years it has been above the England and Wales rate but the incidence is low and the overall trend can be distorted by specific cases.

Table 9 - Infant deaths under 4 weeks per 1,000 live births, 1998-2000 to 2003-

Local Authority	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005
Ashford Local Authority	1.1	1.6	2.4	3.6	3.9	4.3
Canterbury Local Authority	3.6	3.8	4.1	3.5	4.5	3.2
Dartford Local Authority	2.0	1.2	1.5	2.1	2.4	2.3
Dover Local Authority	2.3	3.3	3.5	3.5	3.2	2.8
Gravesham Local Authority	1.8	2.4	3.4	3.7	3.4	2.1
Maidstone Local Authority	2.1	2.5	2.2	3.4	2.7	3.6
Sevenoaks Local Authority	3.4	3.8	3.1	1.7	1.1	1.4
Shepway Local Authority	4.1	3.3	4.4	4.4	5.0	5.5
Swale Local Authority	2.5	1.9	1.9	2.5	2.7	2.9
Thanet Local Authority	3.8	2.9	3.0	4.8	5.0	4.6
Tonbridge & Malling Local Authority	2.0	1.8	2.1	2.9	2.8	3.1
Tunbridge Wells Local Authority	3.2	2.5	2.3	2.0	3.1	2.5
Kent County	2.6	2.6	2.8	3.2	3.3	3.2
England and Wales	3.8	3.8	3.7	3.6	3.5	3.5

Rates of Infant Deaths Under One Year per 1,000 live Births

2.19 Throughout the strategic period the Kent county rate has been consistently below the England and Wales rate. This county position is reflected in West Kent PCT area. Overall the Eastern and Coastal Kent area is either below or consistent with the England and Wales rates. Nevertheless it should be noted that there is a steady upward rise in infant deaths in Ashford. The sharp rise over the three years 2003-05 in Shepway may need further investigation.

Table 10 - Number of Infant Deaths Under 1 Year per 1,000 Live Births, 1998-2000 to 2003

Local Authority	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005
Ashford Local Authority	3.2	3.2	3.2	4.7	4.6	5.1
Canterbury Local Authority	4.6	5.6	6.2	5.8	6.2	4.6
Dartford Local Authority	4.1	3.0	2.5	3.6	3.8	3.7
Dover Local Authority	2.9	4.5	5.3	5.5	4.5	3.4
Gravesham Local Authority	3.8	4.2	4.9	5.0	4.9	3.2
Maidstone Local Authority	3.9	4.6	4.3	4.8	3.9	4.2
Sevenoaks Local Authority	4.5	4.9	3.7	2.0	1.1	2.2
Shepway Local Authority	5.7	4.9	5.4	5.0	5.6	7.1
Swale Local Authority	4.3	3.5	3.0	3.9	4.3	5.0
Thanet Local Authority	4.7	3.7	4.0	6.4	5.9	5.5
Tonbridge & Malling Local Authority	2.8	2.3	2.6	3.7	3.9	4.6
Tunbridge Wells Local Authority	4.0	3.1	2.6	2.0	4.2	4.2
Kent County	4.0	4.0	3.9	4.4	4.4	4.4
England and Wales	5.7	5.6	5.4	5.3	5.2	5.1

Low Birthweight

- 2.20 The main cause of low birthweight is prematurity. Children born earlier than 28 weeks will be of very low birthweight and will require intensive or special care within the first few weeks of life. Children born earlier than 26 weeks have greatly increased chances of disability as they grow. It has been reported that one in six babies born with extremely low birthweight will have a severe disability at age 16 years and that motor, cognitive and behavioural disorders are common in very premature babies. Increased viability and survival of very pre-term infants due to advances in medical technology will account for some of the very low birth rate weights.
- 2.21 Although in general older mothers have larger babies than younger mothers, there are no big differences in rates between mothers of different ages. It has also been reported that teenage mothers do not have a higher rate of low birthweight than women aged 20-24 years.
- 2.22 The rate of very low birthweight births in Kent county is below the rate for England and Wales and this is mirrored in both Eastern and Coastal and West Kent PCTs. As regards low birthweight births, the overall position in Kent county is well below the England and Wales rate and this is replicated in both PCT areas.

See also sole registrations.

Percentage of Low Birthweight Births of all Registrations and Sole Registrations

- 2.23 There are no England and Wales comparisons available. It is notable that overall in Kent there are 25% more low birthweight births indicated by sole registrations relative to all such registrations.

Table 11 - Percentage low birthweight births of all registrations and sole registrations, 2001-2005, pooled

Area	All registrations: Birthweight <2500g		Sole registrations: Birthweight <2500g	
	Number	Average annual percentage	Number	Average annual percentage
Ashford Local Authority	439	6.8	24	7.0
Canterbury Local Authority	444	6.6	41	10.4
Dartford Local Authority	398	6.9	23	8.8
Dover Local Authority	379	7.1	45	11.1
Gravesham Local Authority	471	8.4	26	7.5
Maidstone Local Authority	567	7.0	49	11.4
Sevenoaks Local Authority	377	6.3	19	9.5
Shepway Local Authority	359	7.0	32	8.4
Swale Local Authority	560	7.6	52	10.0
Thanet Local Authority	587	8.7	79	11.2
Tonbridge and Malling Local Authority	452	7.0	27	11.6
Tunbridge Wells Local Authority	380	6.4	26	10.4
Kent County	5413	7.2	443	9.9

Smoking in Pregnancy

There is conclusive evidence that smoking in pregnancy causes:	There is substantial evidence that smoking in pregnancy causes:	There is suggestive evidence that smoking in pregnancy causes:
<ul style="list-style-type: none"> • Placental complications • Premature rupture of the membranes • Premature birth • Perinatal death • Reduced fetal growth (low birthweight baby) • Cot death* • Reduced lung function in infancy* 	<ul style="list-style-type: none"> • Ectopic pregnancy • Miscarriage • Reduced rates of breastfeeding • Shorter duration of breastfeeding • Asthma* • Respiratory symptoms* 	<ul style="list-style-type: none"> • Specific fetal malformations • Predisposition to smoke in later life • ADHD
* These are also caused by exposure to second hand smoke in childhood.		

Source: BMA 2007

- 2.24 Advice and support tailored for pregnant women have been shown to have only a modest effect on cessation rates and a tendency not to reach those at highest risk. A systematic review suggested that 10% of women still smoking at the time of their first ante-natal visit are likely to stop with usual care but that formal interventions can result in an additional 6-7% quitting (Lumley et al 2001). The frequency of contact with health professionals in the pre-natal period obviously offers increased opportunities for such interventions. Historically at least this potential, i.e. GP surgeries, has been under-utilised.
- 2.25 There is consensus that the transition from pregnancy to the post partum period is critical in preventing a relapse as is the absence of a partner who continues to smoke. It is estimated that half of all mothers who ceased smoking during pregnancy resumed within six weeks with over 70% returning within six months (Dolan-Mullen 1999). Despite this, less emphasis has been given either to the continuation of cessation or cessation by other family members.
- 2.26 Research also suggests that increasing support for smoking cessation during pregnancy and its subsequent maintenance could affect breastfeeding rates and suggests a legitimate component of breastfeeding support programmes. (Amir and Donath 2002).
- 2.27 A synthesis of published interventions designed to reduce children's exposure to passive smoking suggested that the most effective strategies concentrate on strengthening the parents' faith in their ability to create a smoke-free environment and on behavioural strategies to achieve this goal (such as smoking outside) rather than focusing merely on stopping smoking altogether (Arborelius et al 2000). This is supported by a recent meta review, which also finds evidence in favour of interventions delivered by clinicians in both the home and the clinic including information, advice and counselling.
- 2.28 A higher proportion of mothers smoking during pregnancy is to be found amongst residents served by Eastern and Coastal Kent PCT. Smoking patterns are increasingly socio-economically related. The pattern in Kent therefore reflects the broad socio-economic differences across the county.

Table 12 - Mothers smoking during pregnancy in Kent, 2006/07

PCT	Number of	Number	Number	Smoking	% smoking	% not	%
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	Maternities	known to be smoking at time of delivery	known not to be smoking at time of delivery	status unknown	at time of delivery	smoking at time of delivery	smoking status not known
West Kent PCT	7801	1152	6632	17	14.8%	85.0%	0.2%
Eastern and Coastal Kent PCT	7590	1522	6068	0	20.1%	79.9%	0.0%
Kent County	15391	2674	12700	17	17.4%	82.5%	0.1%

Source: Local Delivery Plan Return 2006/07

Table 13 - Interventions during early life: summary of the evidence base - Smoking

Smoking cessation in pregnancy	Source
Advice and support tailored for pregnant women has a modest effect on cessation rates, increasing mean birth weight and reducing low birth weight. It tends not to reach those at highest risk.	Cochrane Review
Ten per cent of women still smoking at the time of their first ante-natal visit will stop with usual care. Formal interventions typically result in an additional 6% to 7% quitting.	Cochrane Review
Pre-natal counselling, combined with at least ten minutes person-to-person contact and written material tailored to pregnancy can double cessation rates.	Overview
Even reducing smoking in pregnancy can increase health outcomes	Systematic review
Exposure to passive smoking in early life	
Both home-based and clinic-based interventions by a clinician (for example information, advice and counselling) can be effective in reducing children's exposure to second-hand smoke. But studies tend to rely on self-reported health rather than biochemical measures	Review of reviews
Intensive counselling increases knowledge but few studies show a statistically significant intervention effect in terms of attitudes and behaviour (and hence exposure to environmental tobacco smoke)	Cochrane Review
Lack of review-level evidence	
<i>Safety and efficacy of Nicotine Replacement Therapy (NRT) for smoking cessation during pregnancy</i>	
<i>Strategies that are effective against relapse in the postpartum period</i>	
<i>Interventions that include the family as a whole</i>	
<i>Holistic interventions that address poverty, disadvantage and increase smoking control and support in the wider community</i>	

Breast Feeding

2.29 Breast feeding confers health advantages to the infant, the developing child and the young adult – as well as the mother (see box below).

Advantages of breast-feeding	
For the baby	For the mother

Lower risk of gastrointestinal infections Lower risk of respiratory infections Lower risk of atopic disorders Possibly, higher IQ in preterms Lower risk of cot death Lower risk of heart disease in later life	Cheap Convenient no sterilizing or bottle preparation No risk of error in composition Promotes postpartum weight loss Lower risk of breast cancer May promote mother-infant relationship
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Source: Blair et al 2003

- 2.30 Breast feeding rates in England and Wales are lower than those in many other European countries. In particular, Scandinavian countries show very high rates of breast feeding initiation and women in those countries continue breast feeding for much longer than here.
- 2.31 The World Health Organisation recommends that babies should be exclusively breast fed for six months. This recommendation was taken up by the Department of Health in 2003.
- 2.32 Differences in breastfeeding behaviour may be less indicative of knowledge deficiency than of cultural attitudes. A qualitative study examining expectations and experiences across transition to motherhood found that mothers' pre-existing preferences as to infant feeding had been formed long before they became pregnant. Even women who acknowledged the health benefits of breast milk expressed firm intentions to bottle feed, in part because of cultural familiarity with infant formula, but also to a degree of embarrassment. As early as childhood girls can form opinions of breast feeding (Gregg 1989). The return to paid employment is another factor influencing breast feeding behaviour (Noble 2001; Galtry 2003). The UK's policies regarding paid maternity leave are less generous than many countries in the EU.

Table 14 - Breast feeding initiation at time of delivery – Kent county

	Eastern and Coastal Kent PCT	West Kent PCT	Kent County
Number of Births	7,590	7,801	15,391
Known to be Breastfeeding	5,225	5,443	10,668
% Breastfeeding	68.8%	69.8%	69.3%
Known not to be Breastfeeding	2,365	2,167	4,532
% Not Breastfeeding	45.3%	39.8%	29%
Breastfeeding status unknown	0	191	191
Unknown Breastfeeding %	0.0%	2.4%	1.2%

Table 15 - Interventions during early life: summary of the evidence base - Nutrition

Maternal nutritional supplements	Source
Calcium supplements reduce pre-term birth and the incidence of low birth weight, especially among women at risk of hypertensive disorders	Cochrane Review
Dietary supplementation based on balanced protein and energy content consistently improves foetal growth	Systematic review
Lack of review-level evidence	
<i>Appropriate combinations of interventions</i>	
<i>Food-based as opposed to nutrient-based interventions</i>	
<i>Interventions relating to maternal nutrition before pregnancy and in early pregnancy</i>	
Breastfeeding initiation and duration	

Initiation rates can be increased by: Multi-faceted interventions, including for example, health education, changes to maternity ward practice, such as unrestricted mother-baby contact and feeding and the prevention of discharge packs containing formula feeding information and samples, the use of peer facilitators and advocates	Systematic review
Education – small, informal discussion classes led by health professionals that emphasise the benefits of breastfeeding and provide practical advice. But one-to-one education sessions may be necessary to persuade women who have decided to feed infant formula to breastfeed	Other review
Training – intensive targeted lactation training for health professionals (particularly if accorded mandatory status)	Review of Reviews
A peer support component (particularly important for low-income women). But only effective as a standalone component with women intending to breastfeed	Cochrane review
Professional support increases the duration of (any) breastfeeding	Cochrane Review
Lay support is effective in promoting exclusive breastfeeding	Cochrane Review
Efficacy is increased if sessions are broad-based, span the ante and post-natal period and draw on repeated contacts with either a professional or peer educator	Systematic review
<i>Lack of review-level evidence</i>	
<i>Evaluation of public policy, for example, provision of maternity leave</i>	
<i>Provision of supportive environment (public acceptability and social barriers to breastfeeding)</i>	
<i>Inclusion of issues that are important to mothers and their partners and families</i>	

Childhood Immunisations

- 2.33 The immunisation programme is an essential part of protecting children's health (appendix 2). Low vaccine uptake puts children at risk, particularly in view of high rates of migration from countries that are experiencing a resurgence of certain diseases. Polio has started to re-emerge in Nigeria and diphtheria is increasing in Eastern Europe.
- 2.34 The percentage of children being immunised in accordance with the national vaccination and immunisation schedule by the age of one, is broadly lower than the national and indeed SHA figure.

Table 16 - Percentage of children immunised by their 1st birthday, by PCT 2005-06

PCT	No children aged 1	Diphtheria	Tetanus	Polio	Pertussis	Hib	MenC
Ashford	1300	84	84	84	84	84	84
Canterbury & Coastal	1600	89	89	89	89	89	89
Dartford Gravesham & Swanley	2700	87	87	87	87	87	86
East Kent Coastal	2300	89	89	89	89	89	89
Maidstone Weald	2800	86	86	86	86	86	86
Shepway	1000	89	89	89	89	89	89
South West Kent	2100	89	89	89	89	89	89
Swale	1000	96	96	96	96	96	96
Kent County	14800	89	89	89	89	89	89
South East Coast SHA	48100	91	91	90	90	90	90
England	684800	91	91	91	91	91	91

Source: NHS Immunisation Statistics, England: 2005-06, The Information Centre

2.35 By the second birthday, the overall percentage of children immunised in Kent is better than the England average and the SHA average with the exception of MenC.

Table 17 – Percentage of children immunised by their 2nd birthday, by PCT 2005-06

PCT	No children aged 2	Diphtheria	Tetanus	Polio	Pertussis	Hib	MMR	MenC
Ashford	1400	96	96	96	95	95	86	95
Canterbury & Coastal	1700	96	96	96	95	96	88	95
Dartford, Gravesham & Swanley	2700	93	93	94	93	94	80	92
East Kent Coastal	2300	96	96	96	96	96	88	95
Maidstone Weald	2900	95	95	95	95	96	84	94
Shepway	1000	95	95	95	94	95	87	95
South West Kent	2300	94	94	94	94	94	82	93
Swale	1000	98	98	98	98	98	94	98
Kent County	15300	95	95	96	95	96	86	95
South East Coast SHA	47400	94	94	93	93	94	83	96
England	668800	94	94	94	94	94	84	93

Source: NHS Immunisation Statistics, England: 2005-06, The Information Centre

2.36 By the fifth birthday, the overall Kent position is better than the England average.

Table 18 – Percentage of children immunised by their 5th birthday, by PCT 2005-06

PCT	No children aged 5	Diphtheria, Tetanus, Polio		Pertussis	Hib	MMR		MenC
		Primary	Primary and booster	Primary	Primary	First dose	First and second dose	
Ashford PCT	1300	95	87	95	96	87	74	95
Canterbury & Coastal	1700	95	89	94	95	88	74	93
Dartford, Gravesham & Swanley	2500	94	86	93	94	84	71	92
East Kent Coastal	2400	95	91	94	96	89	81	94
Maidstone Weald	2900	94	81	94	95	85	70	93
Shepway	1100	94	86	93	94	86	76	93
South West Kent	1900	94	87	94	94	82	72	93
Swale PCT	1000	96	87	95	96	88	77	95
Kent County	14800	95	87	94	95	86	74	94
South East Coast SHA	48400	93	82	93	93	84	71	92
England	638200	94	80	93	93	87	74	92

Source: NHS Immunisation Statistics, England: 2005-07, The Information Centre

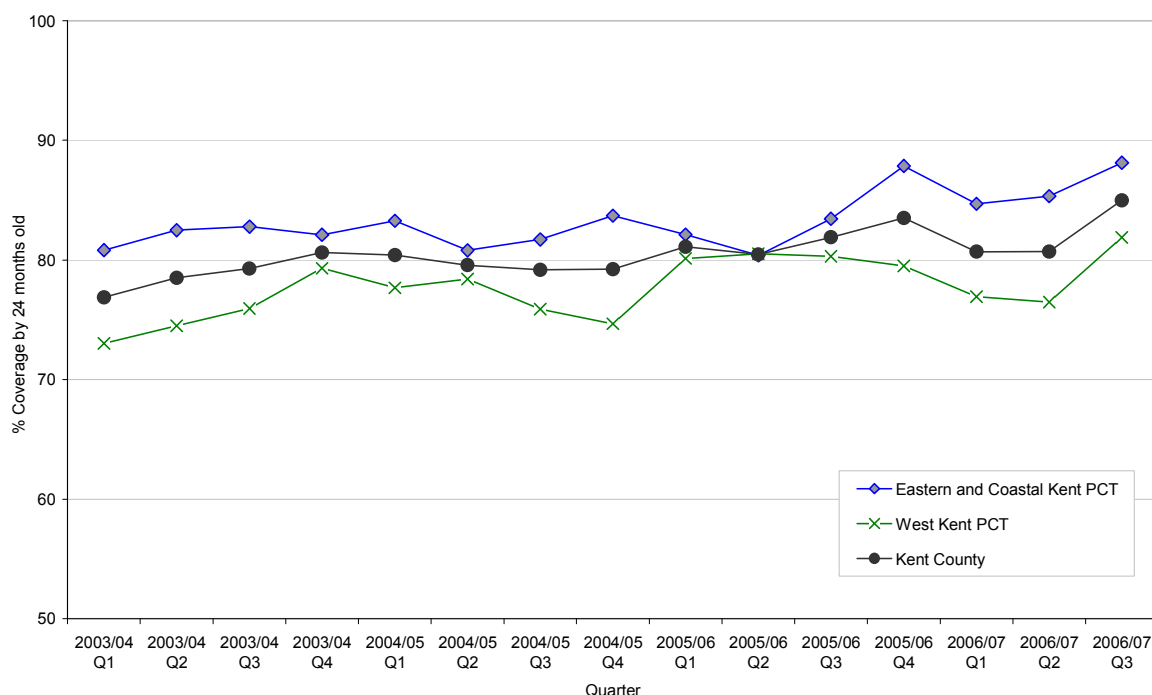
2.37 Measles has made a resurgence in the UK because take-up of the MMR vaccine dropped following a paper published in The Lancet in 1998 asserting a link between the vaccine and autism (which has been disproved by other international studies. Ten co-authors of the 1998 paper issued a retraction in 2004).

2.38 The effect of The Lancet paper has resulted in a large drop in vaccinations. The rate in Kent whilst recovering, is not at the 95% level recorded by the WHO as being necessary to prevent an outbreak. In the first six months of 2006 there were 449 cases of measles in England, the largest number of cases for 20 years. For the same period in 2007 there have been 133 cases.

Table 19 - MMR1 Vaccinations at 24 months

	2003/04 Q1	2003/04 Q2	2003/04 Q3	2003/04 Q4	2004/05 Q1	2004/05 Q2	2004/05 Q3	2004/05 Q4	2005/06 Q1	2005/06 Q2	2005/06 Q3	2005/06 Q4	2006/07 Q1	2006/07 Q2	2006/07 Q3
Eastern and Coastal Kent PCT	80.8	82.5	82.8	82.1	83.3	80.8	81.7	83.7	82.1	80.4	83.4	87.9	84.7	85.3	88.1
West Kent PCT	73.0	74.5	75.9	79.3	77.7	78.4	75.9	74.7	80.1	80.5	80.3	79.5	76.9	76.5	81.9
Kent County	76.9	78.5	79.3	80.6	80.4	79.6	79.2	79.2	81.1	80.5	81.9	83.5	80.7	80.7	85.0

Figure 3 - MMR1 Vaccinations at 24 months



2.39 Rates of up-take of vaccine across Kent are variable as regards measles, mumps and rubella (MMR) vaccine. The take-up in Eastern and Coastal Kent is consistently higher than West Kent.

Hospital Admissions

2.40 Over the years 2003-2006 the rate for children, as described in the age bands below, admitted to hospital is approximately ten per 100 other than for conditions originating at birth. This pattern is broadly replicated in both PCT areas though the rate of admission in West Kent PCT is marginally higher than in Eastern and Coastal Kent PCT. Admission rates are highest in the first year of life, reducing to a more constant pattern of approximately 7% by middle childhood and into adolescence. This pattern is consistent for both Kent PCTs.

Table 20 - Admissions to hospital by 0-14 year olds – Kent county by age – 2003/04 – 2005/06 (excludes admissions for conditions originating at birth)

Year	Rate of admission per 100 population				
	0	1-4	5-9	10-14	Total 0-14
2003/04	25.7	13.8	7.9	7.2	10.2
2004/05	26.8	12.9	7.7	7.0	9.9
2005/06	27.1	13.8	7.5	7.4	10.2
Year	Number of admissions by age group				
	0	1-4	5-9	10-14	Total 0-14
2003/04	3974	8492	6644	6668	25778
2004/05	4136	7944	6494	6421	24995
2005/06	4186	8489	6294	6778	25747
Population	15,446	61,362	84,224	92,194	253,226

Causes for Hospital Admissions

2.41 The table below sets out the causes for admission to hospital and the percentage of admissions by primary diagnosis. The highest causes of admission are for infectious diseases, respiratory conditions, gastro-intestinal conditions and signs and symptoms. The admissions tend to be highest relative to the ages of children in the first twelve months of life before settling down into a more consistent pattern by mid-childhood and into early adolescence.

Table 21 - Numbers of admissions to hospital by children aged 0 - 14 resident in Kent county by age and primary diagnosis, 2005/06 (excludes admissions for conditions originating at birth, groups of less than 5 admissions by age and diagnosis have been omitted to protect confidentiality)

Primary Diagnosis	Numbers by Age Band				
	0	1-4	5-9	10-14	Total 0-14
Infectious diseases (all)	466	600	212	132	1410
- Intestinal infectious diseases (A00 - A09)	169	235	58	32	494
Malignant neoplasms (all)	20	391	352	364	1127
Neoplasms of lymphoid tissue (C81 - C96)		120	230	180	530
Benign neoplasms and neoplasms of unknown behaviour	24	59	51	99	233
Haematological conditions	26	118	96	81	321
Endocrine conditions (all)	30	93	146	223	492
Diabetes mellitus (E10 - E14)		38	47	93	179
Mental and behavioural disorders		15	19	208	243
Nervous system disorders	70	162	162	217	611
Eye conditions	24	179	171	98	472
Ear conditions	35	535	550	242	1362
Cardiovascular conditions	31	29	55	76	191
Respiratory conditions (all)	1083	1989	1058	640	4770
Acute lower respiratory tract infections (J20 - J22)	554	244	39	33	870
Acute upper respiratory tract infections (J00 - J06)	436	933	312	156	1837
Asthma (J45 - J46)	12	258	142	93	505
Influenza and pneumonia (J10 - J18)	44	180	64	42	330
Gastrointestinal conditions (all)	504	627	710	879	2720
Diseases of oral cavity (K00 - K14)	6	147	370	389	912
Diseases of appendix (K35 - K38)		6	76	191	273
Hernia (K40 - K46)	81	83	72	37	273
Non-infective enteritis and colitis (K50 - K52)	165	215	60	94	534
Skin conditions	91	156	111	167	525
Diseases of the musculoskeletal system	16	174	152	294	636
Genitourinary conditions	103	282	347	277	1009
Obstetric				5	5
Congenital abnormalities	377	485	280	230	1372
Signs and symptoms	855	1240	602	921	3618
Injury, poisoning and certain other consequences of external causes	197	987	854	1152	3190
Procedures and examinations	182	284	314	415	1195
Unknown (no primary diagnosis recorded)	51	84	52	58	245
All Admissions (non birth-related) Total	4186	8489	6294	6778	25747

Table 22 - Rates of admissions to hospital by children aged 0 - 14 resident in Kent county by age and primary diagnosis, 2005/06 (excludes admissions for conditions originating at birth, groups of less than 5 admissions by age and diagnosis have been omitted to protect confidentiality)

Primary Diagnosis	% of Admissions by Primary Diagnosis				
	0	1-4	5-9	10-14	Total 0-14
Infectious diseases (all)	11.1	7.1	3.4	1.9	5.5
- Intestinal infectious diseases (A00 - A09)	4.0	2.8	0.9	0.5	1.9
Malignant neoplasms (all)	0.5	4.6	5.6	5.4	4.4
Neoplasms of lymphoid tissue (C81 - C96)		1.4	3.7	2.7	2.1
Benign neoplasms and neoplasms of unknown behaviour	0.6	0.7	0.8	1.5	0.9
Haematological conditions	0.6	1.4	1.5	1.2	1.2
Endocrine conditions (all)	0.7	1.1	2.3	3.3	1.9
Diabetes mellitus (E10 - E14)		0.4	0.7	1.4	0.7
Mental and behavioural disorders		0.2	0.3	3.1	0.9
Nervous system disorders	1.7	1.9	2.6	3.2	2.4
Eye conditions	0.6	2.1	2.7	1.4	1.8
Ear conditions	0.8	6.3	8.7	3.6	5.3
Cardiovascular conditions	0.7	0.3	0.9	1.1	0.7
Respiratory conditions (all)	25.9	23.4	16.8	9.4	18.5
Acute lower respiratory tract infections (J20 - J22)	13.2	2.9	0.6	0.5	3.4
Acute upper respiratory tract infections (J00 - J06)	10.4	11.0	5.0	2.3	7.1
Asthma (J45 - J46)	0.3	3.0	2.3	1.4	2.0
Influenza and pneumonia (J10 - J18)	1.1	2.1	1.0	0.6	1.3
Gastrointestinal conditions (all)	12.0	7.4	11.3	13.0	10.6
Diseases of oral cavity (K00 - K14)	0.1	1.7	5.9	5.7	3.5
Diseases of appendix (K35 - K38)		0.1	1.2	2.8	1.1
Hernia (K40 - K46)	1.9	1.0	1.1	0.5	1.1
Non-infective enteritis and colitis (K50 - K52)	3.9	2.5	1.0	1.4	2.1
Skin conditions	2.2	1.8	1.8	2.5	2.0
Diseases of the musculoskeletal system	0.4	2.0	2.4	4.3	2.5
Genitourinary conditions	2.5	3.3	5.5	4.1	3.9
Obstetric				0.1	0.0
Congenital abnormalities	9.0	5.7	4.4	3.4	5.3
Signs and symptoms	20.4	14.6	9.6	13.6	14.1
Injury, poisoning and certain other consequences of external causes	4.7	11.6	13.6	17.0	12.4
Procedures and examinations	4.3	3.3	5.0	6.1	4.6
Unknown (no primary diagnosis recorded)	1.2	1.0	0.8	0.9	1.0
All Admissions (non birth-related) Total %	100	100	100	100	100
Total Number of Admissions (non birth-related)	4186	8489	6294	6778	25747

Emergency Hospital Admissions

2.42 Over the years 2003-2006 the rate for children, as described in the age bands below, admitted to hospital is approximately six per 100. This pattern is broadly replicated in both PCT areas though the rate of admission in West Kent PCT is marginally higher than in Eastern and Coastal Kent PCT. The rate of admission in Dartford has in some years been significantly higher than across Kent as a whole. The rates in Thanet and Dover have been consistently below the average for Kent.

Table 23 - Emergency admissions to hospital by 0-14 year olds. Kent county residents by age, 2003/04 - 2005/06 (excludes admissions for conditions originating at birth)

Year	Number of emergency admissions by age					% Admissions that are emergencies				
	0	1-4	5-9	10-14	Total 0-14	0	1-4	5-9	10-14	Total 0-14
2003/04	3217	5324	3140	3592	15273	81.0	62.7	47.3	53.9	59.2
2004/05	3262	5012	3165	3546	14985	78.9	63.1	48.7	55.2	60.0
2005/06	3445	5326	2919	3788	15478	82.3	62.7	46.4	55.9	60.1

Causes for Emergency Hospital Admissions

2.43 The two tables below set out the causes of emergency admission to hospital and the percentage of admissions by primary diagnosis. The highest causes of admission tend to be for respiratory conditions, gastro-intestinal conditions and signs and symptoms. The admissions tend to be highest relative to the ages of children in the first twelve months of life before settling down into a more consistent pattern by mid-childhood and into early adolescence. In this regard a higher percentage of admissions is to be noted as regards infectious diseases for children aged 0-4 which thereafter reduces consistently through early childhood and into adolescence.

Table 24 - Numbers of emergency admissions to hospital by children aged 0 - 14 resident in Kent county by age and primary diagnosis, 2005/06 (excludes admissions for conditions originating at birth, groups of less than 5 admissions by age and diagnosis have been omitted to protect confidentiality)

Primary Diagnosis	Numbers by Age Band				
	0	1-4	5-9	10-14	Total 0-14
Infectious diseases (all)	457	589	198	121	1365
- Intestinal infectious diseases (A00 - A09)	169	234	58	32	493
Malignant neoplasms (all)		65	36	59	163
Neoplasms of lymphoid tissue (C81 - C96)		20	29	38	87
Benign neoplasms and neoplasms of unknown behaviour	13	5			22
Haematological conditions	14	61	57	47	179
Endocrine conditions (all)	14	54	63	106	237
Diabetes mellitus (E10 - E14)		35	45	83	164
Mental and behavioural disorders			14	64	83
Nervous system disorders	40	77	86	118	321
Eye conditions	15	43	22	35	115
Ear conditions	30	81	42	31	184
Cardiovascular conditions	22	20	41	59	142
Respiratory conditions (all)	1028	1537	451	292	3308
Acute lower respiratory tract infections (J20 - J22)	516	238	36	30	820
Acute upper respiratory tract infections (J00 - J06)	434	850	193	98	1575
Asthma (J45 - J46)	11	250	140	91	492
Influenza and pneumonia (J10 - J18)	40	173	60	39	312
Gastrointestinal conditions (all)	403	356	220	344	1323
Diseases of oral cavity (K00 - K14)		34	16		57
Diseases of appendix (K35 - K38)		6	74	188	268
Hernia (K40 - K46)	23		5		30
Non-infective enteritis and colitis (K50 - K52)	162	206	55	63	486
Skin conditions	80	118	66	50	314

Diseases of the musculoskeletal system	12	118	109	146	385
Genitourinary conditions	82	107	112	137	438
Obstetric					0
Congenital abnormalities	132	22	21	23	198
Signs and symptoms	794	1059	487	789	3129
Injury, poisoning and certain other consequences of external causes	186	879	739	1046	2850
Procedures and examinations	74	73	132	281	560
Unknown (no primary diagnosis recorded)	45	58	21	34	158
All Emergency Admissions (non birth-related) Total	3445	5326	2919	3788	15478

Table 25 - Rates of admissions to hospital by children aged 0 - 14 resident in Kent county by age and primary diagnosis, 2005/06 (excludes admissions for conditions originating at birth, groups of less than 5 admissions by age and diagnosis have been omitted to protect confidentiality)

Primary Diagnosis	% of Emergency Admissions by Primary Diagnosis				
	0	1-4	5-9	10-14	Total 0-14
Infectious diseases (all)	13.3	11.1	6.8	3.2	8.8
- Intestinal infectious diseases (A00 - A09)	4.9	4.4	2.0	0.8	3.2
Malignant neoplasms (all)		1.2	1.2	1.6	1.1
Neoplasms of lymphoid tissue (C81 - C96)		0.4	1.0	1.0	0.6
Benign neoplasms and neoplasms of unknown behaviour	0.4	0.1			0
Haematological conditions	0.4	1.1	2.0	1.2	1.2
Endocrine conditions (all)	0.4	1.0	2.2	2.8	1.5
Diabetes mellitus (E10 - E14)		0.7	1.5	2.2	1.1
Mental and behavioural disorders			0.5	1.7	0.5
Nervous system disorders	1.2	1.4	2.9	3.1	2.1
Eye conditions	0.4	0.8	0.8	0.9	0.7
Ear conditions	0.9	1.5	1.4	0.8	1.2
Cardiovascular conditions	0.6	0.4	1.4	1.6	0.9
Respiratory conditions (all)	29.8	28.9	15.5	7.7	21.4
Acute lower respiratory tract infections (J20 - J22)	15.0	4.5	1.2	0.8	5.3
Acute upper respiratory tract infections (J00 - J06)	12.6	16.0	6.6	2.6	10.2
Asthma (J45 - J46)	0.3	4.7	4.8	2.4	3.2
Influenza and pneumonia (J10 - J18)	1.2	3.2	2.1	1.0	2.0
Gastrointestinal conditions (all)	11.7	6.7	7.5	9.1	8.5
Diseases of oral cavity (K00 - K14)		0.6	0.5		0.4
Diseases of appendix (K35 - K38)		0.1	2.5	5.0	1.7
Hernia (K40 - K46)	0.7		0.2		0
Non-infective enteritis and colitis (K50 - K52)	4.7	3.9	1.9	1.7	3.1
Skin conditions	2.3	2.2	2.3	1.3	2.0
Diseases of the musculoskeletal system	0.3	2.2	3.7	3.9	2.5
Genitourinary conditions	2.4	2.0	3.8	3.6	2.8
Obstetric					0
Congenital abnormalities	3.8	0.4	0.7	0.6	1.3
Signs and symptoms	23.0	19.9	16.7	20.8	20.2
Injury, poisoning and certain other consequences of external causes	5.4	16.5	25.3	27.6	18.4
Procedures and examinations	2.1	1.4	4.5	7.4	3.6
Unknown (no primary diagnosis recorded)	1.3	1.1	0.7	0.9	1.0
All Emergency Admissions (non birth-related) Total	100	100	100	100	100
Total Number of Emergency Admissions (non birth-related)	3445	5326	2919	3788	15478

Child Mortality (Non neo-natal 0-19)

2.44 Child mortality is very low in the UK these days. The table below lists the number of deaths by age group for Kent county and each district council area.

Table 26 – Deaths of children and young people aged 0-18 by age group, 2003-2005

Local Authority	0-4	5-9	10-14	15-18
Ashford Local Authority	8	4	1	4
Canterbury Local Authority	7	8	3	11
Dartford Local Authority	7		4	3
Gravesham Local Authority		2	3	6
Maidstone Local Authority	6	2	5	4
Sevenoaks Local Authority	9		2	5
Shepway Local Authority	7		3	2
Swale Local Authority	12	3	1	11
Thanet Local Authority	10	2	5	9
Tonbridge & Malling Local Authority	7	4	1	5
Tunbridge Wells Local Authority	8	1	3	5
Kent County	88	27	34	76

Source: ONS Annual District Death Extract

Child Development Programmes

2.45 Whilst the focus of public health is primarily upon populations, it is an important public health precept that every child is given the vital support to develop from birth into childhood through universal child development programmes (see appendix 1).

2.46 Early investments in the development of children can bring improvements in the life of that child, therefore bringing benefits to society. Research accumulated over a number of years indicates that most rapid mental growth occurs during infancy and early childhood and that on the whole the early years are critical in the formation and development of intelligence, personality and social behaviour (Bundy 1996). Scientific research also indicates that given the decisive influence of children's early stimulation on physical, psychological and social development, primary school and kindergarten programmes for children 4-5 years old may be too late to counteract some physical, neurological, psychological and social factors closely associated with early deprivation and lack of adequate stimulation (Bellamy 2005).

2.47 Early childhood here defined as from birth to eight years is a particularly crucial period (Bundy 1996) when physical and nutritional elements have their most profound consequences. During the later years of life, even where remediation is possible, the rate of improvement is reduced because of the relative slowing of subsequent development.

2.48 The importance of attention to the mother and to the wellbeing of the family, including measures to increase the mother's capacity to look after her children, is essential for early child survival and development. Survival, growth, and psychosocial and cognitive development are three inextricably linked developmental processes directed towards the overall wellbeing of the child (UNICEF 1998). These simultaneous processes therefore mutually affect each other. The care that is provided to the child by families, within communities and through services/institutions - affects each of the child outcomes. Survival is intimately connected with growth and development. The better the child's quality of life (good health, growth, development and active social participation), the greater the chances of his/her survival. The bigger and stronger the child, the more likely the child is to survive to enjoy good health and develop well.

2.49 Psychosocial and cognitive development is the beginning of a lifelong process of human development in which people and children learn to handle increasingly complex levels of moving, thinking, feeling and relating to others. Such development involves moving from simple to complex and from dependent to autonomous behaviour. The more advanced the development of a child, the greater the potential of that child to participate actively in life's events and to become empowered to affect others and the world around them. Good mental health is not just the absence of mental health problems. Individuals with good mental health:

- Develop emotionally, creatively, intellectually and spiritually;
- Initiate, develop and sustain mutually satisfying relationships;
- Face problems, resolve them and learn from them;
- Are confident and assertive;
- Are aware of others and empathise with them;
- Use and enjoy solitude;
- Play and have fun;
- Laugh both at themselves and at the world.

(Mental Health Foundation 2002 – as quoted in Blair et al 2003).

2.50 Attention to a child's development in all its dimensions can help increase survival and growth, even as it enhances development and the quality of life (Bellamy 2005).

Families

2.51 Broadly the constitution of families in Kent mirrors the pattern of England as a whole. A higher than average number are in families with married parents and also families where parents are co-habiting.

Table 27 - Type of families Kent children live within, 2001

Local Authority	% of 0-18 year olds by family type			
	Lone parent family	Married couple family	Co-habiting couple family	Not in a family
Ashford LA	17.7%	69.0%	12.4%	0.9%
Canterbury LA	23.4%	63.9%	11.5%	1.3%
Dartford LA	19.7%	66.0%	13.5%	0.9%
Dover LA	24.6%	62.2%	12.1%	1.1%
Gravesham LA	19.2%	66.9%	12.8%	1.1%
Maidstone LA	16.8%	72.1%	10.3%	0.8%
Sevenoaks LA	14.7%	75.2%	9.4%	0.7%
Shepway LA	24.0%	61.9%	12.9%	1.2%
Swale LA	20.5%	63.2%	14.9%	1.3%
Thanet LA	28.9%	56.3%	12.8%	2.0%
Tonbridge and Malling LA	15.5%	73.2%	10.7%	0.6%
Tunbridge Wells LA	15.5%	74.2%	9.9%	0.5%
Kent County	20.1%	67.0%	11.9%	1.0%
South East Region	18.4%	70.3%	10.5%	0.8%
England	22.8%	65.2%	10.9%	1.1%

Source: 2001 Census, Standard Theme Table 1, ONS

Lone Parent Households

- 2.52 According to the 2001 Census, across Kent as a whole 5.8% of households with dependent children are headed by lone parents. This percentage is low relative to some urban areas – for example 34% of households with dependent children in Lewisham were headed by a lone parent.
- 2.53 The percentage of lone parents who are not working (49.3%) in Kent should be noted. This represents a considerable number of children growing up in poverty for at least some periods of their lives. Poor economic circumstances and relative deprivation are associated with poorer health for children, higher demand for primary care services and social and family support as well as poor nutrition. There are a higher number of lone parent households with dependent children and in particular where the parent is not employed in Eastern and Coastal Kent PCT compared to West Kent PCT. The contrast for example between Thanet where 1 in 16 families are in relative deprivation compared to Tunbridge Wells 1 in 25 families is notable.

Table 28 - Lone Parent Households 2001

Local Authority	Number of Households	Lone Parent Households with Dependent Children		Lone Parent Households with Dependent Children, Parent not Employed	
		Number	% All Households	Number	% All Lone Parent Households
Ashford Local Authority	41449	2119	5.1	966	45.6
Canterbury Local Authority	54567	3250	6.0	1588	48.9
Dartford Local Authority	33126	1967	5.9	960	48.8
Dover Local Authority	42486	2913	6.9	1500	51.5
Gravesham Local Authority	35647	2026	5.7	1091	53.8
Maidstone Local Authority	53625	2696	5.0	1230	45.6
Sevenoaks Local Authority	44356	1952	4.4	806	41.3
Shepway Local Authority	41158	2641	6.4	1341	50.8
Swale Local Authority	49264	3036	6.2	1660	54.7
Thanet Local Authority	55234	4194	7.6	2276	54.3
Tonbridge and Malling Local Authority	42742	2120	5.0	903	42.6
Tunbridge Wells Local Authority	35941	1583	4.4	700	44.2
Kent County Total	529595	30497	5.8	15021	49.3
South East Region	3287489	171549	5.2	76754	44.7
England	20451427	1311974	6.4	662905	50.5

Source: ONS 2001 Census Table CS031

Sole Registered Births

- 2.54 Both parents are normally registered on a baby's birth certificate. Sole registration of a birth (where only the mother and not the father is registered) is usually considered to be an indication of the social exclusion status of the mother, i.e. that she is single and unsupported. Research undertaken by the London Health Observatory has shown that babies born to women who registered their baby without a partner experience higher infant mortality than those babies born to women who registered their baby with a partner.
- 2.55 There are no England and Wales comparisons. The registrations for Eastern and Coastal Kent PCT areas are consistently higher than those of areas within West Kent PCT.

Table 29 - Percentage of live births registered by mother only, 2001-2005

Area	2001	2002	2003	2004	2005
Ashford Local Authority	5.8	5.9	5.4	4.5	4.8
Canterbury Local Authority	6.1	6.5	5.3	5.8	5.6
Dartford Local Authority	4.4	4.1	5.8	4.2	4.3
Dover Local Authority	7.6	8.7	7.7	6.4	7.2
Gravesham Local Authority	6.7	6.6	4.6	6.6	6.3
Maidstone Local Authority	5.1	5.9	5.1	5.5	5.0
Sevenoaks Local Authority	3.7	3.4	3.2	3.3	3.2
Shepway Local Authority	8.9	6.6	7.6	8.0	6.4
Swale Local Authority	7.2	6.9	6.6	6.4	8.5
Thanet Local Authority	10.4	9.5	10.5	11.4	10.5
Tonbridge and Malling Local Authority	4.5	2.9	3.5	3.4	3.7
Tunbridge Wells Local Authority	4.3	4.9	3.2	4.2	4.7
Kent County Total	6.2	6.0	5.7	5.8	5.9

Unemployment and Households

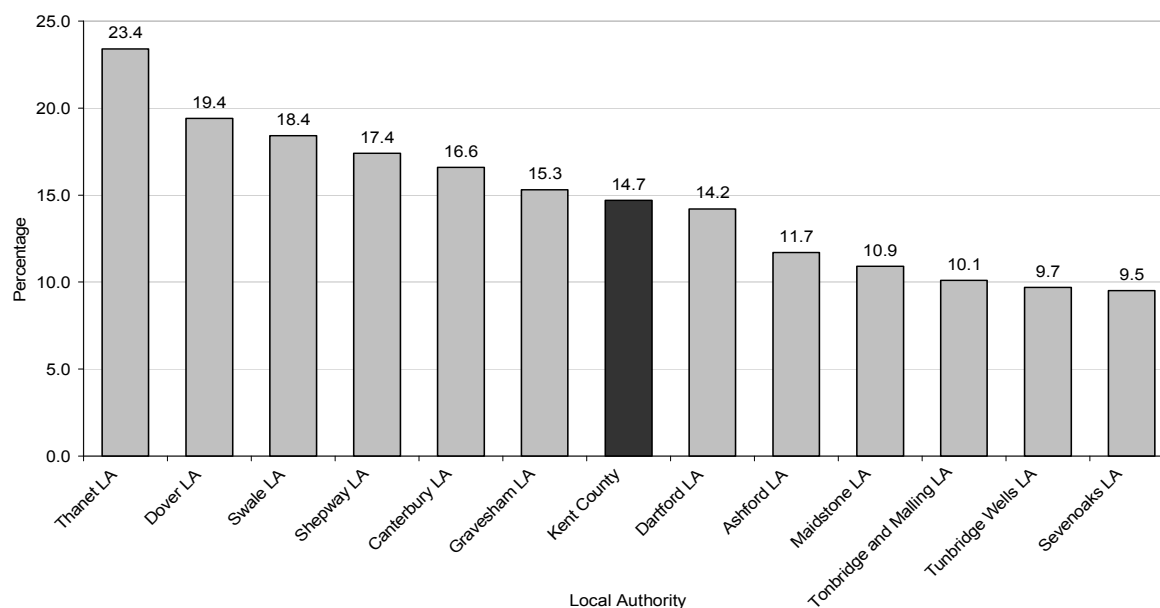
2.56 Typically households where there is no adult in employment are synonymous with the incidence of child poverty. With the exception of Gravesham, the districts with the higher incidence of such households are to be found in the east of the county and predominantly in districts with coastal towns.

Table 30 - Percentage of 0-18 year olds living in households where there is no adult in employment in Kent districts, 2001

Local Authority	% of 0-18 year olds
Ashford Local Authority	11.7
Canterbury Local Authority	16.6
Dartford Local Authority	14.2
Dover Local Authority	19.4
Gravesham Local Authority	15.3
Maidstone Local Authority	10.9
Sevenoaks Local Authority	9.5
Shepway Local Authority	17.4
Swale Local Authority	18.4
Thanet Local Authority	23.4
Tonbridge and Malling Local Authority	10.1
Tunbridge Wells Local Authority	9.7
Kent County	14.7
South East Region	11.8
England	17.4

Source: 2001 Census Standard Theme Table 1, ONS

Figure 4 - Percentage of 0-18 year olds living in households where there is no adult in employment in Kent districts, 2001



Source: 2001 Census Standard Theme Table 1, ONS

Health Visitors

- 2.57 Among all health professionals, health visitors have a particularly crucial role in delivering child development and parental education. They should have a focus on early intervention, prevention and health promotion for young children and families – in settings where their nursing and public health skills and knowledge can have great impact.
- 2.58 Future priorities as to practice should be on the prevention of social exclusion in children and families, the reduction of health inequalities, tackling key child public health issues, promoting infant, child and family mental health and supporting the capacity for better parenting. Specifically as regards the latter, this should include improving pregnancy outcomes, child health and development, parents' economic self-sufficiency, safeguarding children, addressing domestic violence, supporting parental relationships and fathers in their parenting role.
- 2.59 The core elements of health visiting practice should therefore comprise public health and nursing for the whole family, focusing on early interventions and prevention. They should have a detailed knowledge of the communities they work in and be seen to be 'local'. Accordingly they should be organised on a patch basis and not be practice attached. This requires practice to be focused upon the pro-active promotion of health and wellbeing through progressive universalism, the prevention of ill health, through home visiting where appropriate. An obligation towards the safeguarding of children requires a capacity to deliver intensive programmes for the most vulnerable children and families; managing risk/decision making in conditions of uncertainty, seeking to build therapeutic relationships to address difficult issues in families with complex needs.
- 2.60 It is critical that health visitor practice works across sectors, putting health into multi-agency and multi-sector working. Where necessary qualified health visitors will

supervise teams of less qualified assistants who give practical support to children and families.

Targeted Approaches to Child Development and Parental Education/All Professions, Agencies and Sectors

- 2.61 There is evidence that targeted approaches are increasingly recognising the importance of the social context and its influence on child development and parental support. Thus whilst in some instances the immediate beneficiaries are parents and children, the focus is on enhancing professional/support skills so that families as a whole can benefit. Many programmes include a central role for volunteers (mostly volunteer mothers) and draw on parents in various guises (from befrienders, home visitors, trained co-ordinators, project workers) to provide information, support, play and early learning and also deliver community health and social care. Throughout the reviews undertaken of such interventions, there is an emphasis on the family as a whole and parental wellbeing, rather than just a child's behaviour; the development of the role of "interested friends" rather than experts; enhanced training for practitioners in new roles; and the identification of a positive correlation between sustained involvement and functional improvement.
- 2.62 Home visiting has been identified as an important intervention from an inter-generational perspective, capable of producing improvements in parenting, child behavioural problems, cognitive development in high risk groups, a reduction in accidental injuries to children and improved detection and management of post-natal depression (Bull et al 2004). Its potential is further reinforced by evidence from a number of health based programmes aimed at improving ante-natal and post-natal health and child rearing strategies that have also proved capable of empowering families (Butz et al 2001: El Mohandes et al 2003).
- 2.63 A wide ranging evaluation of the Home Start programme extending across three years found volunteer support in the home could usefully extend and complement statutory provision, assisting with parenting difficulties, health problems, isolation and the problems of coping under stress (Frost et al 1996). However there is also a significant problem of non-use, which means that many families may fall through the statutory/voluntary gap (Oakley et al 1998). Not all evaluations are positive (see for example Goodson et al 2000: Gray et al 2001).
- 2.64 Post natal depression is higher in situations where mothers are subject to chronic stress factors, poverty, housing difficulties, inadequate social support.
- 2.65 The potential for parenting education means that it is subject to a number of policy drivers. Support for parents is recognised as a key element of public health policy. It has been recognised as one of the four key strands of government's policy to tackle child poverty (HM Treasury 2001) and is one of the four main precepts of Every Child Matters where the aim is to reform service delivery for children and protect children at risk. Other imperatives include mental health, anti-social behaviour and social exclusion, particularly in high risk areas. One of the main delivery mechanisms is Sure Start.

Table 31 - Interventions during early life: summary of the evidence base – Parenting Education and Support

Parenting Education and Support	Source
Group based behavioural interventions can improve the emotional and behavioural adjustment of children under the age of three	Cochrane Review
Parenting programmes can improve behavioural problems in children aged 3-10	Systematic review
Parenting programmes can make a significant contribution to the short-term psychosocial health of mothers	Cochrane Review
Home visiting can produce improvements in parenting, child behavioural problems, cognitive development in high-risk groups, a reduction in accidental injuries to children and improved detection and management of post-natal depression	Review of reviews
The involvement of both parents and direct work with the child increases efficacy	Overview
<i>Lack of review-level evidence</i>	
<i>Role of parenting programmes in primary prevention as opposed to treatment</i>	
<i>Long-term effectiveness on both maternal mental health and children's adjustment</i>	
<i>Efficacy of relational interventions</i>	
<i>Ability to isolate the effective components</i>	

Table 32 - Interventions during early life: summary of the evidence base – Early Years Education and Childcare

Early Years Education and Childcare	Source
Day care has a beneficial effect on children's development and school achievement	Cochrane Review
Limited long-term follow-up suggests increased employment, lower teenage pregnancy rates, higher socio-economic status and decreased criminal behaviour	Cochrane Review
There are positive effects on mothers' education, employment and interaction with children	Cochrane Review
<i>Lack of review-level evidence</i>	
<i>Absence of UK-based studies</i>	
<i>Disaggregated studies allowing the effects of non-parental day care to be isolated from parental training and education</i>	

Sure Start Programmes

2.66 Sure Start was established as an area based initiative targeting a particular sub-group of the population, children aged 0-4 and their families; it operated initially in the 500 most disadvantaged wards in England. Described as “a cornerstone of the Government’s drive to tackle child poverty and social exclusion” (Tunstall et al 2002), it is significant that child health is explicitly included and the intervention is pervasive, embracing a wide spectrum of services for the early years. In addition to health, Sure

Start was aimed to influence children's ability to learn and their social and emotional development, as well as strengthening families and communities. It thus acknowledges the evidence base concerning health inequalities and specifically the life course model.

- 2.67 The geographical area of intervention is typically tightly defined, comprising neighbourhoods of between 400 and 800 children. By 2004 over 500 programmes were in operation across England. There is a strong emphasis on partnership working, community involvement and each local programme is managed by a partnership board drawn from the mainstream agencies providing services to children and families, voluntary and community organisations and most notably parents.
- 2.68 The initial rationale for Sure Start was primarily economic and the programme was led by Treasury, funds were distributed through the Department for Education and Skills (DfES) now Department for Children, Schools and Families (DCSF) and the most significant professional input at operational level was through health professionals. Based on the 'Early Head Start' programme which operated in New England in the 1990s the basic premise of the programme was that money spent on children in deprived areas in their first few years of life would lead to a significant return in later life. So the large-scale objectives of the programme related to children in Sure Start areas attaining much higher levels at Stage 1 and 2 SATS; the rationale was that Sure Start would deliver children into the educational system who were ready, able, fit and motivated to learn. They would then be much less of a drain on education, welfare and health service budgets.
- 2.69 The programme operates in the most deprived 20% of wards in England. Scotland, Wales and Northern Ireland have their own Sure Start programmes. The prime focus is on four core services: support for families and parents; support for good quality early learning, play and healthcare; health services and advice; outreach and home visiting; and support for children and parents with special needs including help in getting access to specialised services (Stewart 2005). The programme aimed to be non-stigmatising with all families in the selected communities eligible, notwithstanding that there is a clear focus upon deprived areas, with low incomes, child poverty and unemployment in Sure Start areas being more than double the national average (Barnes et al 2003). Additional focus commits local programmes to improving the social and emotional development of children, reducing the proportion of parents who smoke during pregnancy, increasing breast-feeding rates, improving children's language and communication skills and enhancing the employability of parents. In order to meet such a diverse set of objectives it was axiomatic that the programme would lead to significant reconfiguration of services with significant levels of joint and multi-disciplinary working.
- 2.70 524 local programmes in England were set up in the first phase of the programme. Up to 400,000 children were covered including a third of under fours living in poverty (Meadows and Garber 2004). Roughly £1,000 per child was committed over the programme's lifetime (Stewart 2005). This compares with some 2.9 million children below compulsory school age. For the target children an assessment by the DfES suggested considerable progress had been made in terms of parenting and family support, re-registration on the Child Protection Register and the provision of play and learning opportunities. Child health goals were however proving more elusive (DfES 2003).
- 2.71 The National Evaluation of Sure Start (NESS) similarly finds support for the recognition given by Sure Start to the inter-connected nature and extent of health and social problems, the provision of a long-term funding strategy, the establishment of

new relationships between professionals, parents and other members of the community, the continued focus on issues from the perspective of families and flexibility in which services are delivered (Myers et al 2004). Some tensions between nationally prescribed targets and locally identified needs have been identified.

- 2.72 Sure Start Centres are now Sure Start Children's Centres and are part of the network of 3,500 Children's Centres which the government has announced will provide services for every pre-school child in England by March 2010 when every community will have a Children's Centre. Commentators have suggested that the ethos that was central to the initiative is now at risk arguing that the Sure Start programme was facilitated through bottom up community development initiatives. Second and subsequent wave Children's Centres will be centrally planned by Children and Families Services (in Kent through Kent County Council and the Kent Children's Trust). Others argue that the Sure Start Programme emphasises Early Years Development and that subsequent waves of children's centres may give greater priority to early years education.
- 2.73 It is important to note that the capital funding available to build the second round of Children's Centres is very significantly less than was available to the original Sure Start Local programmes (some Round 2 Children's Centres in Kent will have construction budgets less than 10% of the cost of some of the earlier centres.) New Children's Centres will – in every case - be very much smaller than the first wave. However as before the targeting of such centres has been based on rational socio-economic criteria applied to electoral wards so that such centres will be targeted in areas (with one specific local exception) where on average, there are greater levels of relative deprivation.

Table 33 – Proposed Children's Centres in Kent

District	Number of Centres
Ashford	5
Canterbury	7
Dartford	7
Dover	7
Gravesham	5
Maidstone	5
Sevenoaks	2
Shepway	7
Swale	10
Thanet	9
Tonbridge and Malling	4
Tunbridge Wells	3

Impact of Sure Start programmes upon Emergency Admissions to Hospital

- 2.74 There is some evidence that Sure Start programmes have had a favourable impact in containing emergency admissions to hospitals when taking into account the established culture of families living in relative deprivation, traditionally having less confidence or resources when children's illnesses present. The work of health professionals working in Sure Start programmes demonstrates an impact both on prevention and also an improved confidence amongst families facing child illness incidents.

Table 34 – Emergency rates of admission of children to hospital from wards comprising Sure Start areas in Kent

	Rate of Admission per 100 population		
	2003/04	2004/05	2005/06
Northgate Ward, Canterbury	11.6	9.2	6.5
Canterbury average rate	7.4	5.6	6.4
Littlebrook, Dartford	15.7	19.5	7.3
Dartford average rate	7.5	8.2	6.6
Buckland, Dover	6.4	5.2	5.5
St Radigunds, Dover	5.3	4.2	5.7
Dover average	4.7	4.3	4.7
Stanhope, Ashford	8.1	8.6	8.7
Ashford average	5.7	5.8	6.3
Sheerness East	6.4	5.7	7.6
Sheerness West	7.9	5.2	5.8
Swale average	6.3	6.1	6.6
Folkestone Central	9.4	8.0	11.4
Folkestone Harbour	5.5	6.9	7.6
Folkestone Foord	4.9	4.5	7.6
Folkestone East	6.3	6.5	6.9
Shepway average	5.5	5.0	6.1
Northfleet North	8.8	8.8	7.0
Northfleet Riverside	6.8	7.5	7.1
Gravesham average	6.5	6.7	5.8

2.75 The potential range of confounders does not make it possible to completely demonstrate the causality of such programmes managing down demand.

Monitoring and Evaluation of Sure Start Children's Centres

2.76 Further to the above statement, the national Sure Start programme has now been expanded significantly, funds are no longer passed direct to the programmes but go through Local Authorities and all Children's Centres are now referred to as Sure Start Children's Centres. The funding which has been made available by government is just to deliver 'the core offer'¹ and there is effectively no provision for the direct delivery of any services. The responsibility for facilitating this has transferred from central government to local government and specifically in the local context to Kent County Council.

2.77 The National Evaluation (NESS) was based on a set of programme measures. The assumption of the policy management of local Sure Start programmes has caused some vacuum in policy, specifically what data should local Sure Start programmes be routinely collecting. For the county of Kent for 2006/07 there has been no standard set of quantifiable measures to monitor the work and thereby assess the combined effectiveness of local Sure Start programmes in the county. Each programme has extensive data on the local impact of its operations but there is little – if any – correlated data on the effectiveness across the county.

¹ * Core offer:

- Early education integrated with child care
- Family support and outreach to parents
- Child and family health services
- Links with schools and Children's Information Service (CIS)
- Links with JobCentre Plus

- 2.78 All programmes in Kent have routinely conducted quantifiable evaluations. These range from specifically commissioned research, through local surveys to advice on forward business planning, or retrospectively as part of annual reports.
- 2.79 The qualitative evaluation of Sure Start Millmead by Canterbury Christ Church University (West and Carlson 2007) provides a succinct framework to summarise much of the impact of Sure Start both on children and local communities. They describe a local Sure Start programme as “claiming space”. By this they include:
- Contested space – recognising many agendas at work through a Sure Start programme including the aspirations of diverse professionals, of government policy and of parental engagement in the design of delivery programmes;
 - Sustaining space – the need to emphasise the importance of the relationships in which people are embedded in any change processes “people suffering depression or other forms of distress require significant others with sufficient empathy, resilience, self-understanding and knowledge to mobilise resources, including themselves, in non-threatening ways. Sure Start enabled this to happen as learning opportunities combined with counselling, sustained individual attention with collective support” (West and Carlson op cit p76);
 - Transitional space: identity and risk taking - this includes supporting parents to trust more and take risks, overcoming fears of dependency with the risks of abandonment; more fundamentally it refers to a new culture amongst professionals which will encourage innovation, partnership working and engagement of parents and families in determining the nature and coverage of services;
 - Transitional space of play – encouraging the capacity for play and playfulness, the letting go of conscious ego functions paralysing self-preoccupations and the development of creativity;
 - Transactional space – the detailed attention necessary to facilitate and sustain parental involvement: encouraging and supporting parents in the governance and development of the programme – treating people respectfully as active citizens rather than passive consumers;
 - Gendered space – the complexity and difficulty in engaging fathers in the programme notwithstanding that Sure Start can be seen as a highly gendered space in which caring in general and ‘parenting’ in particular, are predominantly viewed as “women’s work”;
 - Claiming space – the struggle with the hardest to reach in the context of a programme required to expand from a focused population to a larger community and a shifting local population.
- 2.80 In respect of all of the above there is an underlying commitment to address long term improvement and a national imperative to deliver speedy results. Many reports from other programmes in Kent cover similar ground albeit in a less systematic (and social psychologically) based framework. Sure Start Sheerness, Sure Start Ashford and Sure Start Gravesham stress narrative to demonstrate the benefits of the programme typically through featuring case studies viewing the operations from the perspective of children and families. The Consortium of Sure Start Centres in Dover has undertaken extensive community surveys looking at the engagement of the programme with local

communities, assessing what works, what has been a success and how, grounded in user perspectives, can the programme and the overall approaches by all services be improved. A similar approach has been adopted by Sure Start Folkestone, incorporating annual programmes of evaluation into future business planning. Latterly this has been further enhanced through the Shepway Local Children's Trust Pathfinder Development plan. A similar integrated approach between evaluation and business planning is demonstrated in the Gravesham programme. Because of disruption to the management of the local programme, Sure Start Canterbury is less able to offer formalised documented evaluation reports at the present time.

- 2.81 A very recent national study undertaken for the government by the University of Durham, exploring the progress of almost 35,000 children has shown that there is no change in the developmental levels of pupils entering primary school, notwithstanding the introduction of several early new years initiatives over the past decade. The authors of the research, who are strongly in favour of early years initiatives, highlight the key indication – that such initiatives should be rigorously monitored “initiatives should be based on high quality evidence and be introduced in ways that allow for continuous scientific monitoring and adjustment in the light of evidence ... this approach takes time ... it is not a method that offers quick fixes, but requires long term vision ... [and] should play a pivotal role in making effective decisions which the government itself believes to be crucial to a child's development and their future prospects in life” (Merrell 2007).
- 2.82 A recent announcement from central government confirms revenue funding allocations for Sure Start local programmes and also Children's Centres until 2011. Sure Start local programmes have been identified separately from that of other children's centres and at a higher level. The effect of this is to broadly assure the continuation of local programmes over the next three years.
- 2.83 In the meantime, more consistent, rigorous, quantifiable evaluation measures are necessary across Kent so that the qualitative data alluded to earlier can be augmented by a framework of quantified measures. Accordingly a standard framework of such measures needs to be established under the Kent Children's Trust across the county, as a matter of some urgency.

Children's Centres and Healthy Starts

- 2.84 Regardless of whichever wave of Children's Centre developments, the role of Children's Centres should be to give young children a healthy start in life and offer support to parents. Specifically, building upon the experience of Sure Start programmes this means:
- Children's Centres need to be staffed on a multi-disciplinary and multi-agency basis, preferably also working with third sector organisations to provide a seamless delivery of services both in the Centres and from Centres into the community, including home visiting;
 - Providing a range of integrated services to maximise children's development outcomes and reduce inequalities in health. Examples of this should include parenting and family support, the promotion of breast feeding, the identification of risk and appropriate interaction to reduce or avoid obesity, stop smoking services, the reduction of accidents. Particular focus must be given to the most disadvantaged families;

- The early identification of developmental problems that will benefit from early help, e.g. speech and language therapy, weight management;
- Rolling out Early Support Programmes for disabled children and improving access to childcare for parents with disabled children.

3. Health Inequalities during Childhood and Youth – Overview

Much less attention has been paid to the relationship between poverty and health during childhood and youth than in infancy. This is unfortunate as it is a critical period of the life course at which to target interventions. Sadly the lack of epidemiological research has been accompanied by a lack of service evaluation.

It is however possible to identify key issues and sources of vulnerability. Accidents/injuries and mental health emerge as key issues that are associated with poverty during childhood and youth. Injury is not only the most important cause of child death in the UK, it also has a steeper social class gradient than any other cause of death for this group. A relationship has also been identified between social deprivation and non-fatal injuries on the road and within the home. By contrast, risk of non-related traffic injury taking place outside the home may decrease with lower socio-economic status.

Increases in the rate of psychological disorders among young people and growing concern as to the impact of mental health problems on poor educational attainment, limited employment prospects, insecure relationships, early parenting, involvement in crime and adult psychiatric disorders has drawn the spotlight onto mental health problems in childhood and youth. However regrettably there has been a pre-occupation with symptoms rather than causes, with crime, delinquency and drug use rather than mental health per se. This is unfortunate as evidence suggests that young people suffering from mental health problems are amongst the most vulnerable in society. The prevalence of the most common disorders in childhood and adolescence are strongly associated to social disadvantage, children who have experienced significant adversity in early life being at particularly increased risk. A range of individual family and environmental influences have been implicated in risk for mental illness, strongly demanding the need for a multi-faceted approach. Several areas of intervention are possible to address different loci of vulnerability: individually focused therapy and treatment; family therapy; parenting programmes; school based interventions and community based programmes.

Abbreviated from Asthana and Halliday 2006

Childhood Morbidity in Primary Care

- 3.1 Most childhood morbidity is treated by primary care including out-of-hours services, or at home. Primary care data is not readily accessible. Some data are available from national surveys. Hospital admissions and A&E attendance data can provide information about the levels of morbidity in children but they only account for a small proportion of illness that occurs in childhood and therefore should not be used as proxy measures for morbidity in general.

Limiting Long-Term Illness

- 3.2 Data from the 2001 Census show that within Kent County overall, 4.2% of all children have limiting long-term illness. It should be noted that limiting long-term illness is self-declared and thus not easily verifiable from other sources. The rate for Eastern and Coastal Kent at approaching 5% is significantly higher than in West Kent (3.6%).
- 3.3 Rates of limiting long-term illness vary by housing tenure, children living in socially rented accommodation being nearly twice as likely to have limiting long-term illnesses as those in owner-occupied housing. Children of families in private rented accommodation comprise a higher percentage than those residents in owner-

occupation. This latter pattern is consistent in both PCTs (see also page 67 Housing post).

Table 35 - Children with limiting long-term illness (LLTI), 2001. Number and percentage of all children, percentage by tenure type

Area	Number of Resident Children with LLTI	Percentage of All Resident Children with LLTI	Percentage of Children with LLTI by Housing Tenure		
			Owned	Social Rented	Private Rented
Ashford Local Authority	809	3.7	3.1	6.1	3.8
Canterbury Local Authority	1142	4.7	3.5	8.4	5.2
Dartford Local Authority	718	3.9	3.1	6.4	4.5
Dover Local Authority	1013	4.9	3.8	8.3	5.1
Gravesham Local Authority	740	3.6	3.0	5.0	4.8
Maidstone Local Authority	1054	3.9	3.2	6.9	4.1
Sevenoaks Local Authority	706	3.2	2.7	5.7	2.8
Shepway Local Authority	919	4.9	3.8	8.3	5.5
Swale Local Authority	1340	5.1	3.7	8.7	6.1
Thanet Local Authority	1360	5.4	4.4	8.0	6.0
Tonbridge and Malling Local Authority	823	3.6	2.9	6.1	3.2
Tunbridge Wells Local Authority	708	3.4	2.8	5.3	3.8
Kent County	11332	4.2	3.3	7.0	4.9
South East Region	61093	3.9	3.1	6.6	4.2
England	418828	4.2	3.3	6.6	4.8

Source: ONS 2001 Census Table CS017

Accidents

- 3.4 Injury is not only the most important cause of child death in the UK, but also has a steeper social class gradient than any other cause of death for this cohort. A child from the lowest social class is nine times more likely to die in a house fire than a child from a well off home (Roberts 2002). Safety inside the home is of paramount importance in early life with a large proportion of these injuries being potentially preventable. The wider horizons of older children however place the environment, play and being safe from traffic close to the top of their agendas (Roberts *ibid*). The road environment is a key locus of risk in different guises across the age spectrum, accounting for two fifths of deaths among young people aged 15-24 in the category injuries.
- 3.5 Much of the literature focuses upon accident prevention for the early years. Nearly half (48%) of the health promotion interventions included in Towner et al's (2001) systematic review were aimed at those aged four and under. Only under a third included interventions aimed at the 10-14 year age group and most of these were focused on the pre-teenage years.
- 3.6 There is evidence that single issue campaigns can be effective particularly those focusing on safety equipment such as smoke detectors. It is also notable that multi-modal interventions (i.e. legislation, education, safety equipment, environmental modification) are most likely to yield positive results. The latter approach demands a change in the culture of communities.
- 3.7 Road accidents involving children are more scattered than those involving adults with an obvious relationship to the roads near home. There is good evidence that area-

wide engineering schemes and traffic calming measures reduce accidents to this age group, decreasing traffic injuries on average by between 11% and 15% (Bunn et al 2003). Such schemes also have the potential to increase cycling and walking at neighbourhood level, together with the potential for children to play outdoors with concomitant benefits to both health and environment (Morrison et al 2004).

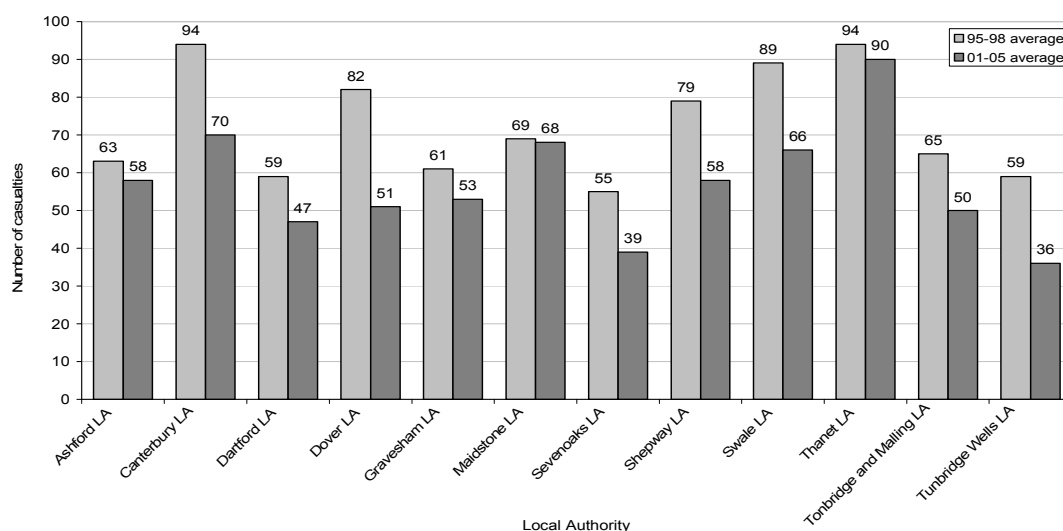
- 3.8 For cyclists there is some evidence that cycle training can improve safe riding behaviour and good evidence that cycle helmets offer protection from head and brain injuries, particularly at local speeds. Education campaigns may also be important (Towner and Ward 1998). The leisure environment, like roads, is similarly in the public domain and hence a legitimate target for legislation and prevention.
- 3.9 The home is less amenable to regulation. Fires are the second most important cause of injury to children under 15, with smokers' houses posing a particular risk. One contributory factor is likely to be the significance of deprivation.
- 3.10 Educational programmes alone appear to have little effect irrespective of the form they take (skills training, mass media exposure, targeted education courses).
- 3.11 Over the ten year period described in the table below, there has been a welcome reduction in child road casualties in districts throughout the county. Thanet remains the area with the highest number and a marginal reduction only can be noted for Maidstone district.

Table 36 - Child road casualties in Kent districts, 1994-98 and 2001-05 annual averages (numbers)

Local Authority	95-98 average	01-05 average
Ashford LA	63	58
Canterbury LA	94	70
Dartford LA	59	47
Dover LA	82	51
Gravesham LA	61	53
Maidstone LA	69	68
Sevenoaks LA	55	39
Shepway LA	79	58
Swale LA	89	66
Thanet LA	94	90
Tonbridge and Malling LA	65	50
Tunbridge Wells LA	59	36
Kent County	869	686

Source: Trend Update 2005 Final Report September 2006, Road Safety Unit, KCC

Figure 5 - Child road casualties in Kent districts, 1994-98 and 2001-05 annual averages



Source: Trend Update 2005 Final Report September 2006, Road Safety Unit, KCC

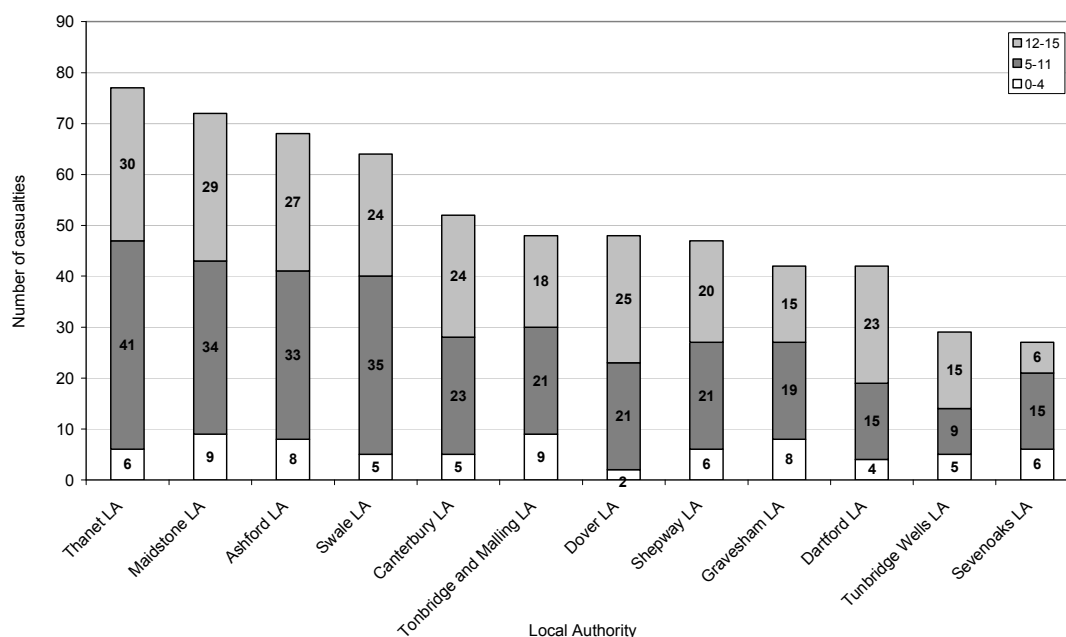
3.12 Thanet and Maidstone have higher numbers of road casualties.

Table 37 - Child road casualties by age in Kent districts, 2005 (numbers)

Local Authority	Age group			
	0-4	5-11	12-15	0-15
Ashford LA	8	33	27	68
Canterbury LA	5	23	24	52
Dartford LA	4	15	23	42
Dover LA	2	21	25	48
Gravesham LA	8	19	15	42
Maidstone LA	9	34	29	72
Sevenoaks LA	6	15	6	27
Shepway LA	6	21	20	47
Swale LA	5	35	24	64
Thanet LA	6	41	30	77
Tonbridge and Malling LA	9	21	18	48
Tunbridge Wells LA	5	9	15	29
Kent County	73	287	256	616

Source: Trend Update 2005 Final Report September 2006, Road Safety Unit, KCC

Figure 6 - Child road casualties by age in Kent districts, 2005 (numbers)



Source: Trend Update 2005 Final Report September 2006, Road Safety Unit, KCC

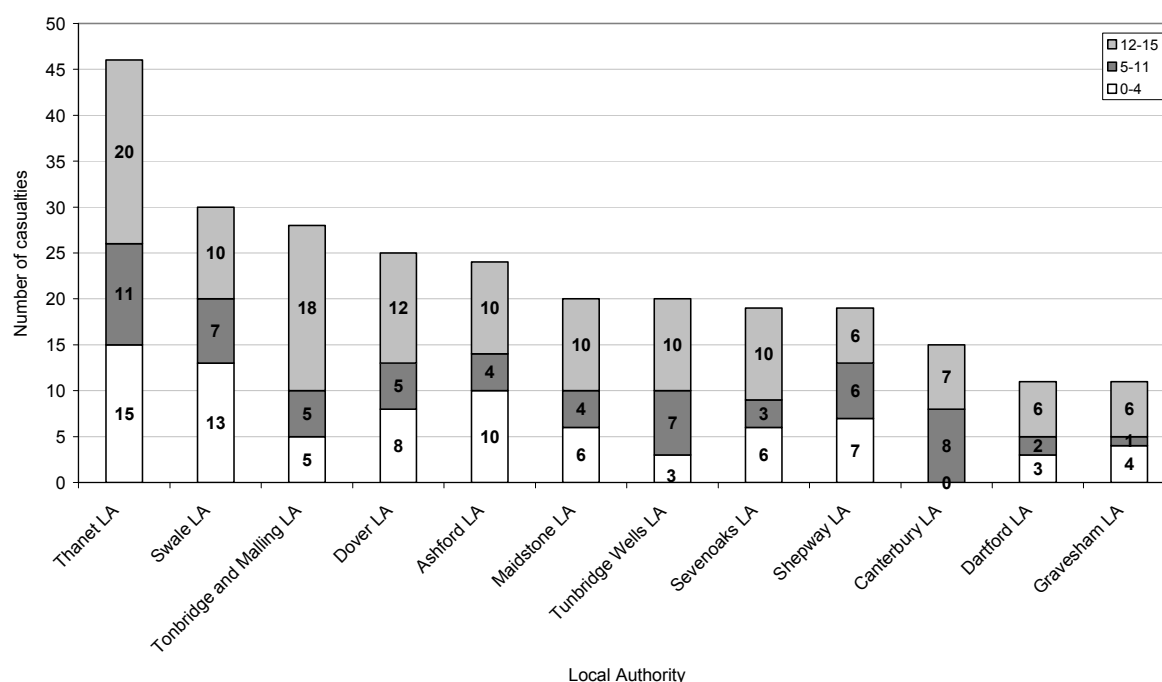
3.13 There are higher numbers of pedal cycle casualties in Thanet than the overall Kent pattern.

Table 38 - Child pedal cycle casualties by age in Kent districts, 2005 (numbers)

Local Authority	Age group			
	0-4	5-11	12-15	0-15
Ashford LA	10	4	10	24
Canterbury LA	0	8	7	15
Dartford LA	3	2	6	11
Dover LA	8	5	12	25
Gravesham LA	4	1	6	11
Maidstone LA	6	4	10	20
Sevenoaks LA	6	3	10	19
Shepway LA	7	6	6	19
Swale LA	13	7	10	30
Thanet LA	15	11	20	46
Tonbridge and Malling LA	5	5	18	28
Tunbridge Wells LA	3	7	10	20
Kent County	80	63	125	268

Source: Trend Update 2005 Final Report September 2006, Road Safety Unit, KCC

Figure 7 - Child pedal cycle casualties by age in Kent districts, 2005 (numbers)



Source: Trend Update 200 Final Report

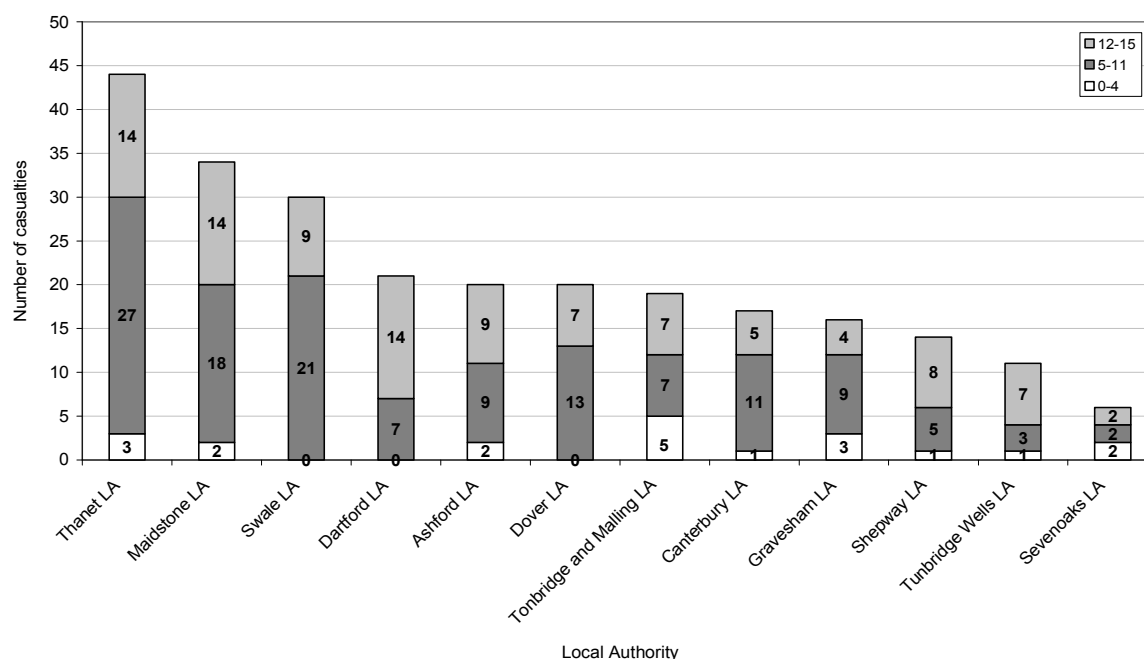
3.14 Child pedestrian casualties in Thanet, Swale and Maidstone are higher than the overall Kent pattern. Such casualties are often synonymous with deprivation factors which certainly accords with the Thanet and Swale districts.

Table 39 - Child pedestrian casualties by age in Kent districts, 2005 (numbers)

Local Authority	Age group			
	0-4	5-11	12-15	0-15
Ashford LA	2	9	9	20
Canterbury LA	1	11	5	17
Dartford LA	0	7	14	21
Dover LA	0	13	7	20
Gravesham LA	3	9	4	16
Maidstone LA	2	18	14	34
Sevenoaks LA	2	2	2	6
Shepway LA	1	5	8	14
Swale LA	0	21	9	30
Thanet LA	3	27	14	44
Tonbridge and Malling LA	5	7	7	19
Tunbridge Wells LA	1	3	7	11
Kent County	20	132	100	252

Source: Trend Update 2005 Final Report September 2006, Road Safety Unit, KCC

Figure 8 - Child pedestrian casualties by age in Kent districts, 2005 (numbers)



Source: Trend Update 2005 Final Report

Table 40 - Interventions during early life: summary of the evidence base - Accidents

Accidents	Source
Roads	
There is good evidence that:	
Area-wide engineering schemes and traffic calming measures decrease traffic injuries	Systematic review
Child restraint loan schemes and legislation produce behavioural change	Systematic review
Cycle helmets offer protection from head and brain injuries, particularly at lower speeds	Overview
Educational campaigns and legislation can increase their use	Systematic review
There is reasonable evidence that cycle training can improve safe riding behaviour	Systematic review
Leisure	
There is some evidence that:	
Improvements to playground design can reduce both the frequency and severity of injuries	Overview
Environmental engineering changes to the sports environment and prophylactic injury prevention programmes reduce injuries to adolescents	Overview
Legislation is effective for 15-24 year olds whether in sports, road or workplace settings	Overview
Home	
There is good evidence that smoke detectors and child-resistant containers reduce injury particularly if high-risk households are targeted	Systematic review/Overview
Less evidence attaches to window bars and the design of domestic	Systematic review

products	
Home visiting can substantially reduce rates of accidental injury	Overview
The role of education only reaches reasonable levels with respect to child/parent education to reduce pedestrian injuries and the use of car restraints	Overview
Multimodal interventions are the most likely to yield positive results	Systematic review
Lack of review-level evidence	
<i>Leisure environment</i>	
<i>Older children</i>	

Children and Young People Receiving Care

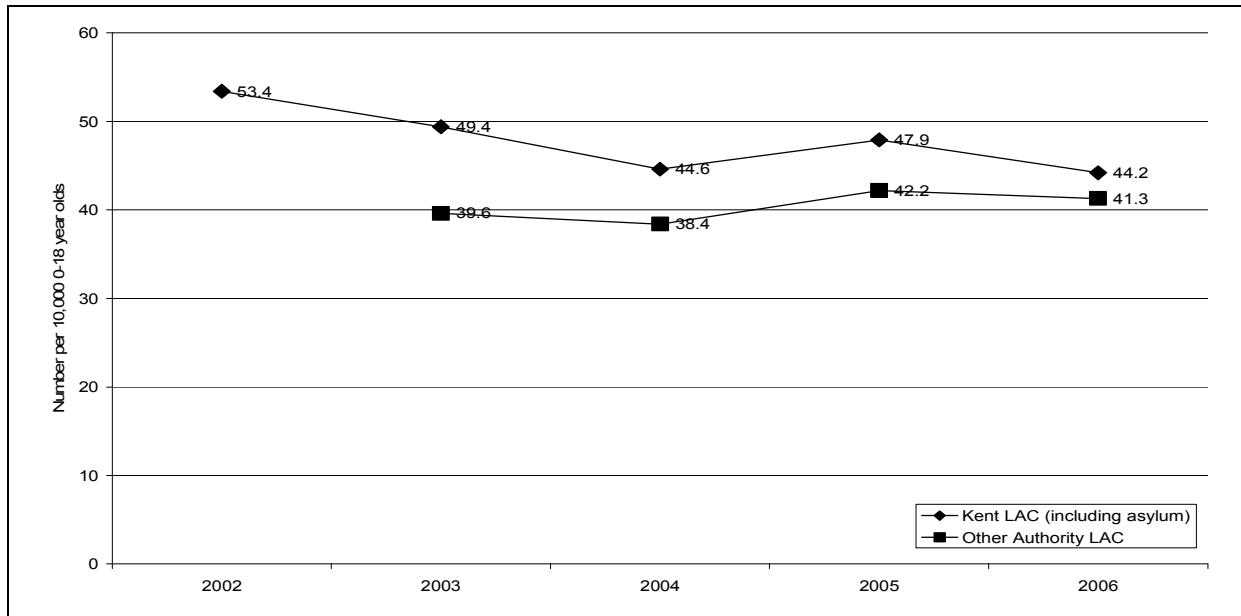
Looked After Children

- 3.15 While education plays a key role in the transmission of advantage and disadvantage across generations, one of the most powerful predictors of social exclusion in adult life is the experience of being in care. There is a well established link between deprivation and children coming into care such as unemployment, low income, inadequate accommodation and lone parent status; factors in other words that threaten the stability of family life.
- 3.16 The poor educational participation and performance of looked after children (LAC) has become a national concern not least because educational disadvantage leads to disadvantage in other areas. Frequent movement within the care system, school exclusion and non-attendance have been linked to educational under achievement. Some estimates suggest that children in care are ten times more likely to be excluded than those outside the care system (Brodie 2000: Goddard 2000). Only 9% of children obtained at least five GCSEs with grades A-C compared to 53% of all children (DfES 2004).
- 3.17 There is a high incidence of mental health problems and psychiatric disorders among looked after children. The poor mental health of children living in residential homes in part reflects selection. Children with severe behavioural difficulties are often considered unsuitable for placement in foster homes, are more likely to experience breakdowns in their placements and thus more likely to be looked after in residential homes.
- 3.18 Higher than average rates of poor mental health and anti-social behaviour combined with low educational attainment significantly increase the likelihood that looked after children will experience social exclusion in later life. Nationally in 2003 22% of 16 year old looked after children were unemployed the September after leaving school, compared to 7% of all school leavers (DfES 2004). Unemployment, insufficient support from care to adult life, place care leavers at additional risk of homelessness. 20% of care leavers will experience some form of homelessness within two years of leaving care. Over a quarter of prisoners were in care as children. Young people who have been in care are two and a half times more likely to become teenage parents and the children of women who have spent time in care are themselves two and a half times more likely to go into care than their peers.
- 3.19 Residential care in Britain continues to be seen as a last resort. Young people living in residential homes will remain one of the most vulnerable groups in respect to both

social exclusion and health inequalities. In Kent the rate of children placed into residential care is low – an act of deliberate policy.

3.20 The number of looked after children aged 0-18 years in Kent is illustrated in the figure below. Within this it is possible to see the number of LAC who have been placed in Kent by authorities outside of Kent, in addition to those who are looked after by Kent County Council.

Figure 9 – LAC aged 0-18 years in Kent per 10,000 population aged 0-18 years (as at March each year)



Source: Policy and Performance Unit, Children, Families and Education Directorate, Kent County Council

Table 41 - Looked After Children in Kent by placement type, March 2007

Local Authority	KCC Residential Care	Independent Residential Care (P&V)	KCC Foster Care	Independent Foster Care	Placed with parents	Placed with relatives and friends	Placed for Adoption	Leaving Care	Other
Ashford LA	2	2	53	1	16	7	2	1	1
Canterbury LA	0	1	89	1	12	3	5	3	1
Dartford LA	0	0	25	0	7	0	1	0	2
Dover LA	0	1	64	0	3	8	2	1	2
Gravesham LA	0	2	50	4	4	2	6	1	3
Maidstone LA	1	1	44	6	7	3	3	3	2
Sevenoaks LA	0	1	47	2	4	7	1	0	1
Shepway LA	0	3	79	1	13	9	3	1	3
Swale LA	0	4	91	3	11	11	5	1	2
Thanet LA	1	7	156	5	27	12	18	6	6
Tonbridge and Malling LA	1	2	37	0	5	7	2	1	1
Tunbridge Wells LA	0	0	36	5	3	3	6	1	2
Disability (county wide)	3	15	28	3	0	0	2	0	1
Kent County	8	39	799	31	112	72	56	19	27

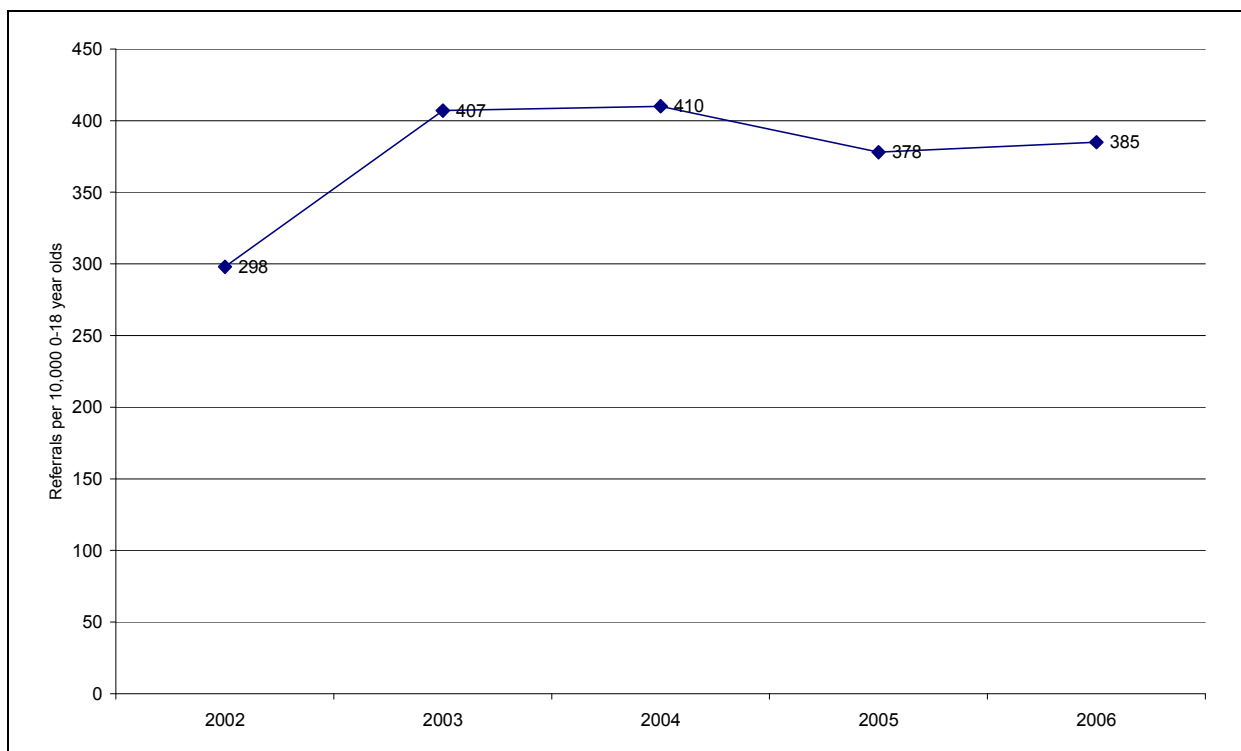
Source: Kent Children's Social Services, Monthly Performance Monitoring Report, KCC Children's Services Performance Monitoring Team

3.21 It is important to stress that the above figures relate to Kent children only and do not take account of the large number of children who are placed in the county by other authorities.

Safeguarding Kent's Children including Child Protection

3.22 The number of children and young people being supported by Kent Children's Social Services at a single point in time (between March of each year shown) is illustrated below. Between 2002 and 2003, the number supported increased by over a third, but in recent years the number has remained relatively consistent. Note that the figures are rates per 10,000 population aged 0-18 years. In 2005 the under-18 population was 327,000 so the absolute numbers would have been 32.7 times the figure shown.

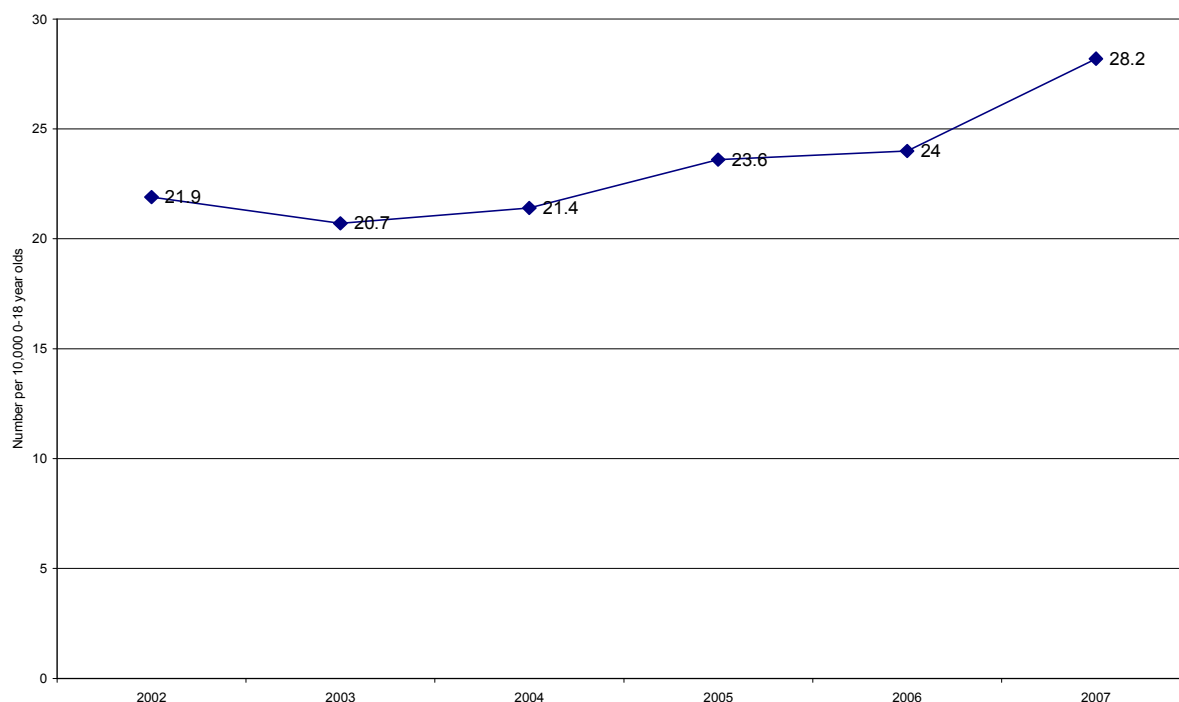
Figure 10 – Referrals to Kent Children's Social Service per 10,000 population aged 0-18 years (as at March each year)



Source: Policy and Performance Unit, Children, Families and Education Directorate, Kent County Council

3.23 The number of children in Kent who are on the Child Protection Register is shown in figure 11 below. This also shows how the number of 0-18 year olds on the Register has increased between 2003 and 2007.

Figure 11 - Number of 0-18 year olds on the Kent Child Protection Register



Source: Policy and Performance Unit, Children, Families and Education Directorate, Kent County Council

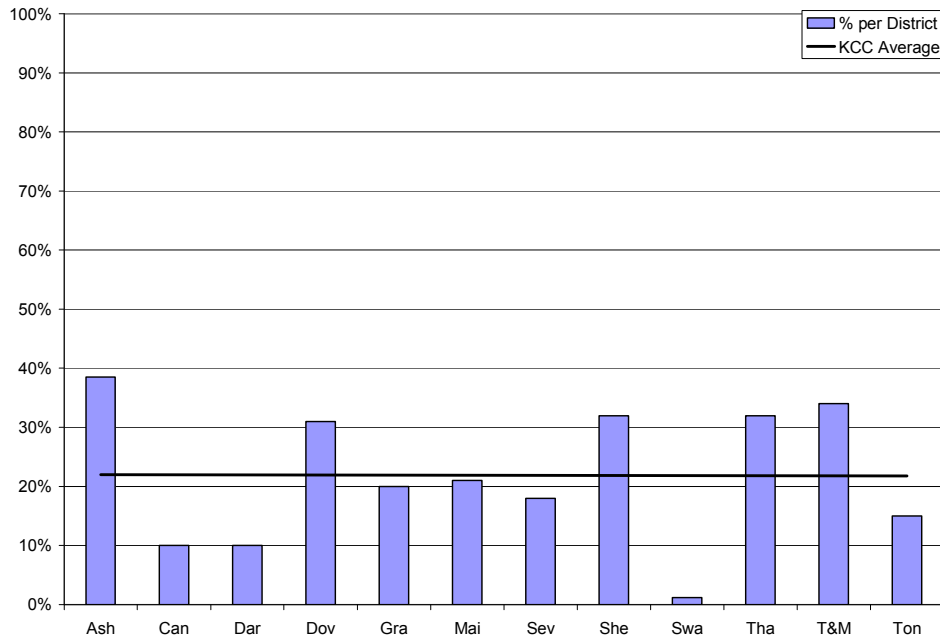
3.24 As at 31st March 2007 Kent had 864 children on the Child Protection Register, thus the rate had further risen to 28.2 per 10,000 child population. Across individual districts and given the variable impact of relative deprivation, then there is notable variation in ratios.

Table 42 – Children on the child protection register relative to the child population of Kent

	Population 0-17 years	Deprivation IMD score	Child Protection	
			Current March 07	Per 10,000 population
KCC exc asylum	306,840	16.63	864	28.16
Ashford	25,880	14.17	96	37.09
Canterbury	30,200	16.83	79	26.16
Dartford	20,360	17.80	59	28.98
Dover	23,200	19.65	58	25.00
Gravesham	22,100	18.87	65	29.41
Maidstone	30,780	12.21	96	31.19
Sevenoaks	24,580	9.78	39	15.87
Shepway	20,960	21.07	94	44.85
Swale	29,540	22.14	84	28.44
Thanet	28,160	25.30	108	38.35
Tonbridge and Malling	26,560	10.48	50	18.83
Tunbridge Wells	24,520	11.00	36	14.68

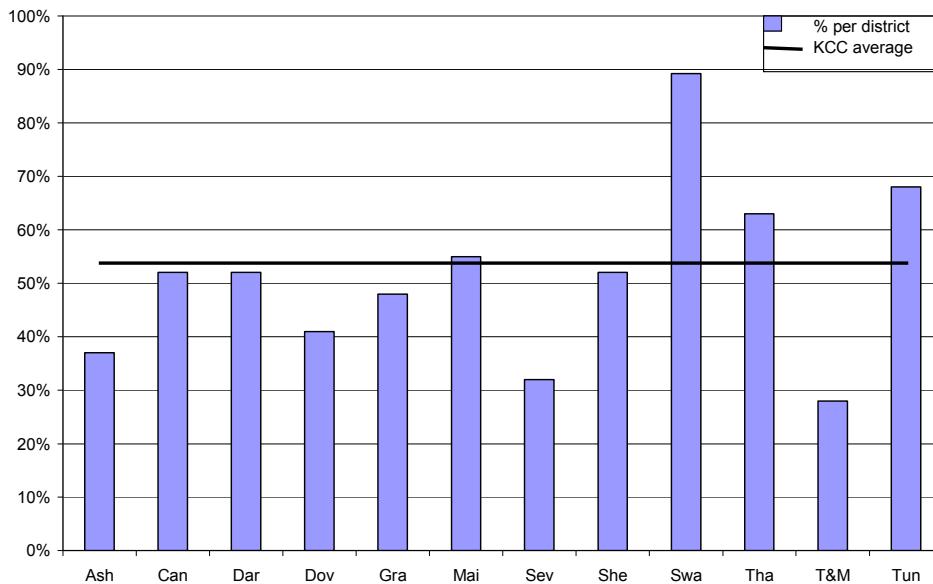
3.25 Thanet has the highest proportion of children on the Child Protection Register at 38.35 per 10,000. Sevenoaks has the lowest at 18.7 per 10,000. There is no national benchmark as to the prevalence of the child protection population. Even within the county there is variation as to the interpretation of categorised registrations.

Figure 12 – Registration by Category – Emotional abuse



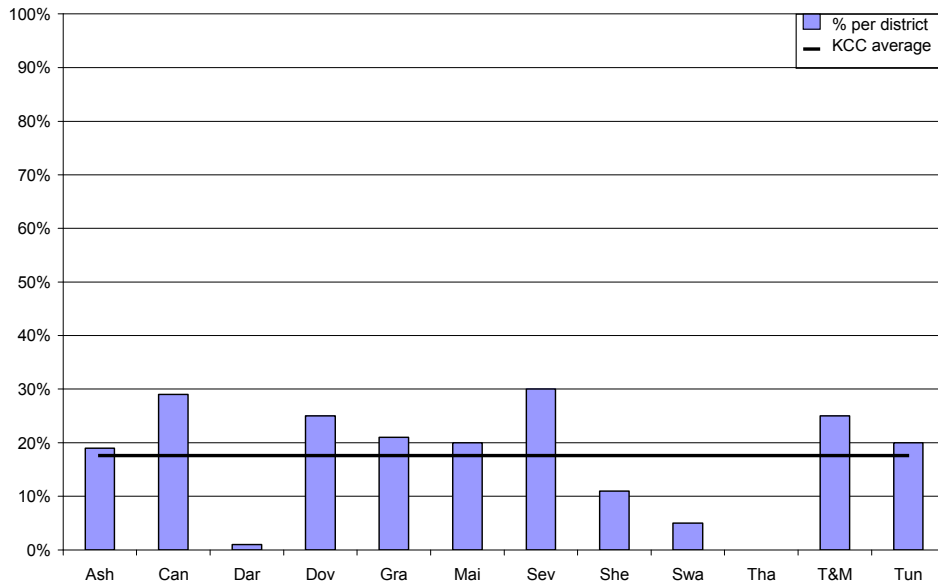
3.26 There is significant district variation with regard to children registered as being subject to emotional abuse – 1.2% in Swale to 38.5% in Ashford. Five districts have 30% or more children on the register in this category.

Figure 13 – Registration by Category - Neglect



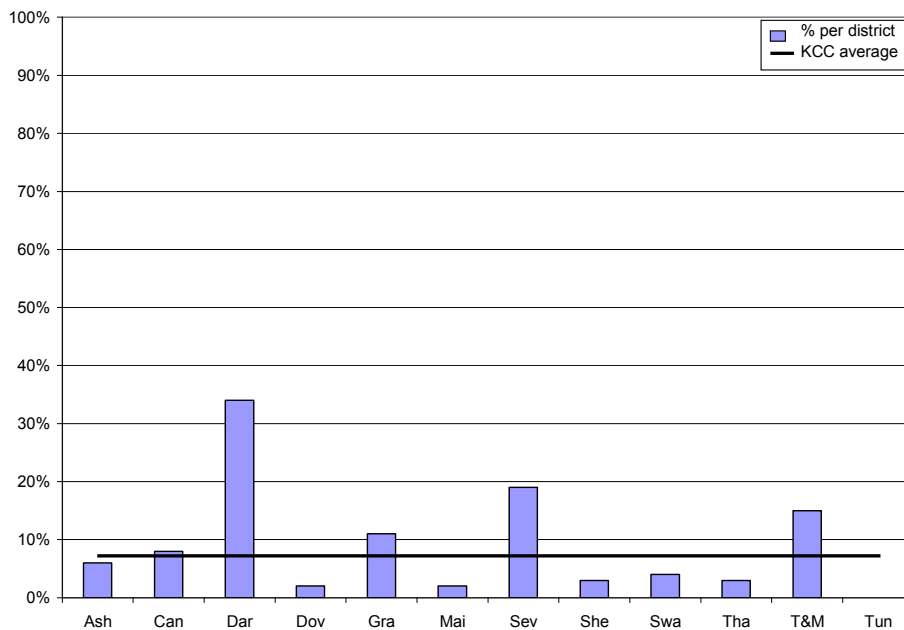
3.27 In Swale 89.2% - nearly nine out of every ten children on the register are registered as being subject to neglect. The distinction between emotional abuse and the abusive impact of neglect is blurred. Thus districts with higher averages in neglect often have lower averages in emotional abuse.

Figure 14 – Registration by Category – Physical abuse



3.28 It is most unlikely that in the course of twelve months in Thanet, no children were considered at risk from significant harm from physical abuse. However the impact of domestic abuse could be more readily accounted for in the emotionally abusive category and Thanet does record this for 32.4% of children on the register.

Figure 15 – Registration by Category – Sexual abuse



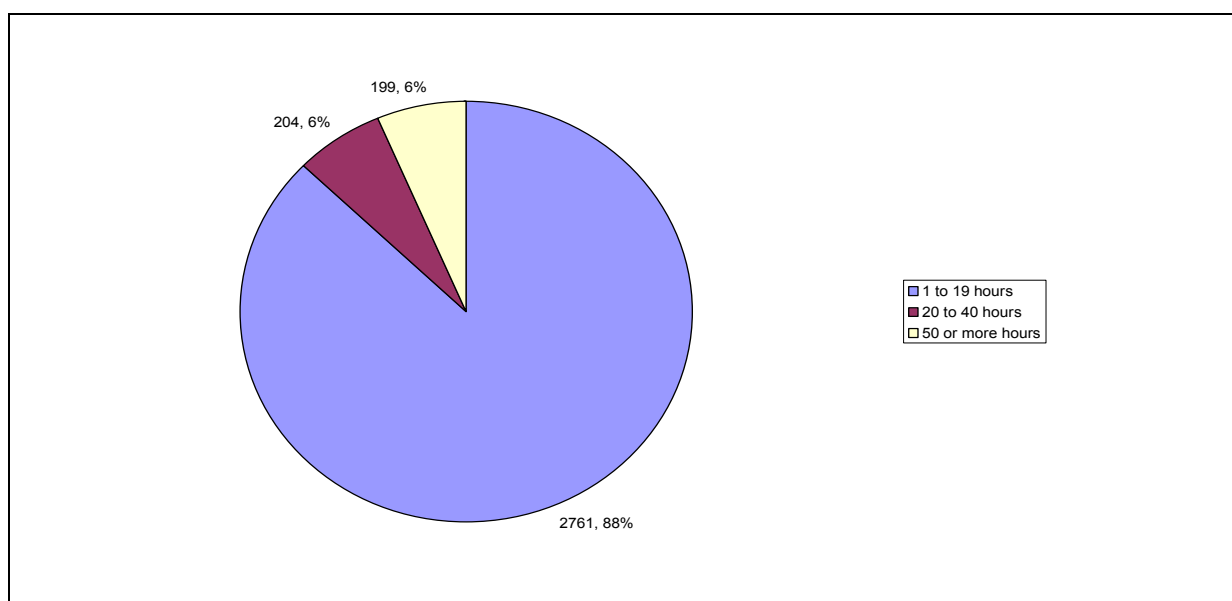
3.29 Sexual abuse constitutes relatively small numbers though a higher rate of registration can be seen in the west of Kent, specifically Dartford, Sevenoaks, Tonbridge and Malling and Gravesend.

3.30 Overall it should be noted that the higher proportion of children on the register are older children and adolescents – particularly so in Canterbury, Dover, Thanet and Sevenoaks.

Children Giving Care

3.31 The 2001 Census captured information on the number of children and young people providing unpaid care. Within Kent, 1.1% (equivalent to 3,164) of children aged 0-18 years provide some amount of unpaid care. This compared to 1.0% in the South East and 1.3% in England. The figure below illustrates the number of hours of unpaid care those children aged 0-18 years providing care provide each week.

Figure 16 – Provision of unpaid care by Kent's 0-18 year old population (as a proportion of all those who provide care)



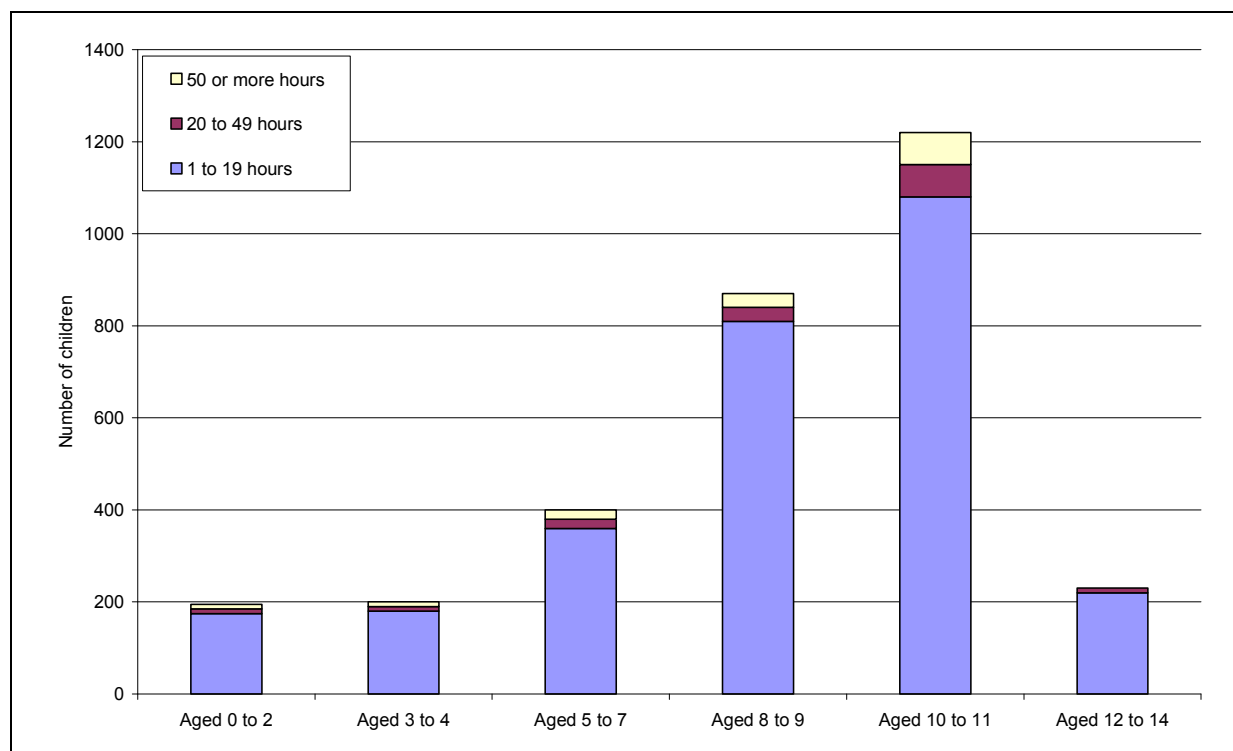
Source: 2001 Census, Standard Theme Table 1, Office for National Statistics (Crown Copyright). Data supplied by Analysis and Information Team, Kent County Council

3.32 By far the greatest proportion of children provide between 1-19 hours of care a week, but there are nearly 200 children and young people in Kent who provide over 50+ hours per week.

3.33 There is no overall geographical variation across Kent with regard to the number and proportion of 0-18 years that provide unpaid care. However the numbers in the Canterbury City Council area are high relative to the rest of Kent – a point highlighted in the 2004 Annual Report of the Director of Public Health for the then Canterbury & Coastal PCT.

3.34 The next figure illustrates the age profile of Kent children and young people who provide care. The older children and young people provide more unpaid care compared to younger children.

Figure 17 – Age profile of Kent children and young people providing care by hours of care provided



Source: 2001 Census, Standard Theme Table 1, Office for National Statistics (Crown Copyright). Data supplied by Analysis and Information Team, Kent County Council

Children of Substance Misusing Parents

3.35 Parental problems and alcohol use can frequently compromise children’s health and development and children of substance misusing parents are amongst the most vulnerable children in the UK. Parental substance misuse is highly significant in child protection registration. Kent Drugs and Alcohol Action Team (KDAAT) assessing need to grade an appropriate service response has identified that:

- The co-ordination of services is complex since they require both multi-agency adults as well as children’s services;
- It is necessary to map fully the services available across the county;
- There is a training issue that identifies appropriate screening tools; the identification of resilience factors and the provision of appropriate service information;
- There may be a recurrent issue of funding sustainability both as regards adult treatment services and all children’s drug and alcohol services.

3.36 In view of the foregoing, the data below is at best partial. Current practice for the registration of adults undergoing treatment offers an optional field for parental status. Current practice throughout the county is variable. The high incidence of drug misusing parents in treatment in Thanet, Gravesham and Canterbury may be a partial reflection of local good practice not replicated elsewhere.

3.37 The following observations can be made on the data available. Firstly, as previously alluded to, this is a hidden problem and treatment is a declaration, whether voluntary or enforced through crime and disorder measures of assistance seeking. Behind

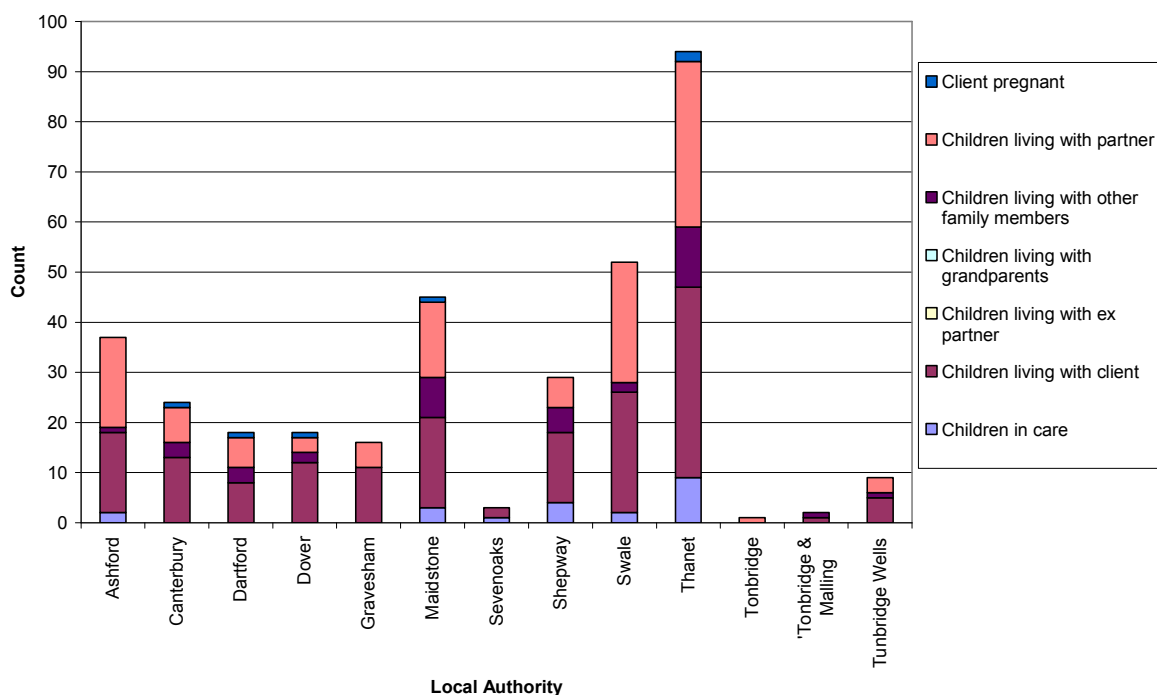
such numbers, there will be a greater number not in treatment. The data also identifies the disruption to children through the often necessary expedient of relying on the extended family.

Table 43 – Parental status by Local Authority – 2006/07

Local Authority	Children in Care	Children living with client	Children living with ex partner	Children living with grandparents	Children living with other family members	Children living with partner	Client pregnant	Grand total
Ashford	2	16			1	18		37
Canterbury		13			3	7	1	24
Dartford		8			3	6	1	18
Dover		12			2	3	1	18
Gravesham		11				5		16
Maidstone	3	18			8	15	1	45
Sevenoaks	1	2						3
Shepway	4	14			5	6		29
Swale	2	24			2	24		52
Thanet	9	38			12	33	2	94
Tonbridge						1		1
Tonbridge and Malling		1			1			2
Tunbridge Wells		5			1	3		9
Total	21	162			38	121	6	348

Source: Kent DAAT

Figure 18 – Parental status by Local Authority 2006/07



Mental Health

(see also issues of mental wellbeing 3.108)

- 3.38 The NHS Advisory Service review of Child and Adolescent Mental Health Services (CAMHS) 'Together we Stand' (1995) set out the currently accepted four-tier strategic framework for planning, commissioning and delivery of CAMHS. This tiered approach is intended to identify a continuum of need and ensure that a comprehensive range of services is commissioned. It also acknowledges that many different agencies contribute towards the mental health and psychological wellbeing of children and young people, including GPs, schools, social workers, youth justice workers and voluntary agencies.
- 3.39 Poor mental health is associated with low educational achievement, performance and absenteeism, in addition, conduct and behaviour disorders disrupt not only the learning of the individual child with the difficulty but also the learning environment of others.
- 3.40 There is a relationship between poor mental health, low self esteem and risk taking behaviour which impacts upon physical health, examples include smoking, bullying, substance misuse, risky sexual behaviour and teenage pregnancy, risk taking activity and injury.
- 3.41 Poor mental health can be an early warning of a child at risk as children and young people express internal distress in the form of mental health disorders. Abuse, neglect and sexual abuse are all associated with higher incidence of mental disorders and illness. Poor mental health, particularly conduct disorders, are associated with increased anti-social behaviour and offending.
- 3.42 The table below gives an indication of numbers of children and young people likely to have a mental health need which could present at or would benefit from an intervention at tiers one to four. This does not equate to the current service engagement at all tiers but there is closer correlation between the demand and prevalence at tiers three and four than tiers one and two.

Table 44 – Estimated numbers of children with a mental health need

Tier	Description	Estimated Prevalence	Estimated numbers in Kent
One	Mild emotional and behavioural difficulties	15%	51,441
Two	Moderately severe problems requiring attention from professionals training in mental health	7%	24,006
Three	Severe and complex mental health problems requiring a multi-disciplinary approach	1.85%	6,344
Four	The most severe, persistent and complex problems requiring specialist tertiary provision	0.08%	274

Table 45 – Prevalence of mental health conditions in 5-15 year olds

Disorders among all 5-15 year olds	Prevalence	Numbers in Kent
Clinically significant conduct disorder	5%	9,775
Emotional disorder	3.7%	7,223
Hyperkinetic (includes ADHD by ICD 10 definition)	1.5%	2,932
Less Common Disorders	1.3%	2,541
Overall rate	9.6%	18,767

Source: Office for National Statistics (2005) 'Mental health in children and young people in Great Britain, 2004' London: HMSO

Emotional Disorders

- 3.43 Emotional disorders are the most common mental health problems in children and include anxieties, phobias and depression. Anxieties and phobias are related to fear, which can be generalised, or specific to a situation or object; for example school or separation from a parent. For a problem to be classified as a disorder, behaviour needs to present as an exaggeration of normal developmental trends.
- 3.44 It is estimated that 1% of children and 3% of adolescents suffer from depression in any one year. Symptoms include sadness, irritability and loss of interest in activities. Associated features include changes in appetite; sleep disturbance and tiredness, difficulty concentrating, feelings of guilt, worthlessness and suicidal thoughts.

In Kent this might equate to 5,600 children and young people aged 5-19 years

Self-harm and Suicide

- 3.45 Self-harm and suicide can be a symptom of underlying unhappiness or emotional disorder. Self-harm can include self-cutting, burning, hair-pulling or self-poisoning. It may be linked to suicidal thoughts and is a way of coping with problems, a means of taking control, or a form of release from painful feelings.
- 3.46 Depression, serious mental health problems and the misuse of drugs are all factors related to suicide attempts. Young people who have already tried to kill themselves, or know someone who has tried to kill themselves are also at greater risk of attempting suicide.
- 3.47 Suicide rates are very low in children, but start to increase from the age of 11. Boys and young men aged 15-24 are most at risk.

In Kent this might equate to 10,000 children and young people aged 12-19 years

Eating Disorders

- 3.48 These are more common in young women. Up to 1% of women are affected by anorexia nervosa, where the person eats very little, effectively starving themselves and between 1-2% bulimia nervosa which involves bingeing on food followed by induced vomiting or use of laxatives. The average age of onset of anorexia is 15 and of bulimia 18. Some eating disorders are associated with other underlying mental health conditions.

In Kent this might equate to 800 children and young people aged 15-19 years

Conduct Disorders

- 3.49 Typical behaviour includes unusually frequent and severe temper tantrums beyond the age that this is normally seen, severe and persistent disobedience, defiant provocative behaviour, excessive levels of fighting and bullying, cruelty to others or animals, running away from home and some criminal behaviour.
- 3.50 These children and adolescents typically have low self-esteem, often showing marked misery and unhappiness as a result of a high incidence of depression. Some of these children lack the social skills to maintain friendships and may become isolated from peer groups.
- 3.51 Harsh and inconsistent parenting is the major cause of conduct disorder, but hyperactivity and a low IQ may also contribute. Family dysfunction, low income and parental mental illness are other factors which contribute to the risk of adult problems.
- 3.52 In children and young people with conduct disorder there is a high correlation with youth offending, anti-social personality disorder and increased risk of abusing and becoming dependent on alcohol and to a lesser extent, illicit drugs.

In Kent this might equate to 11,800 children and young people aged 5-15 years of which 8,800 would be boys

Attention Deficit Hyperactivity Disorder (ADHD)

- 3.53 Hyperkinetic disorder is the official term in the UK for describing children who are consistently over-active and inattentive. ADHD and Attention Deficit Disorder (ADD) are now more commonly used terms.
- 3.54 Signs of hyperkinetic disorder include restlessness and over-activity, inattentiveness and difficulty concentrating, acting impulsively and disruptive and destructive behaviour.
- 3.55 Children with hyperkinetic disorder may find it difficult to interact with other children and their inability to concentrate and restlessness at school impacts on their education and can be extremely disruptive to other pupils. Their behaviour can also put significant strains on family life. These problems can persist into adult life.

- 3.56 Medication such as methylphenidate can help treat hyperkinetic disorder, reducing the hyperactivity and improving concentration, although this is only a temporary effect. Evidence from randomised control trials (RCTs) (Fonagy et al 2002) suggests some areas where medication is effective. They are the first choice for ADHD, although diet may also be supportive and psycho-social treatments such as parent training or behavioural therapy can be useful adjuncts.

In Kent this could equate to 3,000 children and young people aged 5-15 years

Psychotic Disorders

- 3.57 Psychotic disorders cover a range of conditions where a person suffers from symptoms such as delusions and hallucinations. These include schizophrenia and bipolar affective disorder (commonly known as manic depression). The causes of psychotic illnesses are not properly understood; they can sometimes be genetic and in schizophrenia and bipolar affective disorder, abnormalities in the chemistry of the brain are thought to be involved.

Co-morbidity

- 3.58 Co-morbidity (co-occurrence of two disorders at the same time) is a significant issue, in addition to prevalence per se. The ONS survey found that one in five children diagnosed with a disorder had more than one disorder, the most common combinations being conduct and emotional disorder and conduct and hyperkinetic disorder.

Risk Factors

- 3.59 Child poverty as measured by parental income increases the risk of mental health problems in children and young people with 15% of children at the lowest income levels experiencing mental health difficulties compared to 5% of children and young people at the higher end of income levels.
- 3.60 Over 15% of children and young people living with a single parent have a mental health problem compared to 8% of those living with two parents.
- 3.61 Adverse childhood experiences are clearly associated with higher incidence of childhood mental health problems. Growing up in households where there is a parent mis-using alcohol or drugs, experiencing mental illness, domestic violence, committing sexual abuse, divorce and separation are all risk significant factors and the higher the numbers of adverse events, the stronger the risk.
- 3.62 Vulnerable population groups include:
- Looked After Children;
 - Youth Offenders;
 - Those with Learning Disabilities;
 - Young Carers;
 - Young Carers living with parents with mental health problems;
 - Young Carers living with parents with substance misuse problems;
 - Young people who are abused
 - Sexually inappropriate behaviours/young abusers;

- Young people in transition to Adult Services.
- 3.63 In any locality there should be clarity about how the full range of users' needs are to be met, whether it be the provision of advice for minor problems or the arrangements for admitting a young person with serious mental illness to hospital.
- 3.64 Clear pathways should be set out to show how the range of mental health needs of children and young people will be met, whether from within services whose prime purpose is to deliver mental health care or from other services with a different primary function.
- 3.65 Parents whose children have mental health disorders seek help from a variety of professionals and often from more than one service.

Professionals most commonly approached are:

- Teachers (40%)
- Primary health care professionals (30%)
- Specialist educational professionals, such as educational psychologists (25%)
- Specialist CAMHS (25%) who are seeing the most impaired young people (those with more than one diagnosis)
- Paediatrics (13%)
- Social Services (13)

- 3.66 One in five children is estimated to suffer from mental health problems with some 10% of 5-15 year olds having a diagnosable mental disorder. The overlap between the risk factors for psychiatric disorder and youth offending is particularly pronounced with other key vulnerable groups including looked after children and the homeless.
- 3.67 Many young people will have multiple vulnerabilities with the widest spectrum of risk and consequent cost to society (poor educational attainment, limited employment prospects, insecure relationships, early parenting, involvement in crime and risk to health) contingent on conduct disorders and hyperactivity (Scott et al 2001).
- 3.68 There is thus a key role for interventions to reduce a range of negative impacts and negative chain reactions, open up new opportunities and neutralise harmful experiences (Rutter 1999). Empirical evidence suggests for example substance misuse, dropping out of education or early pregnancy, all increase the likelihood of a negative chain reaction. Positive events such as success at school (not necessarily academic) can increase self-efficiency, self-esteem and hence self-control over key life events.
- 3.69 The 1999 ONS survey on the mental health of children and adolescents in Britain (Meltzer et al 2000) reports high rates of service use amongst those with mental health problems including health, education, social services and the police. However only a small (unknown) proportion receive treatment from the CAMHS. In common with other countries, most children who need mental health services are not receiving specialised care.
- 3.70 The aetiology of emotional and behavioural disorder is poorly understood. Arguably the key focus of social concern and hence research has been in the reduction of delinquency rather than in the improvement of mental health per se. Delinquency itself is part of a larger spectrum of anti-social behaviours. Interventions in any of

these areas that address risk rather than symptoms have the potential for widespread benefits. However the nature of many of the risks militate against young people and their families either engaging with treatment programmes or remaining in treatment.

- 3.71 The role of poverty mediated by parenting and education has long been established as key. There has been a similar interest in the cultivation of resilience – the ability to overcome stress or adversity.

Table 46 - Interventions during childhood and adolescence: summary of the evidence base relating to health inequalities – Mental Health

Mental Health	Source
Parenting programmes with a preventative emphasis increase the social competence of children under ten years and the management skills of their parents	Overview
Family and parenting interventions can reduce the time juvenile delinquents (aged 10-17) spend in institutions	Cochrane Review
Cognitive Behavioural Therapy can be effective in the treatment of anxiety disorders, phobias and depression and (in combination with parent training) conduct disorders	Cochrane Review/Overview
Functional Family Therapy can reduce both delinquent behaviour and sibling delinquency	Overview
MST can prove effective with severe emotional and behavioural problems	Other review
Pharmacological treatments are effective for ADHD, particularly if supported by diet and psychosocial treatments (for example, parent training or behavioural therapy). Psychopharmacological treatments are also supported in the treatment of obsessive-compulsive disorder and depression and may be appropriate in the treatment of conduct problems and delinquency	Overview
<i>Lack of review-level evidence</i>	
<i>A specific focus on adolescents</i>	
<i>Evaluation of community-based programmes for young offenders in the UK</i>	

Environment and Housing

- 3.72 As part of the post-war settlement, housing was a sector in which the case for strong state involvement was generally accepted. The accumulation of public housing stock (largely local authority owned) continued to rise until 1977-78 when it accounted for 32% of the total housing stock. Between 1979 and 1997 there were radical changes. The right to buy policy together with the dearth in re-provision saw a significant decline in the local authority housing sector. As this sector has shrunk, it has come to play a residual role, primarily for the poorest of households.
- 3.73 From 1997 some funds were released from council house sales to address the problems of poor housing stock and further changes were facilitated through regeneration measures, particularly neighbourhood renewal.
- 3.74 Alongside these developments however, there has been a continued reliance upon the housing market. Such social housing that is being built is insufficient to meet demand.

- 3.75 Trends in housing provision have taken place within the broader context of growing inequalities in housing wealth. Between 1971 and 2002 the value of homes held by the UK population had risen fifty fold. Thomas and Dorling (2004) estimate that the wealthiest 10% of households possess over five times the housing wealth of the 10% of households with least wealth by area. However it is important to note that these figures exclude those who rent whether in the private or social sectors. Therefore they have no housing wealth and are excluded from what has become the greatest single repository for wealth held by individuals within the country.
- 3.76 Thus children from the poorest backgrounds will be significantly more disadvantaged with respect to their relative access to resources than those of previous generations, further widening the gap between rich and poor.
- 3.77 Across Kent there is considerable variation in the tenure of accommodation in which children and young people live. The largest proportion who live in owner occupied housing are in the Maidstone local authority area. Swale has the highest proportion of children living in social rented accommodation. Thanet the highest proportion living in private rented accommodation.

Table 47 - Percentage of 0-18 year olds by tenure of accommodation for Kent districts, 2001

Local Authority	Owner occupied (%)	Social rented (%)	Private rented (%)	Living rent free (%)
Ashford LA	72.6	18.8	6.9	1.7
Canterbury LA	68.9	17.8	11.3	2.0
Dartford LA	72.6	20.6	5.5	1.3
Dover LA	66.9	19.6	11.2	2.3
Gravesham LA	70.8	20.2	7.1	1.9
Maidstone LA	77.6	15.1	5.6	1.8
Sevenoaks LA	77.1	16.1	5.0	1.8
Shepway LA	66.9	17.9	13.7	1.5
Swale LA	68.4	21.1	9.1	1.3
Thanet LA	63.3	19.5	15.9	1.3
Tonbridge and Malling LA	75.2	19.1	4.4	1.3
Tunbridge Wells LA	74.1	18.4	6.0	1.6
Kent County	71.2	18.6	8.5	1.6
South East Region	72.8	17.7	8.0	1.5
England	67.3	22.9	8.0	1.8

Source: 2001 Census Standard Theme Table 1, ONS

- 3.78 The assumption is made that every household requires a minimum of two common rooms (excluding bathroom). If there is one room too few (a value of -1) then there is said to be overcrowding in the household. Thanet has the greatest proportion of 0-18 year olds living in overcrowded households (10.8%). This is still below the England average.

Table 48 - Percentage of 0-18 year olds living in overcrowded households by Kent districts, 2001

Local Authority	Percentage of 0-18 year olds
Ashford LA	8.0
Canterbury LA	9.9
Dartford LA	10.4
Dover LA	9.6
Gravesham LA	10.2
Maidstone LA	7.4
Sevenoaks LA	6.2
Shepway LA	10.5
Swale LA	10.4
Thanet LA	10.8
Tonbridge and Malling LA	5.8
Tunbridge Wells LA	7.4
Kent County	8.8
South East Region	8.9
England	12.5

Source: 2001 Census Standard Theme Table 1, ONS

3.79 Thanet and Dover have the highest proportion of 0-18 year olds living in households with no central heating (5.6%). Sevenoaks has the smallest proportion at 2%.

Table 49 - Percentage of 0-18 year olds living in accommodation with no central heating in Kent districts, 2001

Local Authority	Percentage of 0-18 year olds
Ashford LA	2.5
Canterbury LA	3.2
Dartford LA	2.8
Dover LA	5.6
Gravesham LA	2.6
Maidstone LA	2.3
Sevenoaks LA	2.0
Shepway LA	4.2
Swale LA	4.4
Thanet LA	5.6
Tonbridge and Malling LA	2.6
Tunbridge Wells LA	2.4
Kent County	3.4
South East Region	3.3
England	5.9

Source: 2001 Census Standard Theme Table 1, ONS

3.80 The table below is a measure of turnover. The location of hostels across Kent is noteworthy, some families being temporarily accommodated outwith their district council area.

Table 50 - Average length of stay in weeks of unintentionally homeless families and pregnant women in B&Bs and hostels, Kent 2005/06

Local Authority	B&B	Hostels
Ashford LA	4.20	0.00
Canterbury LA	3.38	0.00
Dartford LA	3.00	0.00
Dover LA	6.37	0.00
Gravesham LA	1.00	4.00
Maidstone LA	3.53	0.00
Sevenoaks LA	7.00	0.00
Shepway LA	5.53	28.92
Swale LA	4.27	35.44
Thanet LA	4.00	15.00
Tonbridge and Malling LA	5.37	0.00
Tunbridge Wells LA	0.00	15.00

Source: Audit Commission Area Profile

Youth Homelessness

3.81 Small groups of young people are specifically at risk of being homeless including:

- Care leavers;
- Teenage parents;
- Young offenders;
- Vulnerable people aged 16-17;
- Unaccompanied asylum seeking children;
- Families without recourse to public funds;
- Intentionally homeless families.

3.82 A multi-agency response is required including children's services, housing services, Connexions services, schools, specialist organisations in the third sector. Studies from housing authorities elsewhere suggest that mediation services are helpful since it is suspected that a significant driver of youth homelessness is family disagreement. It should be recognised that youth homelessness may have extensive under-recording since many in this situation unofficially live with friends on a temporary basis.

3.83 The Kent Joint Planning Board for Housing and Health will be co-ordinating a study into the extent of this issue across the county.

Education and Employment

3.84 Education plays a critical role in the link between childhood disadvantage and adult disadvantage as parental background is a significant determinant of educational performance which in turn determines access to key opportunities in adult life. The well educated are at lower risk of unemployment and more likely to obtain better paid jobs. It allows individuals to live in better conditions, consume more nutritious food and so on. By the age of 37, one third of those with very low skills do not own their own home compared to under 10% of men and women with good skills. Those with higher educational qualifications tend to enjoy more control over their working lives,

more variety and challenge with greater job satisfaction – factors that may be associated with improved psycho-social health.

- 3.85 Given these associations, currently levels of educational attainment suggest that many children are facing serious future disadvantage. They are also more likely to come from a background of socio-economic disadvantage. Using the indicator for low income, pupils eligible for free school meals are significantly less likely to achieve the national benchmark of five GCSE passes A-C. This social gap is reflected in access to university places – increasingly important for workplace success.

Table 51 - Percentage of pupils in Kent who are eligible for free school meals, 2005/06

Area	% of pupils
Kent	9.9

Source: Management Information Team, Children, Families and Education Directorate, KCC

- 3.86 Free school meals are offered to children and families who are in receipt of Income Support, income based Job Seekers Allowance, guaranteed element of State Pension Credit or receiving support under Part 6 of the Immigration and Asylum Act 1999. Such meals are also offered to children of families who are in receipt of Child Tax Credit only, but who are not entitled to Working Tax Credit and whose annually assessed income does not exceed £14,155.
- 3.87 The provision of free school meals has traditionally been a reliable indicator of the extent and degree of child poverty in the UK. Data to hand is disaggregated to school cluster level and therefore direct comparison is problematic. Nevertheless the following district council areas have above Kent average rates of children receiving free school meals for the academic year 2005-06: Thanet; Dover; Canterbury; Gravesham. The urban part of Swale (ie Sittingbourne and the Isle of Sheppey) together with Swanley and District, Dartford East and the urban area of Ashford also demonstrate higher than Kent averages. The district council area with the lowest percentage in Kent is Tonbridge (5.3%).
- 3.88 The substantive effects of social origin on educational outcomes have long been recognised. Evidence suggests that non-school factors are a more important source of variation in educational attainment than differences in the quality of education that students receive (Thomas and Mortimor 1996). This does not mean that children from socially disadvantaged backgrounds are condemned to educational failure. Schools can make a difference.
- 3.89 Overall there are consistently higher rates of attainment at Key Stage 2 assessment in the south of west Kent. Thanet and Swale demonstrate rates that are lower – a reflection overall of higher numbers of children who suffer disadvantage. None of the figures below relate to Kent children in private education.

Table 52 - Percentage of Kent children achieving Level 4 or above

Local Authority	English			Mathematics		
	1997	2006	% points difference	1997	2006	% points difference
Ashford LA	63	76	13	59	70	11
Canterbury LA	63	77	14	63	71	8
Dartford LA	63	79	16	62	73	11
Dover LA	64	73	9	62	70	8
Gravesham LA	59	77	18	58	73	15
Maidstone LA	68	79	11	66	72	6
Sevenoaks LA	69	81	12	70	78	8
Shepway LA	60	74	14	60	72	12
Swale LA	57	71	14	55	67	12
Thanet LA	57	71	14	55	63	8
Tonbridge and Malling LA	72	81	9	70	77	7
Tunbridge Wells LA	70	81	11	69	75	6
Kent County	64	77	13	62	72	10
South East Region	66	80	14	63	75	12
England	63	79	16	62	76	14

Source: Department for Children, Schools and Families

3.90 One academic year is not necessarily representative of a pattern which will fluctuate considerably amongst individual schools although it is possible to draw out overall patterns at local authority level. Lower rates can be shown in Dartford, Gravesham, Swale and Thanet and higher rates in Sevenoaks, Tonbridge and Malling, Tunbridge Wells and Dover. None of these figures relate to students in private education.

Table 53 - Percentage of Kent children achieving 5+ GCSEs at grades A* - C and equivalent results

Local Authority	Achieving 5+ A*-C		
	1997	2006	% points difference
Ashford LA	43.2	60.8	17.6
Canterbury LA	51.1	59.9	8.8
Dartford LA	51.8	73.2	21.4
Dover LA	47.5	64.5	17.0
Gravesham LA	38.8	55.8	17.0
Maidstone LA	53.1	65.3	12.2
Sevenoaks LA	24.4	33.6	9.2
Shepway LA	41.5	60.0	18.5
Swale LA	37.9	51.6	13.7
Thanet LA	40.4	52.8	12.4
Tonbridge and Malling LA	47.5	66.7	19.2
Tunbridge Wells LA	65.3	76.3	11.0
Kent County	-	61.4	-
South East Region	47.7	59.7	12.0
England	45.1	59.2	14.1

Source: Department for Children, Schools and Families

3.91 The figures below show overall a consistently high pattern across the county, reflecting the inherent selection of students who opt for higher qualifications; or more

typically have the family support, cultural aspiration or social capital (Hanley 2007)² to do so. This is especially well illustrated by the outcome in districts in the east of the county where less optimal outcomes have been demonstrated in other educational attainment measures. None of these figures relate to students in private education.

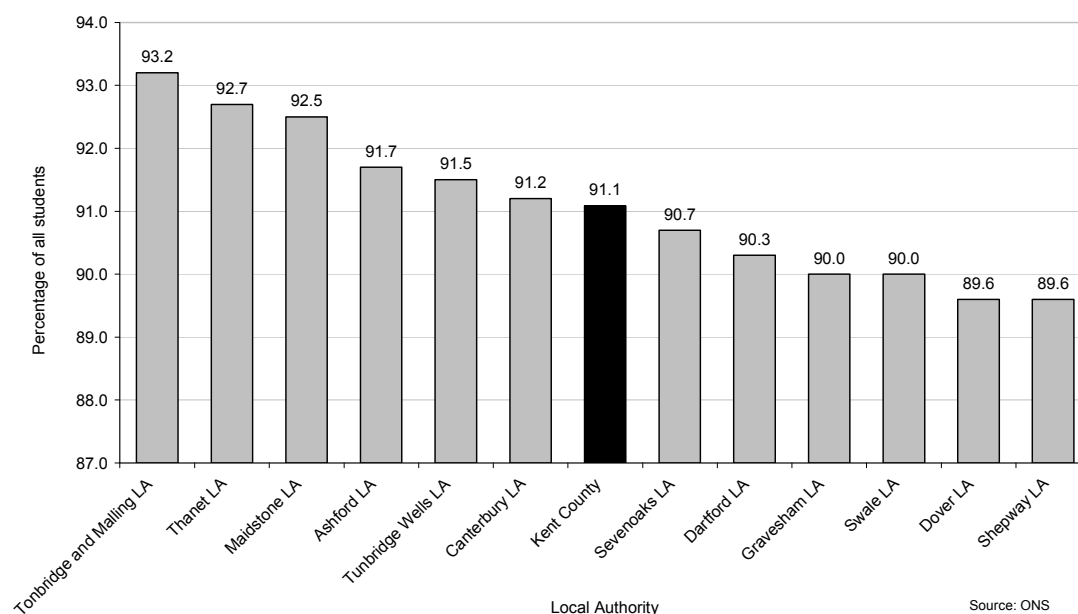
Table 54 - Percentage of Kent students achieving 2+ GCE/VCE A Level or equivalent passes, Sept 04-Aug 05 (referenced by student residence)

Local Authority	% of all students
Ashford LA	91.7
Canterbury LA	91.2
Dartford LA	90.3
Dover LA	89.6
Gravesham LA	90.0
Maidstone LA	92.5
Sevenoaks LA	90.7
Shepway LA	89.6
Swale LA	90.0
Thanet LA	92.7
Tonbridge and Malling LA	93.2
Tunbridge Wells LA	91.5
Kent County*	91.1
South East Region	93.5
England	92.6

* average of constituent local authorities

Source: ONS

Figure 19 - Percentage of Kent students achieving 2+ GCE/A Level or equivalent passes, Sept 04-Aug 05



² For a vivid anecdotal illustration of the importance of social capital in sustaining ambition through sixth form and into tertiary education, see Hanley (2007)

3.92 Considerable political emphasis has been placed on participation in higher education. For children aged 16+ who attend full time courses at school or college, a means tested Education Maintenance Allowance (EMA) has been introduced with the aim of encouraging children from lower income families to continue in education. It is now available nationally with approximately half of all 16 year olds in England estimated to be eligible. At the same time young people not in employment are entitled to lower rates of income support than those aged 25 or over. Entry to employment is thus being deferred.

Table 55 - Young people's views on education and their future

Whether children and young people agree with the statements	Strong agree %		Agree %		Not sure %		Disagree %		Strongly disagree %		No response %	
	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16
I think I'll be able to get the sort of job I want	24	19	43	45	24	28	1	2	<1	<1	7	5
I think my school/college is giving me useful skills and knowledge	23	16	43	54	19	18	6	5	3	1	8	5
I know what sort of job I want	40	31	26	31	22	23	4	6	2	3	7	5
I think I have a talent which will help me get the sort of job I want	28	21	34	41	26	28	3	4	1	1	7	5
I think my school/college is giving me good careers advice	15	10	28	33	30	27	13	18	6	7	8	5
I think it is OK to miss school/college if I feel like it	5	3	5	8	13	16	33	40	36	28	8	5
Qualifications are a waste of time	3	2	4	3	14	11	29	34	42	45	8	5

Survey included 10,344 11-16 year olds and 961 post 16s

Source: Children and Young People of Kent: Survey 2006/7

3.93 Table 55 above taken from the NFER survey summarises young people's views on education and training and their confidence for the future. Two thirds of 11-16 year olds and post-16 year olds report broad optimism as to their future employment prospects, their confidence in securing their future aspirations and have confidence in the support being given to them by their school or college. Conversely a significant minority do not share this level of confidence.

3.94 The Government's Green Paper "Towards Full Employment in a Modern Society" (DWP 2001) has aimed to increase flexibility, the involvement of employers and the focus on barriers to employment.

3.95 Kent has pioneered a vocational 14-16 programme to more than 4,000 students offering choice in a diverse curriculum focused on vocational courses tailored to the needs of industry, matching skills and market requirements, supported by appropriate careers guidance. It is important that training opportunities for vocational education exist for young people who will not aspire to higher education admission.

3.96 Overall however the employment rate of 16-17 year olds who are outside of this policy envelope has not fallen. It is this younger age group (likely to include some of the most disadvantaged) who appear to be neglected by policy makers unless in education or training (Hills and Stewart 2005). The table below represents Connexions areas which are not coterminous with district councils – especially in the south west of Kent. Connexions services will be organised on the principle of targeting in areas of high need. Nevertheless high numbers of young people

classified as NEET are to be found in Thanet, Swale (both above the England average) and to a lesser extent Shepway.

Table 56 - Percentage of 16-18 year olds Not in Education, Employment or Training (NEET), November 2006

Connexions Advice Centre	% of 16-18 year olds
Ashford	5.02
Canterbury	5.75
Dartford	4.65
Dover	5.19
Gravesend	4.32
Maidstone	5.79
Shepway	6.88
Swale	8.68
Thanet	9.36
Tonbridge	2.06
Kent	5.52
England	7.50

Note: This data is based on where Connexions have their advice centres. Tonbridge advice point for example covers a massive area of west Kent including Sevenoaks, Swanley, Tunbridge Wells, Tonbridge, Cranbrook and Malling. Other advice points (centres) are more closely related to district council areas.

Source: KCC Children, Families and Education

Schools, Health and Wellbeing

3.97 While parental circumstances and decisions influence the provision of resources that can lead to heightened risk to health or conversely to greater resilience, children's everyday lives are also highly institutionalised (Nasman 1994). Children in the UK spend much of their waking hours in formal education.

3.98 Knowledge about health behaviours remains a key weapon within the primary preventative agenda notwithstanding that it tends to be most effective as regards those at lowest risk. Schools increasingly have become a key focus for health promotion interventions such as improved nutrition and physical activity.

The National Healthy Schools Programme was established in 1999 as a joint Department of Health (DH) and Department for Education and Skills (DfES) initiative. All schools now achieving National Healthy School Status must have met national criteria using a whole school approach across the four core themes.

The National Healthy Schools Programme supports the links between health, behaviour and achievement; it is about creating healthy and happy children and young people, who do better in learning and in life. The impact of the programme is based on a whole-school approach to physical and emotional wellbeing focused on four core themes:

- Personal, Social & Health Education
- Healthy Eating
- Physical Activity
- Emotional Health & Wellbeing

The whole school approach involves working with children and young people, parents, school staff and the whole school community to provide a solid foundation from which developments and improvement are embedded in a systematic way. These processes contribute to the physical and emotional development of all members of the school community providing opportunities at school for an improvement in long-term health, reduction in health inequalities, increased social inclusion and

raised achievement for all.

Aim: To deliver real benefits for children and young people, specifically:

- To support children and young people in developing healthy behaviours
- To help raise the achievement of children and young people
- To help reduce health inequalities
- To help promote social inclusion

Targets: The Government has set a target that all schools will be participating in the National Healthy Schools Programme by 2009 and that 75% of schools will have achieved National Healthy School Status.

Outcome: Children and young people in Healthy Schools report that they feel healthier, happier and safer. Their parents say that they feel more involved in their child's health and learning and often feel better themselves. Schools state that the National Healthy Schools Programme has brought sustained improvement in behaviour, standards of work and school management.

In the academic year 2006/7 Kent Healthy Schools programme provided matched funding to all Education Clusters to enable a package of support and training to be provided to all schools. This academic year 2007/8 the programme is offering funding in the region of £5,000 to each Cluster on the condition that a number of basic criteria are met. Money has been allocated at a base level of £3,000 with the remaining funding calculated on pupil numbers.

Funding Criteria

- Cluster Plan *Achieved* Targets for December 2007, April and July 2008 to be agreed in consultation with the relevant Healthy Schools Specialist and Extended Services Development Manager and signed off by the Quality Assurance Group. Achieved targets to identify the percentage of schools it is anticipated will have achieved the Healthy School Status and the actual number. (These targets are currently under negotiation)
- Funding will be spent on activities that directly support the achievement of the Healthy Schools Cluster targets.
- A Quality Assurance/Working Group is in place and meets on a regular basis throughout the year to oversee the ongoing delivery of the programme and support the self validation process. The respective Local Education Officer and ESDM are members of the group and play an active role.
- Funding will be transferred directly to the Cluster during the autumn term and must be spent by July 2008.

This year Clusters have not been asked to match funding but it is hoped that they will continue to work with their local Healthy Schools Practitioner/Specialist to identify priorities and provide additional support and funding as necessary.

Kent Targets

- Half of all schools will be Healthy Schools by December 2006
- All schools will be working towards being a Healthy School by December 2009
- In addition there are incremental 'achieved' targets, which all local programmes are working towards. These are:
 - December 2007 55% of schools achieving Healthy School Status
 - December 2008 65% of schools achieving Healthy School Status
 - December 2009 75% of schools achieving Healthy School Status

3.99 The role of schools in inclusion is also exemplified in the extended schools strategy. This expects all schools over time to provide a core offer of extended services including study support, parental support, family learning and improved referral to multi-agency support alongside a child care component as established by the ten year Child Care Strategy.

3.100 There is a new statutory duty on schools established by the Education Act 2000 to safeguard children and to promote their welfare.

Table 57 - Whether children (aged 7-11) have someone to talk to if they are concerned about something

Who children talk to when they need help	Yes %	No %	No response %
An adult at home	88	10	2
A friend	81	16	3
An adult at school	79	18	3

Survey included 31,517 7-11 year olds

Source: Children and Young People of Kent: Survey 2006/7

3.101 The majority of children said that they would talk to an adult at home, a friend or an adult at school if they needed help. However between 10% and 18% of children indicated that they would not talk to these people. Overall, 2% of children (644) said they would not talk to an adult at home or at school, or even talk to a friend if they needed help. Younger children were more likely to talk to an adult at their school when they needed help compared to older children (88% of year 3 compared to 73% of year 6).

Table 58 – Whether children and young people (aged 11-19) have someone to talk to if they are concerned about something

Who children and young people talk to when they cannot deal with issues on their own:	Yes %		No %		No response %	
	11-16	Post-16	11-16	Post-16	11-16	Post-16
An adult at home	80	76	15	20	6	4
Someone else	68	79	25	17	7	4
An adult at school/college	55	58	37	37	8	5

Survey included 10,344 11-16 year olds and 961 post 16 year olds

Source: Children and Young People of Kent: Survey 2006/7

3.102 Four fifths of 11-16 year olds and three quarters of post-16s said they would talk to an adult at home when they could not deal with issues on their own. About two thirds of 11-16 year olds and four fifths of post-16 year olds said they would talk to someone else and over half of both groups said they would talk to an adult at school or college. There was however a proportion of young people (ranging from 15% to 37%) who said they would not talk to these people when there was an issue that they could not deal with on their own. Overall, 6% of young people (565) said they would not talk to anyone if there were issues that they could not deal with on their own.

3.103 Young people aged 11-16 with special educational needs (65%) were less likely to have someone other than an adult at school/home to talk to compared to 11-16s without special educational needs (76%). Girls aged 11-16 were more likely than boys to talk to someone other than an adult at school or home when they had issues that they could not deal with alone (79% and 67% respectively). Young people in post-16 education were more likely to have someone to talk to other than someone at home or school/college than those in Key Stage 3 (71% and 82% respectively).

Table 59 - What has helped children and young people (aged 11-19) to learn as a percentage of survey* respondents, 2006/07

Very much %	Quite a lot %	A little %	Not at all %	Don't do this %	No response %
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	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16
Making things/doing practical things	48	39	27	32	13	15	3	4	2	4	4	6
Trips to places	50	36	23	27	12	18	3	3	4	10	7	6
Using ICT	37	36	30	35	20	18	5	3	2	2	7	6
Using their own ideas	30	27	36	45	22	20	4	2	1	<1	7	6
Working as part of a group	30	28	35	44	21	19	5	3	2	1	7	5
Working on their own	22	27	33	44	27	20	8	3	2	1	7	6
Doing projects that cover more than one subject	25	21	25	33	26	23	9	8	6	9	8	6
Reading	16	14	21	27	31	32	14	13	10	8	9	7

* Survey included 10,344 11-16 year olds and 961 post 16s

Source: Children and Young People of Kent: Survey 2006/7

3.104 More than half of the 11-16s and post-16s felt all of the above activities excepting for reading, helps them to learn. The proportion of young people in both groups who felt that reading helped them learn very much was similar to the proportion who felt that reading did not help at all.

3.105 Young people at Key Stage 3 (56%) are more likely to enjoy making things/doing practical things and going on trips, compared to young people in Key Stage 4 (GCSE) and post-16 education.

School Breakfast Clubs

3.106 Children who have no breakfast may be at risk from adverse effects in the long term and adverse educational and social effects in the short term as a consequence of poor concentration and behaviour at school, together with poor socialisation (Street 1998). An overview of breakfast clubs (Ani and Grantham-McGregor 1998) suggests that they may confer corresponding short term benefits on classroom behaviour, cognition, academic outcomes and school attendance. They can also provide a safe place for children to meet their friends before school.

3.107 The Department of Health established a pilot in 1999/2000 to develop school based breakfast clubs with the aim of developing preferences for healthy eating and establishing a positive start to the school day. The evaluation of the pilot suggested that the scheme was capable of reaching families most likely to be most in need of support including some families at risk of or experiencing social exclusion. A randomised control trial also found a higher proportion of breakfast club attendees had borderline or abnormal conduct and a higher total difficulties score (Shemilt et al 2004).

Issues of Mental Wellbeing

3.108 Around a quarter of young people (28% of 11-16s) and 22% of post-16s in the NFER survey reported feeling very sad or depressed at least one or two times a week. It is important to stress that depression in this context is not related to clinical diagnosis of any kind.

Table 60 - Percentage of children and young people in Kent who feel very sad or depressed most days, 2006/07

Age	% of those surveyed*
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11-16	11
Post 16	17
* Survey included 10,344 11-16 year olds and 961 post 16s	

Source: Children and Young People of Kent: Survey 2006/7

3.109 Approximately half of children in Kent aged 7-11 surveyed by the NFER indicated that they have been pushed or hit by other children, called names or talked about or left out or stopped from joining in. Approximately one third of children indicate that they have been bullied at school (38%), have had their possessions broken or stolen (33%) or have been picked on in the area that they lived. 13% indicated that they had been picked on whilst on the journey to and from school. However less than half of children surveyed walked to school.

3.110 Nearly one third of 11-16 year olds (31%) and 14% of post-16 year olds said that they had been bullied at school in the last year.

Table 61 - Percentage of Kent children and young people who have been bullied, 2006/07

Age 7-11		
Whether children have been:	% of those surveyed*	
Pushed or hit by other children	55	
Called names or talked about by other children	54	
Left out or stopped from joining in	49	
Picked on or bullied at school	38	
Had their possessions broken or stolen on purpose	33	
Picked on in the area they live	27	
Picked on going to and from school	13	
Age 11-19	% of those surveyed*	
Whether children and young people have been:	11-16	Post 16
Bullied in the last year	31	14
*Survey included 31,527 7-11 year olds, 10,344 11-16 year olds and 961 post 16s		

Source: Children and Young People of Kent: Survey 2006/7

4 Inequalities in Health Behaviours and Life Trajectories of Children and Youth: Overview

There are strong continuities between social origin and social status of destination of children and young people. Parental socio-economic circumstances remain a major determinant of young people's life chances. Factors such as parental occupation, education and income explain a far higher proportion of the variation in school performance in the UK than in western countries on average. Rather than equalising life chances, a strong class divide persists in British education. The level of education is not only strongly influenced with income level, quality of employment, housing, food, access to leisure – all of which are factors that impinge upon adult health. It also independently shapes propensity to adopt and maintain healthy lifestyles. Those with higher qualifications are less likely to smoke, more likely to control their diet and exercise than their less educated counterparts – this even after controlling for factors such as income.

The persistence of social inequalities in terms of health risks and behaviours also suggests that social origin remains a critical determinant of health outcomes. Dietary patterns during childhood and youth vary significantly according to socio-economic status. Young people from lower socio-economic backgrounds will consume lower amounts of fruit and vegetables and higher proportions of refined and particularly starchy foods. Such children are at higher risk of being overweight and obese notwithstanding that obesity in childhood is associated with all parts of society. Problems of underweight have also been noted in national studies of boys from lower income households. This suggests that weight distribution among socially disadvantaged may be becoming increasingly U-shaped.

Problematic risk behaviours such as smoking and drug misuse during youth are more strongly associated with social deprivation. The significance of variations in health behaviours during childhood and youth to health inequalities in adulthood should not be under-estimated. Most smokers, for example, start smoking in their teenage years. Those who are in social networks where cigarette smoking is the norm are significantly more likely to take up the habit leading to both social and neighbourhood concentration in the prevalence of smoking. A strong class gradient exists between teenagers in the lowest income groups who are the heaviest smokers and those from professional backgrounds who are the lightest smokers.

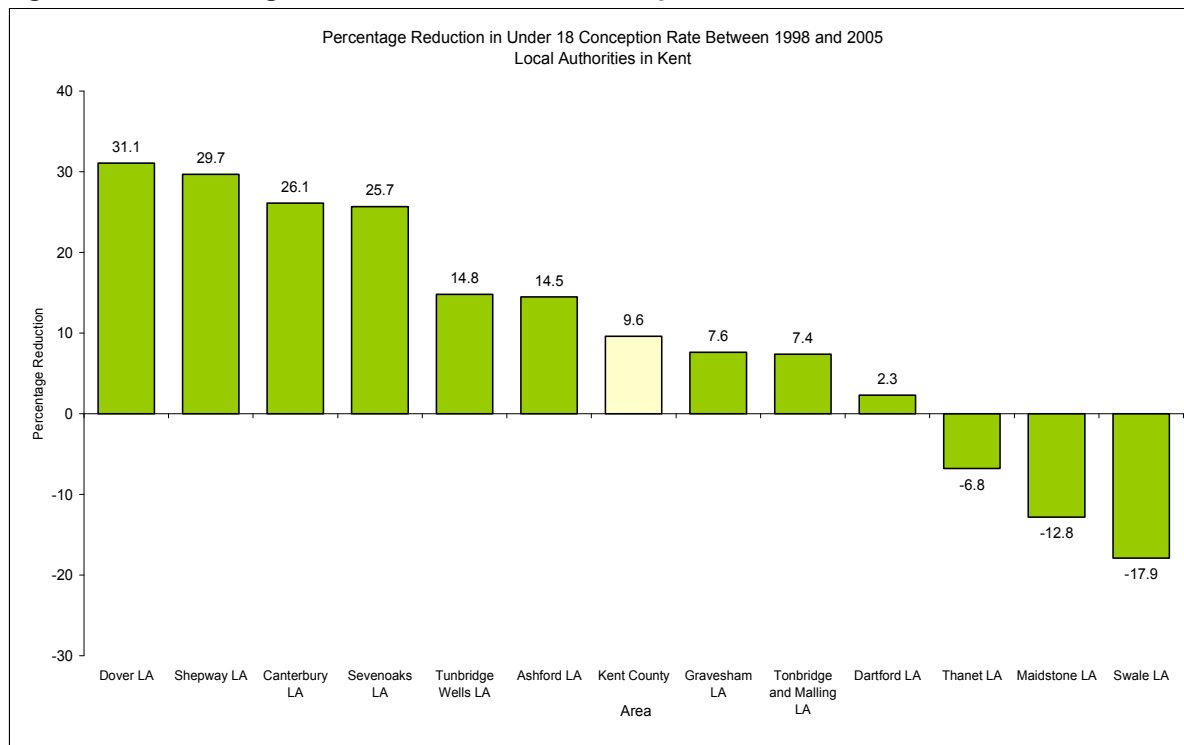
Evidence of socio-economic variations in alcohol and drug misuse varies according to the definition of substance use that is adopted. Many UK surveys suggest a positive relationship between alcohol consumption and social status, young men and women from higher income groups drinking more frequently and in larger amounts. Similarly the use of cannabis and amphetamines does not appear to be strongly associated with social deprivation although young people who leave school at 16 appear more likely to have tried drugs than those who stay on to achieve higher qualifications. Against this highly problematic drug and alcohol use appear to be strongly associated with social disadvantage.

Although sexual behaviour has consequences for current morbidity as reflected by the increasing prevalence of STI in young people, early sexual activity can be perceived as part of a pathway leading to later adult circumstances. Children who start having sexual intercourse at an earlier age are significantly more likely to become pregnant as teenagers, to leave school early, to have poor employment prospects and to be lone mothers. There is some debate as to whether teenage pregnancy itself changes the life trajectories of young women whose adverse socio-economic outcomes are at least in part accounted for by individual and family background. However few disagree that teenage mothers are a vulnerable group whose economic prospects are significantly worse than those of women who defer motherhood.

Teenage Pregnancy

- 4.1 The national teenage pregnancy programme has been set up to reduce the rates in the UK which are amongst the highest in Europe. The UK rates were comparable with other northern European countries in the 1970s but in continental Europe, teenage pregnancy fell in the following two decades, especially in Norway, Sweden, Denmark, Germany and the Netherlands.
- 4.2 Evaluation of the national programme has shown overall success in managing down the rate, notwithstanding that this is substantially higher than the projected national target. Successful local programmes are characterised by:
- Active engagement of the key mainstream delivery partners who have a role in reducing teenage pregnancy; health, education, children's services, youth services, voluntary sector;
 - A strong local champion;
 - Availability of well publicised young people centred contraceptive and sexual health advice service and strong remit to undertake health promotion work as well as delivering reactive services;
 - A high priority given to Personal, Social and Health Education (PSHE) in all schools with support from the local authority to develop a comprehensive programme of Sex and Relationship Education (SRE) in all schools;
 - A strong focus on targeted intervention with young people at greatest risk of teenage pregnancy, especially looked after children;
 - The availability (and consistent take-up) of SRE training for professionals in partner organisations such as Connexions Personal Advisors, youth workers and social workers working with the most vulnerable young people;
 - A well resources youth service providing things to do and places to go for young people with a clear focus on addressing social issues affecting young people such as sexual health and substance misuse.
- 4.3 The local Kent programme has been subject to a recent KCC scrutiny committee (2007) which has made 18 specific recommendations as to how the Kent programme can be strengthened; highlighting in particular responsibility that schools have in this issue. Teenage pregnancy is not simply a public health issue. There are risk factors associated with pregnancy at an early age but these factors have more to do with socio-economic position than age.
- 4.4 A study commissioned by the Kent Teenage Pregnancy Partnership undertaken by the University of Kent, will shortly be published; the final outcome of an intensive survey of Kent children and of greater survey power than any nation-wide study. The survey should provide further insight into how the Kent programme can be further managed both at county and at local level.
- 4.5 Over the period of the teenage pregnancy programme, there has been a modest decline in the rate of teenage pregnancy in Kent. Nevertheless a significant number of children are living with a teenage mother.

Figure 20 – Percentage reduction in under 18 conception rates between 1998 and 2005



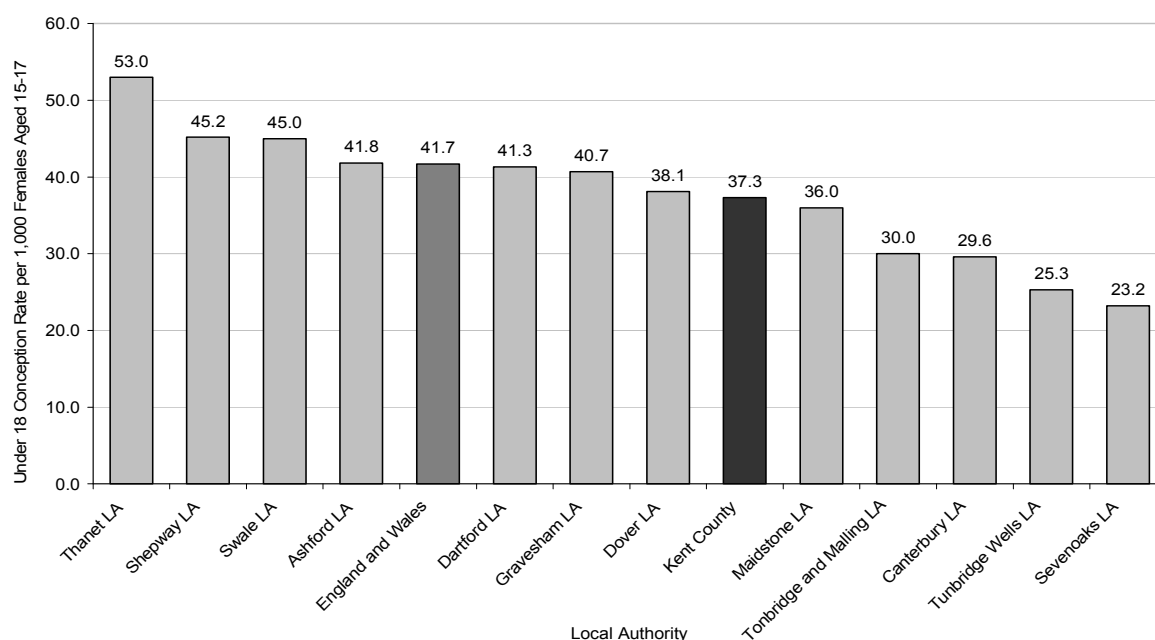
- 4.6 Throughout the periods monitored, the rate in Kent has been lower than the England and Wales average. Notable reductions have been achieved in Shepway, Canterbury and Dover, whilst the pattern in the west of the county has reduced at a lesser rate. Maidstone’s and Swale’s rates have increased. The rates are calculated on three year rolling averages.
- 4.7 The nature of the challenge to reduce teenage pregnancy is characterised by regular fluctuation in rates year on year.
- 4.8 The welcome reduction is somewhat short of the national target to be achieved by 2010 and contained in the Kent LAA1 agreement.

Table 62 - Under 18 Conceptions in Kent districts, 1998-00 to 2003-05 and 2010 Target Rates

Area	Under 18 Conception Rate per 1,000 Females Aged 15-17						
	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2010 Target Rate
Ashford LA	49.2	48.7	46.3	41.5	40.2	41.8	25.6
Canterbury LA	38.4	36.5	38.1	33.3	31.9	29.6	19.8
Dartford LA	43.8	46.1	48.6	47.3	45.0	41.3	19.6
Dover LA	44.8	41.4	38.9	34.6	39.1	38.1	23.6
Gravesham LA	43.0	39.8	38.4	34.9	38.4	40.7	21.6
Maidstone LA	32.2	33.8	35.9	34.9	36.2	36.0	15.6
Sevenoaks LA	27.5	23.5	22.6	22.4	23.2	23.2	15.7
Shepway LA	53.9	54.2	52.6	52.8	46.0	45.2	31.5
Swale LA	49.3	51.2	48.8	45.3	42.2	45.0	22.5
Thanet LA	61.5	59.7	57.5	50.0	48.0	53.0	29.6
Tonbridge and Malling LA	28.8	27.0	26.0	26.2	28.3	30.0	16.6
Tunbridge Wells LA	24.2	23.4	26.6	27.8	27.2	25.3	14.4
Kent County	41.1	40.2	39.8	37.3	37.0	37.3	21.0
South East Region	36.6	35.6	35.1	34.1	33.6	33.6	18.9
England and Wales	45.4	43.9	43.1	42.6	42.3	41.7	23.3

Source: Teenage Pregnancy Unit

Figure 21 - Under 18 conception rates in Kent districts, 2003-05



Source: Teenage Pregnancy Unit

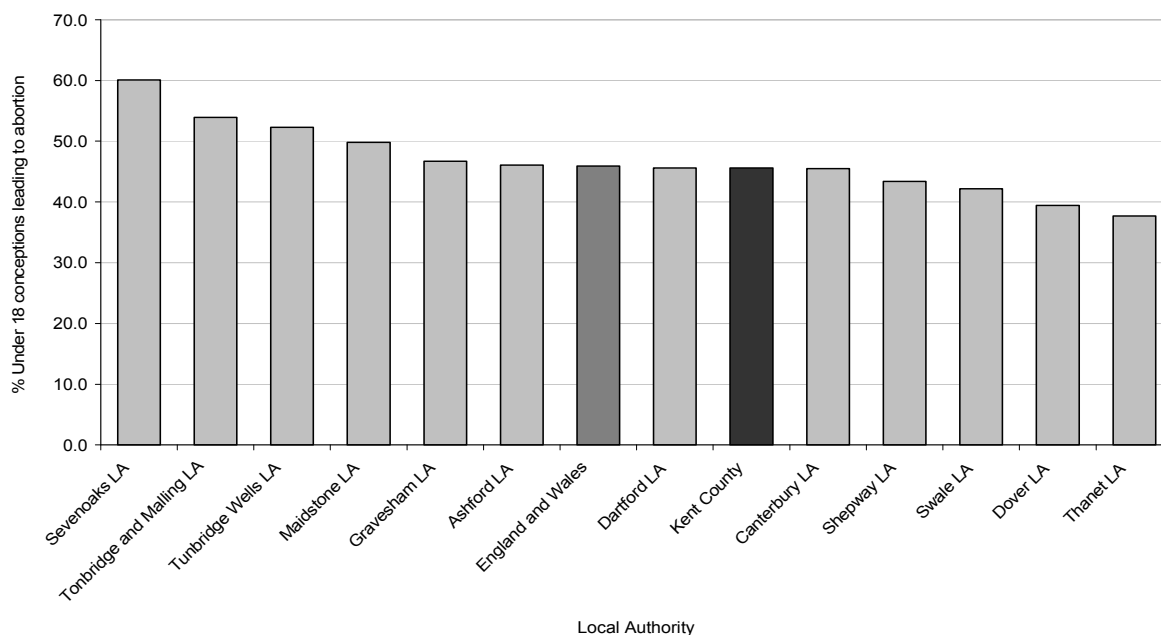
4.9 Overall there are higher rates of termination in west Kent. Easy access to termination services continues to be a challenge more particularly for some parts of east Kent. Teenage pregnancy is strongly associated with disadvantage. A significant proportion of the conceptions are less likely to be resolved in termination; in contrast to counterparts in wealthier areas. Pregnancy can be a calamity for those expected to become better educated, better skilled and to pursue a career. By contrast, motherhood can represent a rational and meaningful life option for young women with poor expectations.

Table 63 - Percentage of under 18 conceptions leading to abortion in Kent districts, 1998-00 to 2003-05

Area	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05
Ashford LA	36.0	38.6	36.1	39.8	40.3	46.1
Canterbury LA	35.2	41.6	43.8	47.0	45.1	45.5
Dartford LA	41.0	42.3	45.2	48.6	47.2	45.6
Dover LA	37.7	41.6	45.0	44.1	41.0	39.4
Gravesham LA	51.1	51.6	48.9	47.8	46.6	46.7
Maidstone LA	45.6	44.1	44.4	47.1	46.1	49.8
Sevenoaks LA	61.3	63.2	61.2	57.6	61.4	60.1
Shepway LA	35.6	38.1	40.1	40.4	41.3	43.4
Swale LA	38.0	41.2	37.8	37.0	36.1	42.2
Thanet LA	30.7	34.5	36.2	35.3	35.1	37.7
Tonbridge and Malling LA	48.4	46.8	51.9	54.1	52.8	53.9
Tunbridge Wells LA	43.9	46.7	50.3	56.2	52.0	52.3
Kent County	40.3	42.6	43.3	44.6	43.9	45.6
South East Region	45.8	47.3	47.9	48.2	48.1	49.1
England and Wales	43.0	44.3	45.1	45.6	45.5	45.9

Source: Teenage Pregnancy Unit

Figure 22 - Under 18 conceptions leading to abortion in Kent districts, 2003-05



Source: Teenage Pregnancy Unit

Conceptions in Under 16 Year Olds

- 4.10 Whilst the main focus of the reduction strategy is primarily upon the 15-17 year old group, it is important to highlight early conception rates since in the 13-15 year range the issue should be regarded as much as a child health issue as a matter of “teenage pregnancy”. Incidence is often related to complex social circumstances.
- 4.11 A recent study on pregnancies amongst 16 year old young women and younger (Allen et al 2007) suggests, notwithstanding the small numbers in the study, that

relationships with parents, with the school as well as expectations for the future may have important influences on teenage pregnancies amongst this younger age group. Hosie's (2007) qualitative study further demonstrates linkages between a dislike of school, pregnancy and dis-engagement with education.

- 4.12 Relative to England and Wales, the Kent rate has been consistently lower and there is a welcome downward trend which is greater than the somewhat marginal decline from an England and Wales perspective. There is a marginal reduction within the area served by West Kent PCT and quite a notable reduction in Eastern and Coastal Kent. Despite this encouraging pattern, the rates are still unacceptably high, notwithstanding that the incidence is low.

Table 64 - Under 16 Conception Rates 2001-2003 and 2002-2004

Area	Under 16 Total Conception Rate per 1,000 Females Aged 13-15	
	2001-2003	2002-2004
Ashford LA	7.0	6.3
Canterbury LA	6.9	7.3
Dartford LA	8.7	7.5
Dover LA	6.2	6.6
Gravesham LA	8.0	7.9
Maidstone LA	7.4	7.5
Sevenoaks LA	4.3	3.7
Shepway LA	9.3	9.4
Swale LA	8.3	6.5
Thanet LA	11.2	9.4
Tonbridge and Malling LA	5.6	5.1
Tunbridge Wells LA	6.1	6.2
Kent County	7.4	7.0
South East Region	6.5	6.2
England and Wales	7.9	7.8

Source: Teenage Pregnancy Unit

Terminations

- 4.13 The table below analyses the trends relating to termination amongst conceptions in under 16 year olds. The rate within Kent County is less than the England and Wales rate. The figures as regards both PCTs appear to be consistent throughout the period 2001-2004.
- 4.14 Higher rates of termination are to be noted in both Ashford and Tonbridge and Malling. There is a much lower rate in Thanet which may reflect poorer geographical access to termination facilities.

Table 65 - Under 16 Conceptions leading to abortion, 2001-2003 and 2002-2004

Area	Under 16 Conceptions. % Leading to Abortion	
	2001-2003	2002-2004
Ashford LA	44.2	60.0
Canterbury LA	58.2	56.7
Dartford LA	53.5	52.6
Dover LA	47.5	43.2
Gravesham LA	46.8	48.9
Maidstone LA	60.0	58.6
Sevenoaks LA	63.0	58.3
Shepway LA	57.7	53.7
Swale LA	57.1	54.0
Thanet LA	41.7	39.4
Tonbridge and Malling LA	65.7	69.7
Tunbridge Wells LA	56.1	51.1
Kent County	53.3	52.8
South East Region	57.6	58.2
England and Wales	56.3	56.7

Source: Teenage Pregnancy Unit

Smoking

4.15 In UK surveys, the following definitions of smoking prevalence in children are used:

- Regular smokers – usually smoke at least one cigarette a week;
- Occasional smokers – usually smoke less than one cigarette a week
- Current smokers – all regular and occasional smokers.

4.16 There is some evidence that young people who smoke may under-report their usual smoking behaviour (National Statistics and NHS Information Centre 2006).

Risk factors associated with youth smoking:

- Parental smoking
- Peer influence from older siblings and friends
- Low socio-economic status
- Female
- Low parental education
- Living in a single parent household
- Poor academic performance
- Participation in risk taking activities
- Exposure to tobacco marketing activities
- Television and films
- Mental illness

Source: National Statistics and NHS Information Centre (2006)

4.17 Parental attitudes to smoking have been established as a major risk factor for smoking initiation, with permissive attitudes towards smoking increasing the risk. In England, 10% of children who smoke regularly report that they have been given

cigarettes by their parents. Children of parents who smoke are nearly three times more likely to smoke than those who come from non-smoking homes.

- 4.18 Smokers who begin to smoke at a young age are less likely to give up than those who start later in life. One study has shown that those who start before the age of 16 are more than twice as likely to continue smoking than those who begin later in life (Khuder et al 1999).
- 4.19 The majority of children surveyed in Kent understood that it was not healthy to smoke and equally, that it was not healthy to be around people who smoke. The percentage of regular smokers i.e. those smoking most days, should be noted. The formation of the smoking habit in adults is invariably taking place in late adolescence.

Table 66 – Frequency of children and young people (aged 11-19) smoking 2006/07

	Most days %		1 or 2 times a week %		1 or 2 times a month %		1 or 2 times a year %		Never %		No response %	
	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16
Whether children and young people smoke	7	15	2	3	2	4	3	5	85	73	1	1
Survey included 10,344 11-16 year olds and 961 post 16s												

Source: Children and Young People of Kent: Survey 2006/7

Table 67 - Interventions during childhood and adolescence: summary of the evidence base relating to health behaviours – Tobacco

Tobacco	Source
Smoking	
There is a lack of high-quality evidence about the effectiveness of combinations of social influences and social competence approaches in school	Cochrane Review
Enforcement of the law relating to cigarette sales to under-age youth can have an effect on retailer behaviour, but the impact on smoking behaviour is likely to be small	Cochrane Review
There is some support for the effectiveness of community-wide interventions in helping to prevent the uptake of smoking in young people based again on social learning theory/the social influences approach	Cochrane Review
There is some evidence that the mass media can be effective in preventing the uptake of smoking in young people in conjunction with other interventions	Cochrane Review
There is review-level evidence that increasing the price of cigarettes reduces tobacco use among both adolescents and young adults	Review of reviews

Alcohol

- 4.20 Whilst the evidence base for policy and practice in relation to substance misuse focuses on the misuse of drugs there is little in the way of an evidence base with respect to alcohol. This is as much a response to social attitudes with a general acceptance of sensible alcohol use as opposed to a concern for abstinence. The acceptance of links to social exclusion also means that alcohol misuse is increasingly seen as an integral part of the larger youth agenda and in conjunction with vulnerable groups such as the homeless, care leavers and youth offenders. There is little in the way of an evidence base in respect to alcohol misuse amongst adolescents as such.

- 4.21 A recent study (Viner and Taylor 2007) of 11,622 subjects from the 1970 British Birth Cohort Study, surveyed at aged 16 years (1986) and aged 30 years (2000) showed that binge drinking was reported in 17.7% of the cohort. It was associated with increased risk of drug/alcohol dependence, excessive regular consumption, illicit drug use, psychiatric morbidity, homelessness, convictions, school exclusions, lack of qualifications and lower adult social class. In short, adolescent binge drinking was a risk behaviour associated with significant later adversity and social exclusion and may contribute to the development of health and social inequalities during the transition from adolescence to adulthood.
- 4.22 In the 11-16 age group of the Kent Survey, 16% admitted to drinking alcohol and 9% said they got drunk at least one or two times a week. In the post-16 age group, 43% admitted to drinking alcohol and 25% said they got drunk at least one or two times a week. At the other end of the scale, 36% of 11-16s said they never drink alcohol and 61% said they never get drunk. These proportions decreased in the post-16 age group with only 11% saying they never drink alcohol and 23% saying they never get drunk.

Table 68 – Percentage of 11-19 year olds in Kent drinking alcohol and/or getting drunk

	Most days %		1 or 2 times a week %		1 or 2 times a month %		1 or 2 times a year %		Never %		No response %	
	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16
Whether children and young people drink alcohol	4	8	12	35	23	37	24	8	36	11	2	1
Whether children and young people get drunk	3	4	6	21	14	35	15	17	61	23	2	1
Survey included 10,344 11-16 year olds and 961 post 16s												

Source: Children and Young People of Kent: Survey 2006/7

Illicit Drug Use

- 4.23 Experimenting with unhealthy lifestyles is common among young people from all social backgrounds. Children from more deprived backgrounds are more likely to continue such behaviours into adulthood. A longitudinal study undertaken in the North of England suggests that English adolescents who try, occasionally use, or regularly use illicit drugs are not personally, educationally or socially atypical. Regular drug users are more likely, according to this study, to live in single parent families, to have poorer personal relationships with their parents and to go out in the evenings unsupervised. However in terms of their peers (age cohort) drug misusing youths could not be described as atypical (Egginton et al 2001).
- 4.24 The largely conventional identity of many young drug users has given rise to a normalisation thesis in respect to drug use, e.g. with regard to cannabis. It is important to stress that this does not run to heroin nor cocaine, since those drugs being more physically addictive, tend to pull people into lifestyles that centre on distancing friends to maintain a habit, i.e. it is a significant cause of crime. Moreover the normalisation thesis is not without problems. The use of heroin and cocaine is often a consequence of the normalisation of drug use and some users of recreational drugs, specifically in clubs, develop physical and psychological health problems resulting in A&E admission. Drug users with the greatest problems with regard to

health, wellbeing and economic prospects are those using heroin and crack cocaine in the poorest communities.

- 4.25 The Kent Drug and Alcohol Action Team Young People's Services commission interventions based on four tiers. Tier 1 is prevention work, tier 2 focuses primarily on vulnerable group interventions. Tier 3 is 1:1 care with drug workers; tier 4 involves intensive treatment sometimes in to residential settings.
- 4.26 For the year 2006/07 the total number of Kent young people at risk was identified and referred to KCA (the main provider of drug services in Kent) for group 2 intervention.

Table 69 – Tier 2 Outcomes

Excludees from school	Overall numbers of young people from PRUs and ACPs accessing KCA YPDAS for either 1:1 or group interventions	1097
Looked After Children	Overall number of young people from LAC and children's homes accessing KCA YPS for either support and interventions or group interventions	354
Young Offenders	Overall numbers of young offenders accessing KCA YPDAS for group interventions	519
Asylum seekers	To provide targeted drug and alcohol awareness	146
Children of substance misusing parents	To provide group intervention and 1:1 support to children of substance misusing parents	247
Total young people	Including those listed above	3285

- 4.27 Relative to the total number of children and young people in Kent up to 17, the numbers of young people deemed at sufficient risk for referral for specialist services is relatively small. However as referred to above, these numbers hide a far larger incidence.
- 4.28 A Drug Intervention Support Programme (DISP) has been commissioned to support a Kent PSA target "to reduce the use of Class A drugs and the frequent use of any illicit drug amongst all young people under the age of 25 and especially the most vulnerable young people". This is a level 2 programme early intervention tool for young people causing concern for their drug (or alcohol) use, to deter young people from risking drug related behaviour, to assess need and refer to other services; and specifically to provide an alternative to school exclusion and police prosecution. 384 referrals across Kent were made.
- 4.29 It is reported that the rate of re-offending or proceeding to committal of first offence following the completion of a DISP is currently less than 1% (2006-07). DISP provides a safety net for all young people who are at the experimental stage or vulnerable to drug use.

Table 70 - Interventions during childhood and adolescence: summary of the evidence base relating to health behaviours – Alcohol

Alcohol	Source
No firm conclusions about the effectiveness of psychosocial and educational interventions aimed at the primary prevention of alcohol misuse for those aged under 25 in the short and medium term are possible	Cochrane review
There is some evidence for effectiveness of peer-led prevention programmes and interactive programmes that foster the development of interpersonal skills. This also applies to smoking	Review of reviews

Minimum legal drinking age laws prevent alcohol-related crashes, supported by lower blood alcohol concentration laws	Review of reviews
Drugs	
Very little is known about treatment outcomes for young people	Overview
Family therapy appears to be superior to other treatment modalities in reducing substance misuse	Overview
Lack of review-level evidence	
<i>Effectiveness of community programmes</i>	
<i>Interventions that focus on youth</i>	
<i>Initiatives to prevent progression to harder drugs and minimise harm from problematic drug use</i>	

Obesity

4.30 Choosing Health in the South East (SEPHO 2005): Obesity stated that;

- Obesity decreases life expectancy by up to nine years and substantially increases the risk of many diseases, including heart disease, cancer and diabetes
- It has been estimated that if childhood obesity continues to rise at the current rate, children could soon expect to die younger than their parents.

4.31 In the recent Health Survey for England 2004, data showed that among boys and girls aged 2-15, the proportion who were obese increased between 1995 and 2004, from 11% in 1995 to 19% in 2004 among boys and from 12% in 1995 to 18% in 2004 among girls. In boys aged 11-15, as with younger boys, there was an increase in the proportion that were obese between 1995 and 2004 (14% to 24%). There were increases in this period among girls aged 11-15 who were overweight (14% to 19%) and obese (15% to 26%).

4.32 The alarming rate for children has led to the government setting a challenging Public Service Agreement (PSA) target, focusing on children.

'To halt the year-on-year rise on obesity among children under 11 years, by 2010, in the context of a broader strategy to tackle obesity in the population as a whole'.

4.33 Since 2006 children entering the reception year have been assessed for obesity or being overweight as part of the health checks routinely undertaken by the School Nursing Service. Year 6 children are also measured for body mass index (BMI). The latter has been problematic. Governing bodies of some schools have been reluctant to collaborate with this new programme. Moreover reflecting behaviours reported nationally, it is strongly suspected that parents with children judged to be at risk of such classification are either refusing to consent to their children's participation in such measurements or otherwise absenting their child on the day in question. There is also an anecdotal suggestion that year 6 girls are reluctant to be measured for BMI. A recent letter (spring 2007) jointly sponsored by the Department for Education and Skills and the Department of Health has been sent to every primary school in England urging greater compliance. The estimation of obesity in children and the determination of targeted response is crucially dependent upon reliable data.

Programmes Across Kent to Address Obesity

4.34 Programmes across Kent have included:

- The National Healthy Schools Programme engages everyone – staff, pupils, governors, parents and the wider community in a whole school approach that aims to improve educational achievement, health and emotional wellbeing and makes schools a safe, secure and healthy environment in which young people can learn and develop;
- Sure Start Programme – offers one stop support for childcare, early education, employment support, health advice etc with a full core offer for deprived communities. Provides advice and support to parents and parents-to-be in order to promote breastfeeding, good weaning, active play and healthy lifestyles in families with children aged 0-5;
- “Play the Big Lottery Fund” has made available £155 million to create, improve and develop children’s play provision (in England) and develop innovative practice;
- School Food Agenda – to invest in improving nutrition in school meals by revising both primary and secondary school meals standards, strongly considering nutrient-based standards, reducing the consumption of fat, salt and sugar and increasing the consumption of fruit and vegetables and other essential nutrients. Subject to legislation, the new standards will be extended to cover food across the school day, including in vending machines and tuck shops. Schools will be supported with new guidance on food procurement and improved training and support for school meal providers and catering staff;
- School Fruit and Vegetable Scheme to make all 4-6 year old children in LEA-maintained infant, primary and special schools in England eligible for a free piece of fruit or vegetable every school day.

4.35 Addressing the challenge of child obesity requires:

- A change in population awareness through clear food labelling, restrictions in advertising of unhealthy foods to children and the piloting of community-wide approaches;
- A focus in early years and school settings that fosters a healthy environment, including the provision of active help for children at risk of becoming overweight;
- Support treatment programmes to assist changes in child and family behaviour towards maintaining a healthy weight;
- The appraisal of the potential of social marketing techniques to communicate simple and positive messages about healthy lifestyles;
- The provision of appropriate workforce training and the development of a targeted evidence of what works specifically as regards children and young people;
- The systematic collection of local data;
- An action-learning approach to treatment interventions.

Exercise

- 4.36 Boys aged 11-16 (63%) are more likely than girls (48%) to exercise for one or more hours a day. In contrast, girls (42%) are more likely to exercise one or two times a week compared to boys (25%).

Table 71 - Percentage of 11-19 year olds in Kent who exercise for 1 hour or more 1 or 2 times a week, 2006/07

	Most days %		1 or 2 times a week %		1 or 2 times a month %		1 or 2 times a year %		Never %		No response %	
	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16
Whether children and young people exercise for 1 hour or more	56	39	34	37	4	14	2	5	4	5	1	1
Survey included 10,344 11-16 year olds and 961 post 16s												

Source: Children and Young People of Kent: Survey 2006/7

Diet

- 4.37 It has been suggested that the Government's National Diet and Nutrition Survey (NDNS) exposes a pattern of modern malnutrition especially in low income families (Gregory et al 2000). There is a social class and income gradient, with households in the lowest income brackets consuming less fruit and vegetables, skimmed milk, fish, fruit juices and breakfast cereals than average, despite spending a greater proportion of their income on food than those in better off households.
- 4.38 One contributory factor is believed to be food poverty and those living in the poorest areas having reduced access (although the reasons for this are debated) to good quality affordable food. Despite suggestions that adults in poverty protect their children's diets at the expense of their own it has been suggested that 1 in 50 children do not get three meals a day (Dowler et al 2001). Social and cultural norms, knowledge and health motivation are important in this regard. Skipping breakfast for example is particularly common among adolescent girls.
- 4.39 The recent NFER survey of Kent children shows that 15% of primary school children do not regularly experience the occasion of a family meal most days. This rises to 32% for children 11-16 – possibly reflecting increased participation by both parents in the labour market. For over 16s, 61% of those surveyed participate in a family meal most days.

Table 72 - Percentage of children and young people in Kent sitting down to a family meal most days, 2006/07

Age band	% of those surveyed*
7-11	85
11-16	68
Post 16	61
* Survey included 31,527 7-11 year olds, 10,344 11-16 year olds and 961 post 16s	

Source: Children and Young People of Kent: Survey 2006/7

Healthy Eating Initiatives

- 4.40 A systematic review of interventions designed to promote healthy eating (Roe et al 1997) suggests the key is behavioural change with the intervention matched to the population characteristics. Effective interventions include a supportive family, social and structural environment, a personal approach with conduct sustained over time, multiple strategies that address barriers to change and influence the local environment and training for those involved in the delivery and support of such programmes.
- 4.41 The national recommendation for a healthy diet is to eat five or more portions of fruit and vegetables a day. On average in Kent, this level of consumption is only achieved by about 25% (1 in 4) of the population.
- 4.42 Action is needed at the levels of individuals, communities and the county as a whole, with the co-operation of a wide range of partners, seeking wholesale change in the public's perspective and behaviour and in the 'obesogenic' environment.
- 4.43 Following the publication of *Choosing Health; making healthier choices easier* (DH 2004) two documents were published to support the overall delivery plan; *Choosing Activity: a physical activity action plan* and *Choosing a better diet; a food and health action plan*. (SEPHO).
- 4.44 Both these documents set out a raft of national initiatives to be implemented at a local level to reduce obesity in the population.
- 4.45 The objectives to improve nutritional balance are:
- To increase the average consumption of a variety of fruit and vegetables to at least five portions a day;
 - To increase the average intake of dietary fibre to 18gms per day;
 - To reduce the average intake of saturated fat to 11% of food energy;
 - To maintain the current trend in the average total intake of fat at 35% of food energy;
 - To reduce the average intake of added sugar to 11% of food energy.
- 4.46 The data available is not disaggregated to district council areas and reflects former PCTs. Notwithstanding these limitations, it is notable that children in Swale, Dover and Thanet areas have a significantly lower consumption of fruit and vegetables compared to the England average.

Table 73 - Synthetic³ estimate of consumption of fruit and vegetables for children, 2000-2002

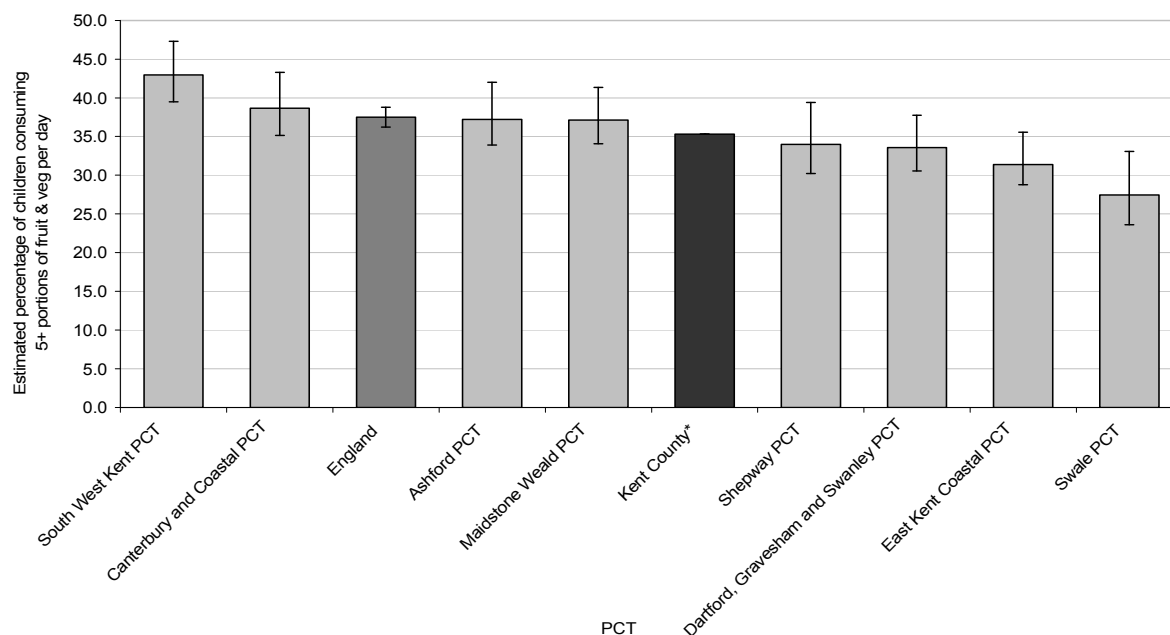
PCT	% of children aged 5-15 consuming 5+ portions of fruit and vegetables per day	95% LCL	95% UCL
Ashford PCT	37.2	33.9	42.0
Canterbury and Coastal PCT	38.7	35.1	43.3
Dartford, Gravesham and Swanley PCT	33.6	30.6	37.8
East Kent Coastal PCT	31.4	28.8	35.6
Maidstone Weald PCT	37.1	34.1	41.3
Shepway PCT	34.0	30.2	39.4
South West Kent PCT	42.9	39.5	47.3
Swale PCT	27.4	23.6	33.1
Kent County*	35.3	-	-
England	37.5	36.2	38.8

Footnote: Please note that these data were created from the ward level estimates which can also be found on the Neighbourhood Statistics website. The PCOs were built up from aggregation of "best-fit" ward data. Since PCOs and Wards are not co-terminus, this information is not exact. The national estimate is derived directly from the Health Surveys for England 2000-02 (with associated Confidence Intervals) and therefore is not a synthetic estimate.

* Kent figure is an average of constituent PCTs

Source: Synthetic Estimates of Healthy Lifestyle Behaviours, Health & Social Care Information Centre

Figure 23 - Synthetic estimate of consumption of fruit and vegetables for children, 2000



Source: Synthetic Estimates of Healthy Lifestyle Behaviours, Health & Social Care Information Centre

4.47 Around half the participants in the NFER Survey reported eating five or more portions of fruit or vegetables on most days. The proportion of post-16s who reported such consumption on most days is slightly less. 30% of 11-16 year olds and 35% of post-16 year olds reported eating take away food at least one or two times a week.

³ Synthetic estimates are estimates of incidence or prevalence that have been derived from a particular population and then applied to the demographic structure of another.

Table 74 – Percentage of children and young people (aged 11-19) eating 5 portions of fruit or vegetables a day

	Most days %		1 or 2 times a week %		1 or 2 times a month %		1 or 2 times a year %		Never %		No response %	
	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16
Whether children and young people eat 5 portions of fruit or vegetables a day	50	42	34	35	7	12	2	3	6	7	1	1

Survey included 10,344 11-16 year olds and 961 post 16s

Source: Children and Young People of Kent: Survey 2006/7

Table 75 - Interventions during childhood and adolescence: summary of the evidence base relating to health behaviours – Nutritional Status

Nutritional Status	Source
Obesity	
Two key reviews (one on treatment and one on prevention) suggest no direct conclusions can be drawn with confidence	Cochrane Review
There is some evidence that multifaceted school-based programmes that promote physical activity, modify diet and target sedentary behaviour can reduce the prevalence of obesity among school children	Review of reviews
There is less evidence that preventative efficacy attaches to any of these elements alone or to a multifaceted focus on the family	Review of reviews
Multifaceted family behaviour modification programmes can be effective in the targeted treatment of obesity	Review of reviews
Healthy eating	
Healthy eating interventions can prompt behavioural change and reduce fat intake and blood cholesterol but such reductions tend to be minimal (approximately -3% total fat intake)	Other review
Lack of review-level evidence	
<i>Information on adolescents</i>	
<i>Studies from the UK</i>	
<i>Sustainable weight-loss treatments</i>	
<i>Interventions for preventing eating disorders</i>	
<i>Upstream interventions</i>	

Sexual Health

4.48 Young people generally have a higher number of sexual partners, a greater number of concurrent partnerships and change partners more often than older age groups (HPA et al, 2003). As a result they are more vulnerable to acquiring a sexually transmitted infection (STI). Sexual health has deteriorated in recent years – surveillance data indicated a rise in the prevalence of acute STIs since 1999, with a particularly steep increase being noted for those aged 24 years and under. Between 1997 and 2002, diagnoses of chlamydia, gonorrhoea and new HIV infections have doubled and new diagnoses of syphilis have increased ninefold (data derived from the Health Protection Agency).

- 4.49 Public Service Agreement 11b requires that by March 2008, all patients attending genito-urinary medicine (GUM) clinics are offered an appointment within 48 hours of contacting the service and also that these patients are seen as soon as possible.
- 4.50 Comprehensive monitoring of the 'Offered' target has not been possible until very recently due to the gradual upgrading of antiquated patient administration systems. As a proxy measure, the Health Protection Agency introduced a patient survey to report the percentage of patients seen within 48 hours. Further details can be found at the following website:
- http://www.hpa.org.uk/infections/topics_az/hiv_and_sti/epidemiology/wtimes.htm
- 4.51 The survey is run for one week each quarter and completion is not compulsory, therefore the results represent a relatively small sample of the total.

Figure 24 – Percentage patients seen within 48 hours

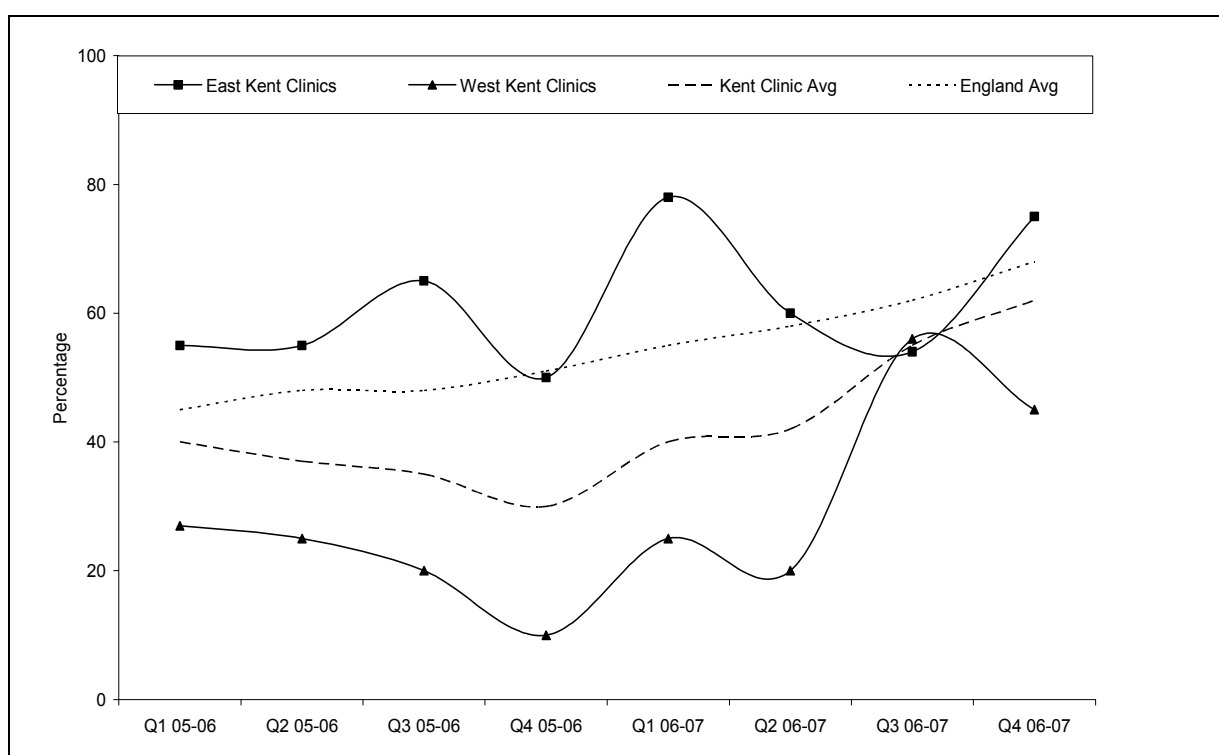


Table 76 - Interventions during childhood and adolescence: summary of the evidence base relating to health behaviours – Sexual Health

Sexual Health	Source
There is good evidence to support school-based sex education; education linked to contraceptive services alongside the community-based delivery of education, development and contraceptive services; youth development programmes; and family outreach (but this is not supported by RCTs)	Review of reviews
STI campaigns increase condom use and can delay initiation and reduce the frequency of sex, potentially reducing unintended pregnancy as well	Review of reviews
Programmes that offer educational support or improve job prospects may motivate young people to avoid pregnancy	Overview/Cochrane Review
Parenting programmes and ante-natal care programmes may be effective in	Cochrane review

improving outcomes for both teenage mothers and their infants	
Lack of review-level evidence	
<i>Early fatherhood</i>	
<i>Upstream interventions versus poverty and disadvantage</i>	
<i>Interventions relating to the UK</i>	

Gambling

- 4.52 Adolescent gambling is a cause for concern in the UK and is related to other delinquent behaviours. For instance, in one study of over 4,500 adolescents, gambling was highly correlated with other potentially addictive activities such as illicit drug taking and alcohol abuse (Griffiths and Sutherland, 1998). Another study by Yeoman and Griffiths (1996) demonstrated that around 4% of all juvenile crime in one UK city was slot machine-related, based on over 1,850 arrests in a one year period. It has also been noted that adolescents may be more susceptible to problem gambling than adults.
- 4.53 A typical finding of many adolescent gambling studies has been that problem gambling appears to be a primarily male phenomenon. It also appears that adults may to some extent be fostering adolescent gambling. For example, a strong correlation has been found between adolescent gambling and parent gambling (Wood and Griffiths, 1998; 2004). Other factors that have been linked with adolescent problem gambling include working class youth culture, delinquency, alcohol and substance abuse, poor school performance, theft and truancy (Griffiths 1995; Yeoman and Griffiths 1996; Griffiths and Sutherland 1998).
- 4.54 A MORI survey also found that:
- 17% of adolescents are regular fruit machine players (playing at least once a week);
 - 3.5% of adolescents are probably pathological gamblers and/or have severe gambling related difficulties.
- 4.55 All studies have reported that boys play on fruit machines more than girls and that as fruit machine playing becomes more regular, it is more likely to be a predominantly male activity. Research suggests that irregular ('social') gamblers play for different reasons than the excessive ('pathological') gamblers. Social gamblers usually play for fun and entertainment (as a form of play), because their friends or parents do (i.e. it is a social activity), for the possibility of winning money, because it provides a challenge, because of ease of availability and there is little else to do and/or for excitement (the 'buzz').
- 4.56 Pathological gamblers appear to play for other reasons such as mood modification and as a means of escape. Like other potentially addictive behaviours, fruit machine addiction causes the individual to engage in negative behaviours. This includes truanting in order to play the machines, stealing to fund machine playing, getting into trouble with teachers and/or parents over their machine playing, borrowing or the using of lunch money to play the machines, poor schoolwork and in some cases aggressive behaviour (Griffiths 2003b). Fruit machine addicts also display bona fide signs of addiction including withdrawal effects, tolerance, mood modification, conflict and relapse.

- 4.57 It is clear that for some adolescents, gambling can cause many negative detrimental effects in their life. Education can be severely affected and they may acquire a criminal record as most problem gamblers have to resort to illegal behaviour to feed their addiction.
- 4.58 Whilst amusement arcades can be found in every town, they are a particular feature of coastal towns in Kent and it is likely that here the highest risks and incidence of adolescent gambling will be found. Further work needs to be done to analyse the local problem. Licensing authorities need to be made aware of the risks to children and young people.

Crime

- 4.59 Collective responsibility to prevent youth offending, shared between a range of public voluntary agencies and also the wider community, is established national policy. Youth Offending Teams (YOTs) are responsible for preventing offending and re-offending by young people. Community Safety Partnerships are responsible for cutting down overall crime levels, a significant proportion of which involve young people either as victims or offenders.
- 4.60 The work of YOTs tends to be dominated by courts and pre-court work, Community Safety Partnerships focus on prevention, situational measures and civil orders such as Anti Social Behaviour Orders (ASBOs). The goal of reducing young people's involvement in crime needs Community Safety Partnerships to influence work with the most prolific offenders and YOTs need to be involved in preventive measures ranging from targeted provision, such as intensive mentoring to impact on universal services – education, housing, employment and health, which make a critical difference to offending patterns in the long term.
- 4.61 Health and mental health services have crucial roles to play in meeting the wide needs of young offenders and a need to involve schools directly (Audit Commission 2004). Every Child Matters (DfES 2004) argues for the co-location of front line staff in Children's Centres, extended schools and health settings to increase the opportunities for the early identification of risk.

Youth Offenders

- 4.62 It is well established that young offenders are a vulnerable group, with complex psychosocial, physical and mental health needs. 40% of young offenders have a diagnosable mental health disorder.
- 4.63 Many of these young people suffer from conduct disorders, problems with social understanding and disorders on the autistic spectrum.
- 4.64 Generally, research suggests detection of problems in this population is imprecise and tends towards under-estimation, particularly of internalising disorders (i.e. disorders of emotion such as depression).
- 4.65 There are no widely used screening instruments for detecting mental health problems within the youth justice system in England, although the Youth Justice Board standard general assessment tool (ASSET) contains a brief rating of mental health status as linked to the offending behaviour. There are no statistics on reliability and validity of the ASSET.

- 4.66 Despite the high incidence of mental health problems in this group, only a small proportion of young offenders with mental health problems are receiving help from specialist CAMHS. The National CAMHS Mapping Exercise in 2004 showed of the total caseload of CAMHS, only 5% were young offenders.
- 4.67 This table represents convictions of young people and does not include those who may be cautioned. The proportion of young people entering the Youth Offending Service is small relative to the overall youth population.

Table 77 - New entrants to Youth Offending Service in Kent districts, 2005/06

Local Authority	Number of new entrants	Pop 10-17 (2005 Mid yr est)	% of 10-17 population
Ashford LA	184	11700	1.57%
Canterbury LA	161	14800	1.09%
Dartford LA	100	9400	1.06%
Dover LA	120	12000	1.00%
Gravesham LA	84	10800	0.78%
Maidstone LA	136	14500	0.94%
Sevenoaks LA	112	11900	0.94%
Shepway LA	260	10200	2.55%
Swale LA	187	14200	1.32%
Thanet LA	259	14000	1.85%
Tonbridge and Malling LA	88	12900	0.68%
Tunbridge Wells LA	83	12200	0.68%
Kent County	1774	148500	1.19%
England & Wales	85467	5486100	1.56%

Source: Data Extracted from Careworks, THEMIS return

- 4.68 Overall there is a downward trend in crime committed against children and young people. It is possible to hypothesise that the greater proportion of such crimes are committed by adults rather than amongst the peer group.

Table 78 - Crimes committed against 1-18 year olds in Kent, April-Oct 2003 to 2006 (Note: may be double counting if someone has been victim more than once)

Area	Apr-Oct			
	2003	2004	2005	2006
Kent	6830	7622	6696	6474

Source: Children, Families and Education Directorate, KCC

- 4.69 The increase in the sense of safety relative to age is a reflection of the growing confidence of young people as they mature and start to live independently.

Table 79 - Whether children and young people in Kent feel safe some/most of the time, 2006/07

	% of those surveyed*		
	7-11	11-16	Post 16
In school/college	65	91	97
In the area they live	67	90	92
Getting to and from school/college	75	91	95

* Survey included 31,527 7-11 year olds, 10,344 11-16 year olds and 961 post 16s

Source: Children and Young People of Kent: Survey 2006/7

4.70 Table 80 demonstrates a range of issues that cause children and young people concern and potentially give rise to insecurity.

Table 80 - Things making children and young people in Kent feel unsafe where they live, 2006/07

7-11 year olds

Worry about the following:	% of those surveyed*
Broken glass on ground	69
People hanging around	68
Busy roads/speeding traffic	62
Being on a bus or train	41

11-19 year olds

Feel unsafe most/some of the time due to the following:	% of those surveyed*	
	11-16	Post 16
People carrying knives	56	44
People on drugs	49	71
Gangs	58	90
Groups of people hanging around	58	92
Dark or unlit places	56	88
People drinking/being drunk	46	73
Busy roads/speeding traffic	40	68
Broken glass or syringes lying around	32	53
Being on a bus or train	32	56

Source: Children and Young People of Kent: Survey 2006/7

Evidence of Wellbeing - Making a Positive Contribution Amongst Children and Young People

Table 81 – Whether children (aged 7-11) engage with the community

Whether children:	Yes %	Not sure %	No %	No response %
Would tell an adult if they saw someone being bullied	81	13	4	2
Help other people	80	15	3	2
Help collect money for charity	44	29	25	2

Survey included 31,527 7-11 year olds

Source: Children and Young People of Kent: Survey 2006/7

4.71 The majority of children (about four fifths) indicated that they would tell an adult if they saw someone being bullied and a similar proportion indicated that they helped other people. A lower proportion (just over two fifths) indicated that they help collect money for charity, although a further 29% were unsure if they did.

- 4.72 Younger children were more likely to say that they would tell an adult if they saw someone being bullied than older children (88% of year 3 compared to 76% of year 6). Younger children were more likely to report that they help collect money for charity compared to older children (53% of year 3 compared to 39% of year 6).

Table 82 – Whether children and young people (aged 11-19) engage with the community

Do/would children and young people:	I do already %		I would like to do %		No I wouldn't do this %		No response %	
	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16
Help someone who is being bullied	27	22	55	62	9	10	9	5
Raise money for charity	26	25	51	51	18	15	6	9
Help a neighbour	30	25	45	53	16	16	9	6
Do voluntary work	14	20	41	40	35	34	10	6
Vote in a school/college election	19	17	30	31	41	47	10	5
Join in a school/college council	11	10	21	20	58	64	10	6

Survey includes 10,033 11-16 year olds and 961 post-16 year olds

Source: Children and Young People of Kent: Survey 2006/7

- 4.73 About a quarter of young people in both age groups (11-16 and post-16) reported that they already helped their neighbours (30% and 25% respectively), raised money for charity (26% and 25% respectively) and helped people who were being bullied (27% and 22% respectively). Approximately half said they would like to help someone who was being bullied (55% and 62% respectively), raise money for charity (51% and 51% respectively) and help a neighbour (45% and 53% respectively).
- 4.74 About 40% of young people would like to do voluntary work, about 30% would like to vote in a school or college election and about 20% would like to join a school or college council. The proportions of young people already participating in these activities were between 10% and 20%.
- 4.75 Young people aged 11-16 who were eligible for free school meals (42%) were more likely to help their neighbour than those not eligible for free school meal (32%). However half of 11-16s (50%) who were not eligible for free school meals would like to help their neighbour compared to 40% of young people eligible for free school meals.
- 4.76 Young people with English as an additional language were more likely to say they would like to do voluntary work (64%), help a neighbour (59%), vote in a school election (45%) and join a school council (42%) compared to 11-16s without English as an additional language (45%, 49%, 33% and 22% respectively).
- 4.77 Girls aged 11-16 were more likely to say they would like to do voluntary work compared to boys (52% and 39% respectively). Girls were more likely to say they would like to help someone who was being bullied (74%), help a neighbour (65%) and do voluntary work (52%) compared to boys (59%, 47% and 32% respectively).

Table 83 – Whether children (aged 7-11) support the environment

Do children:	Yes %	Not sure %	No %	No response %
Always put litter in the bin	77	14	7	2
Recycle	67	17	14	2
Survey includes 31,527 7-11 year olds				

Source: Children and Young People of Kent: Survey 2006/7

4.78 Over three quarters of children indicated that they always put litter in the bin and over two thirds said that they recycled. 7% of children admitted to not putting litter in the bin and 14% said they did not recycle. Children eligible for free school meals were less likely to report that they recycled (59%) compared to other children (69%).

Table 84 – Whether children and young people (aged 11-19) support the environment

Whether children and young people would consider:	They do already %		They would like to do %		No %		No response %	
	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16
Recycling	56	62	22	25	14	8	9	5
Survey includes 10,033 11-16 year olds and 961 post-16 year olds								

Source: Children and Young People of Kent: Survey 2006/7

4.79 About three fifths of young people (56% of 11-16s and 62% of post-16s) indicated that they already recycled. About a further quarter (22% of 11-16s and 25% of post-16s) reported that they would like to recycle. Young people aged 11-16 not eligible for free school meals (62%) were more likely to recycle than those young people eligible for free school meals (52%).

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Appendix 1 - Summary of recommended UK child health surveillance programme

Age	Review and screening procedures	Immunisation	Health promotion
Newborn	<p>Review: Family history Pregnancy Birth</p> <p>Full physical examination including: Weight Heart and pulses Hips Birth marks Testes Head circumference plotted Eyes (exclude cataracts and squint) Guthrie test after 6 days (PKU, hypothyroidism) Sickle cell (if indicated) Cystic fibrosis</p> <p>Consider Risk factors for hearing loss – refer to <i>Can your baby hear you?</i> In PCHR. If high risk then refer to Oto-acoustic emission, brainstem auditory evoked response</p>	<p>BCK (high risk) Hep B (if mother is a carrier)</p>	<p>Cot death prevention Feeding technique Nutrition Baby care Crying Sleep Car safety Family planning Passive smoking Dangers of shaking baby Sibling management</p>
10 – 14 days	<p>Guided by results and review of neonatal check Assess and establish levels of support and assistance required Review sickle cell and thalassaemia test (if appropriate)</p>	<p>Review BCG and Hep B status</p> <p>Introduce to immunisation programme and obtain informed consent</p>	<p>Nutrition Breast feeding Passive smoking Accident prevention; bathing, scalding and fires Explanation of tests and results Encouraging parents to request results of all tests Significance of prolonged jaundice Depression, coping and help (parents/carers)</p>
6-8 weeks	<p>Review: Parental concerns, e.g. vision, hearing, activity Risk factors including significant family history</p>	<p>1st DT Pert Hib/Pol Meningococcal C</p>	<p>Immunisation Nutrition and dangers of early weaning Accidents; fires, falls, over-heating, scalds</p>

2-4 months	<p>Full examination including: Weight Head circumference Centile plotting Hip check Testes Eyes – red reflex, squint, movement, tone and general development Heart and pulses Report Guthrie results back to parents Parental concerns</p>	<p>2nd and 3rd DT Pert Hib/Pol Meningococcal C</p>	<p>Refer parent to <i>Can your baby hear you?</i> in PCHR Recognition of illness in babies and what to do Fever management Crying Sleeping position Passive smoking Review of car safety Depression (parents/carers)</p> <p>Weighing as appropriate Maintain previous health promotion Promotion of language and social development Refer parent to <i>Can your baby hear you?</i> in PCHR Deter future use of baby walkers</p>
6-9 months	<p>Discussion of developmental progress, asking specifically about vision, hearing and language development Check weight and head circumference as required or if parental concern Observe behaviour and look for squints</p>	<p>1st MMR</p>	<p>Parental concerns Nutrition Refer parent to <i>Can your baby hear you?</i> in PCHR Accident prevention: fires, choking, scalding, burns, stair gate, fire guard, etc Review of transport in cars Dental care Play and development needs</p>
13 months	<p>Parental concerns, behaviour, vision and hearing Observe gain Emphasise value of comprehension and social communication in relation to speech development (speech and language screening tests) Public health 'sign off' – check records to ensure full coverage of screening and immunisation</p>	<p>Review immunisation status</p>	<p>Safety – accident prevention, falls from heights, drowning, poisoning, road safety Development – language and play Management and behavioural issues Promote positive parenting Toilet training Diet, nutrition, prevention of iron deficiency Safety – accident prevention, burns, road</p>
39-48	<p>Enquiry and discussion of vision, squint, hearing,</p>	<p>Check immunisation status</p>	

months	behaviour, language acquisition, development – referral as necessary Education needs and choices – notification of any special educational needs and choices Measure height and plot Check testicular descent has been recorded, if not examine Where concerns about hearing impairment, perform test (e.g. McCormick toy discrimination test) Visual acuity by orthoptist	DT/polio (pre school booster) 2 nd MMR	safety, drowning, poisoning, falls from heights Development – language and play socialisation Management of behaviour issues School readiness Nutrition/diet Dental care Toilet training
5 years: school entrant	Review preschool record including a check for record of testicular and heart examination School entrant review – parent and school nurse Establish teachers'/parental concerns Height (plot and compare with previous measurements), weight and hearing sweep Visual acuity (Snellen) if not previously carried out Observation of gait and fine motor skills	Review of immunisation status	Obtain consent for planned programme and health checks Access to school health School health surveillance programme Sleep Friendships/settling at school Accident prevention, road safety, stranger danger Dentist, dietitian Management of medicines at school Care in the sun Accident prevention, road safety, safety at play, stranger danger Friendships Exercise, nutrition and dental care Care in the sun Accident prevention Relationships Exercise/nutrition Smoking Dental care Management of medication in school Puberty/sexual health Care in the sun
7-8 years (Year 3)	Teacher concerns Review of records Height, weight, vision General health check Issues raised by child		
11-12 years (Year 7)	Visual acuity Colour vision General health check Issues raised by young person Support for individual programmes of care		
12-13 years (Year 8)		Heaf test BCG	
14-15 years (Year 10)	General health check including height, weight, vision (where concerns)	TB/polio booster	Substance abuse – alcohol, smoking, drugs, solvents

Issues raised by young person

Diet/exercise
Testicular self-examination, promotion of
cervical cytology
Sexual health
Promotion of GP well woman/man check
Information about health services, e.g. teenage
clinics, health shop
Dental health
Careers
Stress management
Self referral – issues raised by students

**15-16 years
(Year 11)** Self-referral – issues raised by students

Information to school leavers on
need for immunisations as adult
catch-up immunisation

Source: Health for all children (4th edition) 2002, Oxford University Press, Oxford

Appendix 2 – Vaccination Schedule

Age	Immunisation	
1 st dose at 2 months 2 nd dose at 3 months 3 rd dose at 4 months	Diphtheria/tetanus/pertussis/poliomyelitis/ <i>Haemophilus influenzae</i> type b, DTaP/IPV/Hib (Pediace ^l) [®]	Each dose is one injection
1 st dose at 3 months 2 nd dose at 4 months 3 rd dose at 12 months	Meningococcal Group C At 12 months this is given combined with Hib (Hib/MenC, Menitorix [®])	Three doses of vaccine are recommended for any child under 1 year of age. From 1 year to 24 years of age, a single dose is recommended
1 st dose at 2 months 2 nd dose at 4 months 3 rd dose at 13 months	Pneumococcal Conjugate Vaccine	Each dose is one injection
1 st dose at 13 months 2 nd dose 3 to 5 years The aim is that the 2 nd dose should be given between 3 years 4 months and 3 years 6 months	Measles, Mumps, Rubella (MMR)	Each dose is one injection
3 to 5 years The aim is that this should be given between 3 years 4 months and 3 years 6 months	Diphtheria/tetanus/pertussis/ Poliomyelitis, DTaP/IPV (Repevax [®]) or dTaP/IPV (Infanrix/IPV [®]) Between 10 September 2007 and 3 March 2009 this pre-school booster vaccine will be changed to DTaP/IPV/Hib (Infanrix-IPV+Hib [®] , a new combined vaccine). After this time the schedule will revert to using the previous vaccines.	One injection
Neonates at increased risk and any unimmunised children in high risk groups	Tuberculosis: Bacillus Calmette-Guérin Vaccine (BCG)	In older children, a skin test is required before immunisation
13 to 18 years	Diphtheria (low dose)/tetanus/poliomyelitis, Td/IPV (Revaxis [®])	

Recommendations

General commissioning principles

1. The dataset used in the Strategic Needs Assessment should be used to guide commissioning at both county and local level.
2. The finally agreed dataset used should be standard for both county and local level.
3. As regards non-health data, further analysis of education, social care and NFER data should be undertaken to the lowest localised level of analysis. This should normally be local authority electoral ward as the common denominator to assist inter-agency partnership working and to ease re-aggregation to primary care and school cluster level.
4. Investments should be targeted in accordance with the principle of equity to areas of greatest need, as reflected in the Needs Assessment in order to maximise response and improve outcomes.
5. Further to 4 above, all funding agencies should agree differential funding targeted at those issues and also those parts of Kent identified as having greatest needs.
6. The overall decline in the number of children relative to the population at large should not be used as a savings dividend; rather as the opportunity to improve service quality and to appropriately respond to ever increasing, complex and newly emerging needs.
7. An agreed multi-agency dataset focusing towards improved outcomes for children and families needs to be agreed and populated with relevance to both Kent-wide and local levels of Kent.
8. All services should be commissioned to accord with best practice as described in the stated evidence base summarised in this Needs Assessment together with all other relevant authoritatively determined guidance. Professional practitioners should be working to stated best practice as may be determined from time to time from the evidence base.
9. All statutory agencies in Kent commissioning services with the third sector should accord fully with the terms of the Kent Compact.

Ethnicity

10. Public authorities serving the needs of children and young families need to be especially mindful of the need to assure equality and diversity policies and to ensure that staff are culturally aware in their working practices.

Smoking in Pregnancy

11. Greater efforts need to be made to strengthen the working between Stop Smoking Services and general maternity services as well as primary care services to reduce the number of women smoking in pregnancy. Specific efforts need to be focused on hard to reach groups.

12. All relevant services should be commissioned according to the stated evidence base of effective interventions to minimise smoking during pregnancy and the exposure of newly born infants and children to tobacco smoke.

Breast Feeding

13. Support to mothers breast feeding should be commissioned according to the stated evidence base and the number breast feeding needs to be substantially increased in particular localities in Kent.

Childhood Immunisations

14. A major campaign should be undertaken to maximise take-up of MMR vaccinations in order that the rates reach the 95% recommended threshold.

Health Visitors

15. Health Visitor services should be organised on a patch basis.
16. Health Visitor services should give equal commitment to their Public Health and wellbeing role as to safeguarding children. As regards their Public Health role, they should support the promotion of wellbeing to children and families, giving intensive support to the most vulnerable children and their families.

Child Development and Parental Education

17. All agencies should target their approach focusing on the family as a whole rather than children's behaviour.
18. Commissioning of services should recognise home visiting as a key intervention to addressing inter-generational improvements in parenting, child behaviour and cognitive development.
19. The use of the third sector and specifically the commissioning of Home Start programmes should be maintained throughout Kent.
20. Services for parenting education, early years and childcare should be commissioned according to the stated evidence base.

Sure Start Programme (first wave Children's Centres)

21. Notwithstanding the possibility of further central funding being available, public authorities in Kent should commit to mainstream fund established first wave Children's Centres, allowing their contribution to the support of children and local families to be continued, building on a long term programme.
22. Agencies in Kent should commit to the principle of differential funding to first wave Sure Start Children's Centres on the basis that these have been set up as targeted resources in areas of the county identified as being in greatest need.

23. Kent Children's Trust with the Kent Public Health Team should lead the rapid development of a vigorous quantifiable evaluation measure for first wave Sure Start Children's Centres – adjusting this to accord with any national evaluation tool as may be published.

Children's Centres – second and subsequent waves

24. Children's Centres in the second and subsequent waves should be commissioned on a multi-disciplinary and multi-agency basis, reflected in staffing resources, the provision of integrated services to maximise child development and outcomes and to reduce health inequalities. Services should also screen for and then support children's early development needs and provide early support services for disabled children.

Child morbidity in primary care

25. An agreed dataset of childhood conditions managed in primary care should be developed and a protocol agreed for its routine extraction and analysis for needs assessment purposes.

Limiting Long-Term Illness

26. A specific study should be undertaken into limiting long-term illness amongst children in Kent.

Accidents

27. Multi-agency initiatives led by the Children's Safeguarding Board to reduce accidents, whether on the road or at home and in leisure facilities should continue.

Looked After Children

28. That specific services supporting Looked After Children, regardless of whether these are Kent children or otherwise, should be sustained and if necessary further invested in.
29. That further studies into Looked After Children should be undertaken as this category of children is at greatest risk of low self-esteem, substance misuse, mental health problems, teenage pregnancy, criminality and poor employment patterns.

Children on the Child Protection Register

30. Led by the Kent Children's Trust Board, guidelines should be issued to ensure greater consistency in the registration of children at risk throughout Kent.

Young Carers

31. A recently published Kent strategy on children giving care should continue to be implemented throughout the county. The practice of children giving care should be minimised as a matter of principle, notwithstanding that this may have consequential commissioning implications.

Children of Substance Misusing Parents

32. A multi-agency strategy to respond to the needs of children of substance misusing parents needs to be developed involving children's services and adult drug and alcohol treatment services with commensurate investment in a response that accords with national best practice including audit surveillance and evaluation tools. Within specific agencies cross directorate working needs to be developed.

Child and Adolescent Mental Health Services

33. A recently published needs assessment of Child and Adolescent Mental Health and a related service review for Kent needs to be implemented. This requires significant financial investment and is one of the highest priorities for service commissioning.

Housing and Homelessness

34. The Kent Joint Planning Board for Housing and Health should develop a needs assessment into youth homelessness supported by a multi-agency service response, i.e. one that involves children's services, housing services, Connexions services, schools and specialist organisations from the third sector.

Education and Employment

35. The long-term health improvement benefits, life chances and positive wellbeing derived from optimising good quality educational attainment should be recognised as a key incentive in the on-going drive for improved education standards. Particular focus matched with commensurate investment needs to be made to those parts of the county where relative deprivation as defined by free school meals provision is a clear factor.
36. Considerable emphasis needs to be continued in the on-going investment of vocational training programmes for pre and post school leavers who are not aspiring to higher education.
37. A specific initiative should be set up to explore issues relating to 16-17 year olds who are not in education or employment training (NEETS) as these young people are deemed to be highly vulnerable with many at long-term risk throughout their life course.

Schools, Health and Wellbeing

38. All schools need to recognise their key role in the promotion of good health and be mindful of the statutory duty placed on schools including their governing bodies, to safeguard children and promote their welfare.
39. All schools in Kent should become Healthy Schools by 2009.
40. The provision of school breakfast clubs should be considered in every school in the county including the necessary funding to enable these to be sustained.
41. All agencies including schools, but PCTs in particular, should ensure that further investment is made in school nursing services throughout the county in order that as a minimum, the equivalent of one school nurse per school cluster should be provided.
42. All school clusters should fund and support first and second line prevention services to support children and families with emotional and behavioural issues, based upon the Canterbury Multi Agency Cascade System (MACS) exemplar.

Teenage Pregnancy

43. The recommendations of the KCC Scrutiny Committee on the Kent Teenage Pregnancy programme should be implemented.
44. Notwithstanding a commitment from central government to continue to fund the Teenage Pregnancy programme, all relevant agencies in Kent should commit to the principle of mainstreaming this programme as being necessary to focus upon and drive down the rates of teenage pregnancy in the county.
45. The Kent Children's Trust Board should issue guidance to governing bodies of schools advising of their statutory duty to safeguard children, promote their welfare and therefore co-operate positively with school nursing services and other initiatives that can contain and reduce the incidence of teenage pregnancy amongst young people of 16 and under.
46. All schools need to ensure proper Sex and Relationships Education (SRE) provision as a key part of the curriculum for young people monitored by the KCC Members Select Committee on Personal, Social and Health Education (PSHE).
47. PCTs should continue to maximise the availability of emergency hormonal contraception (EHC) through community pharmacies throughout the county.
48. PCTs should tackle the policy of large scale community pharmacy providers, typically national supermarket chains as regards their policy of non-co-operation with the provision of EHC for under 16s.
49. PCTs should seek to improve access to termination facilities, in particular for those parts of the county where travel to established centres is an issue.

Smoking

50. Kent Children's Trust in partnership with PCTs should establish specialist Stop Smoking services for children and young people. Typically this should be through increased investment in specialist school nursing services.
51. Consumer protection bodies should rigorously and steadfastly enforce the sale of tobacco materials to under 18 year olds once this change in legislation takes effect.
52. Services commissioned specifically with regard to adolescents should accord with the stated evidence base.

Alcohol

53. Further work should be undertaken in to the misuse of alcohol amongst young people particularly focusing on the relationship between alcohol misuse and social exclusion of vulnerable young people. A Select Committee of KCC Members is soon to report and its recommendations should be implemented, including those with commissioning implications.

Illicit Drug Misuse

54. The Kent Council for Addition Young Person's Service should continue to be funded.
55. The Drug Intervention and Support Programme commissioned as part of the Kent PSA programme should be mainstreamed.

Obesity

56. Substantial investment in programmes to address obesity in children and young people in Kent should be made covering:
 - A focus in early years and school settings that fosters a healthy environment, including the provision of active help for children at risk of becoming overweight;
 - Support treatment programmes to assist changes in child and family behaviour towards maintaining a healthy weight;
 - The appraisal of the potential of social marketing techniques to communicate simple and positive messages about healthy lifestyles;
 - The provision of appropriate workforce training and the development of a targeted evidence of what works specifically as regards children and young people;
 - The systematic collection of local data;
 - An action-learning approach to treatment interventions.
57. Obesity services and healthy eating interventions should be commissioned according to the stated evidence base.

Sexual Health

58. Services should be commissioned to accord with the stated evidence base.
59. PCTs should continue to increase investment in sexual health services for young people ensuring easy access to GUM services and the offering of screening for STIs – in particular chlamydia.

Gambling

60. Further assessment of the risks of gambling to young people, particularly from amusement arcades in Kent, should be undertaken.

Youth Offenders

61. Youth Offending Teams should commission preventive measures ranging from targeted provision such as intensive mentoring, to enhanced relevant interventions within universal services including education, housing, employment opportunities and health services.
62. Youth offenders should be screened for the detection of mental health problems within the Youth Justice System – requiring commensurate investment.
63. In line with the recommendations of the Kent CAMHS Strategy, youth offenders judged to have mental health problems should be referred to specialist CAMHS services as a matter of course. This will require commensurate investment and appropriate commissioning of services.
64. All agencies and practitioners should actively promote the participation of children and young people in the design and delivery of all services affecting their health and/or promoting their general wellbeing.

Kent Local Area Agreement 2

In view of the foregoing the areas of policy that could usefully be covered through the Local Area Agreement with respect to children and young people, matched by commensurate investment and supported by appropriate commissioning should include:

- A reduction on the impact of inter-generational and situational poverty on children's lives through the tackling of under-lying causes and the mitigation of the effects;
- The improvement of resilience of children and young people helping them to make informed and healthy lifestyle/safe choices including the development of coping strategies;
- A transformation in the provision of and support to children and families with mental health problems;
- Community based interventions to improve and support parenting and assuring integrated multi-agency service provision;
- The improvement of services for Looked After Children;
- The improvement of support to young carers and the minimisation of the burden carried by young carers;

- Improvements in the quality and stability of housing provision for young people and early adulthood;
- Improvements in the mental and emotional health of young people at school;
- Measures to increase the engagement and participation by young people in education and employment opportunities in order to prevent disaffection and improve long-term job security.

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By: Graham Badman, Managing Director for Children, Families and Education
 Mark Dance, Cabinet Member for Operations, Resources and Skills, CFE
 Chris Wells, Cabinet Member for Children, Families and Educational Standards, CFE

To: Cabinet – 14 January 2008

Subject: The outcomes of the Children and Young People of Kent Survey 2006/7 undertaken by the National Foundation for Educational Research

Classification: Unrestricted

Summary: This report provides the Cabinet with the outcomes of the NfER pupil survey for Kent for information purposes.

Introduction

1. (1) The National Foundation for Educational Research was commissioned to conduct a survey to find out what children and young people in Kent thought about a range of issues related to the Every Child Matters outcomes:
 - Being healthy
 - Staying safe
 - Enjoying and achieving
 - Making a positive contribution
 - Achieving economic well-being.
- (2) Two questionnaires were designed, one for primary aged pupils which was paper based and administered by class teachers and a secondary version which was available online. The response to the primary survey (for ages 7 – 11) was 31,527 pupils representing 382 schools. Online feedback was received from 11,305 secondary aged pupils (11 – 19) representing 98 secondary schools and other education provision.
- (3) The information is being analysed on a Cluster basis and therefore answers relate to where children and young people go to school rather than where they live (as some children travel to schools outside their “home” Cluster).

Outcomes

2. Responses to the survey indicate the following:

(1) Being Healthy

Children and young people showed a good understanding of the issues surrounding leading a healthy lifestyle, however self reported behaviour from a significant minority suggested that this understanding has not yet been incorporated into everyday living. Three quarters of all children reported that they usually felt happy and enjoyed their life.

(2) Staying Safe

Most children and young people thought that they knew how to stay safe and most reported feeling safe travelling to school or college, in the area they lived, and whilst at school or college. Issues of concern were reported e.g. bullying, and internet safety.

(3) Enjoying and Achieving

Most respondents reported that they enjoyed going to school or college all or some of the time and the majority thought that they were doing well or quite well at school.

Children and young people participated in a range of activities after school and at weekends. In the main, they spent time at home and with their family and friends. A significant minority of young people said they would like to participate in other activities, particularly sport related opportunities.

(4) Making a Positive Contribution

Whilst most of the young people thought they could give feedback on what happens in school, less than half felt they could have a say on issues affecting their local area. Children and young people think they make a difference to the area in which they live by putting litter in bins, supporting recycling, helping a neighbour or supporting someone who was being bullied.

(5) Achieving economic well-being

The findings suggested that most children and young people had positive aspirations for the future. Some young people perceived no barriers to achieving their future aspirations with about two-fifths of 11 – 16 year olds and a third of post-16s indicating that nothing was likely to stop them from doing what they wanted to do. Others were conscious of barriers such as lack of money and not having the right qualifications.

(6) Living in Kent

Over three-quarters of 7 – 11 year olds and about two-fifths of 11 – 19 year olds reported that their area was a good place to live.

Conclusions

3. The information collected through the survey is still being analysed and the data comparisons collated on an individual Cluster basis. Attached to this report as Appendix 1 is the Executive Summary of the Survey which includes age related summaries.

Recommendation

4. Cabinet is asked:

(a) to note the information and the implications for supporting children and young people and their families and communities; and

(b) to seek a further analysis of the survey data by April 08 to determine any major policy and budget issues.


Background Documents:


5. None

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Children and Young People of Kent: Survey 2006/7

Executive summary

The National Foundation for Educational Research (NFER) was commissioned by Kent County Council (KCC) to conduct an independent survey of children and young people in Kent. The council and its partner agencies wanted to find out what children and young people thought about a range of issues related to the five *Every Child Matters* (ECM) outcomes. The purpose of the research was to provide information to support self-evaluation and planning for improvement at county, cluster and school level.

The study involved two specifically-designed questionnaire surveys: one for primary pupils (aged 7-11) and one for secondary and college students, including those participating in work-based learning (aged 11-19). Pupils in special schools and pupil referral units were also included in both surveys.

In total, 31,527 children aged seven to 11 from 382 schools took part in the paper-based primary school survey. It was administered in schools, at a class level, by teachers. A total of 11,305 children and young people aged 11-19 from 98 secondary schools and other educational provision completed the secondary online survey.

The 42,832 children and young people who took part in the survey were generally representative of all children and young people aged 7-19 in Kent according to the following characteristics: gender, looked after children, free school meals, special educational needs, speakers of a first language other than English, and year group. The key findings are presented below under the five ECM outcomes.

Being healthy

Children and young people showed a good awareness of how to be healthy in relation to healthy eating and in relation to the dangers of smoking and drinking alcohol. Their self-reported behaviour, however, suggested that they were not always leading such healthy lifestyles.

- About two-thirds of 7-11s and half the 11-19s reported eating five or more portions of fruit or vegetables on most days. Furthermore, a third of 11-19s reported eating take-away food at least once or twice a week.
- About a quarter of post-16s reported getting drunk at least once or twice a week.
- On the other hand, about three-quarters of 7-11s reported playing sports and half of 11-19s reported exercising for an hour or more on most days.
- Overall, about two-thirds of 11-19s perceived themselves as healthy.

In terms of mental and emotional health, about three-quarters of 7-11s said they usually felt happy and a similar proportion of 11-19s said they enjoyed their life. There were, however, about a quarter of 11-19s who reported feeling sad or depressed at least once or twice a week.

Staying safe

Most children and young people thought that they knew how to stay safe and most reported feeling safe travelling to school or college, in the area they lived, and whilst at school or college. There were, however, a range of factors that concerned children and young people.

- About two-fifths of 7-11s reported that broken glass on the ground and people hanging around made them feel unsafe. The 11-19s reported being concerned about people carrying knives, people on drugs, groups of people hanging around and dark or unlit places.

Bullying was an issue for children and young people from both age groups. A related concern was that there was a small proportion of children and young people who reported that they would not talk to anyone if there was an issue that they could not deal with on their own.

- About half the 7-11s reported that they had been pushed or hit by other children, called names or talked about, or stopped from joining in. About a third of the 7-11s reported that they had been picked on or bullied at school, had their possessions broken or stolen, or been picked on in the area they lived. Similarly, nearly a third of 11-16s reported that they had been bullied in the last year, although, more reassuringly, this proportion halved in the post-16 age group.

In relation to internet safety, while a quarter of 11-19s reported wanting more information about this, over a quarter of 11-16s and over a third of post-16s reported regularly sharing information about themselves on the internet.

Enjoying and achieving

When asked whether they liked going to school, most 7-11s said that they enjoyed it at least sometimes and around half 11-16s and over two-thirds of post-16s said that they enjoyed going to school or college.

The aspect of school that children and young people enjoyed the most was the social side (seeing friends was the most popular response for all age ranges), this was, however, followed by cognitive and skill-based activities and aspects related to the learning process.

- Children (aged 7-11) particularly enjoyed seeing friends, going on trips to visit places, using computers, making things, using the internet, and finding out new things.
- Young people (aged 11-16) also enjoyed seeing their friends and doing sports, drama and music productions.
- The most popular aspects of school or college for post-16s were seeing friends and their lessons.

When asked what helped them to learn, a range of responses were received. However, reading was rated least often (by fewer than half of 11-19s) as something which helped them to learn. Disruptive pupils and not getting feedback on their work was rated by over half of 11-16s and a quarter of post-16s, as a barrier to learning.

Children and young people were asked how well they thought they were doing at school. Most thought that they were doing quite well.

- Two-thirds of 7-11s thought that they were doing well at school but a quarter was not sure.
- Of the 11-16s, three-fifths thought that they were doing 'quite well' and a fifth said 'very well'.
- Over two-thirds of post-16s thought that they were doing 'quite well', compared to a small proportion who said they were doing 'very well'.

Children and young people participated in a range of activities after school and at the weekends. In the main, they spent time at home and with their family and friends.

- Almost all 7-11s said that at least 'sometimes' they spent their time after school doing homework, doing activities with their family, playing with

friends and watching television. They most enjoyed playing with friends, playing computer games and playing football. Attending after-school clubs was the least common activity 7-11s engaged in from the list provided.

- Similarly, 11-19s spent their time after school and their weekends at home, 'hanging out' or at a friend's house. During the week they most often spent their time on the internet, watching television and with their family. At weekends, 11-16s spent time with their friends, shopping, on the internet and watching television. About half of post-16s also undertook paid work at the weekends.

Young people were asked whether there were activities that they currently do not undertake but would like to do. About two-fifths of 11-16s and a third of post-16s said they would like to participate in other activities, most saying they would do more sport-related activities. Unfortunately, there were a number of barriers which prevented young people from participating in the activities they would like to do.

- A third of 11-16s and half of post-16s indicated that the cost of activities prevented them doing what they wanted to do. A lack of time, activities not being available locally and a lack of transport were also barriers for between a quarter and half of young people.
- More positively, about a third of 11-16s and a quarter of post-16s said nothing stopped them from doing what they wanted to do.

Making a positive contribution

The findings suggested that children and young people may need to see how their opinions can contribute to change before a greater proportion will consider giving their opinions or making a difference to their school, college, or local area.

- About half the 7-11s felt that they could have a say on what happens at school and in the area they live. About three-quarters of 11-19s felt they could have a say on school or college issues, although less than half felt they could have a say on issues affecting their local area.
- About half the 11-19s reported that they would not be interested in voting in a school or college election or joining a school or college council.
- Furthermore, about half the 11-19s said they did not feel that they could make a difference to the area in which they lived and about three-fifths did not feel they could make a difference to world issues.

Children and young people were asked about the contributions they already made to the area they lived and there were mixed responses.

- About three-quarters of 7-11s said they always put litter in the bin and about two-thirds said they helped with recycling. Similarly, about three-fifths of 11-19s reported that they recycled.
- Only about a quarter of 11-19s reported that they had helped a neighbour or helped someone who was being bullied.
- Overall, about four-fifths of 7-11s, about two-thirds of 11-16s and three-quarters of post-16s reported that they did things to help other people.

Achieving economic well-being

Most 7-11s had good financial awareness, understanding that it was good to save money. Only a very small proportion did not think it was good to save money.

The findings suggested that most children and young people (aged 7-19) had positive aspirations for the future.

- Two-thirds of 7-11s said they knew what job they wanted in the future and about a third were unsure or did not know what they wanted to do.
- Of the 11-16s, young people most commonly indicated that they wanted to get a job, go to school sixth form and go to university in the future. Within the post-16 age group, most often they said they wanted to go to university and get a job.

Some young people perceived no barriers to achieving their future aspirations, with about two-fifths of 11-16s and a third of post-16s indicating that nothing was likely to stop them from doing what they wanted to do. However, for others, there appeared to be a range of barriers.

- A quarter of 11-16s and about a third of post-16s said a lack of money and not having the right qualifications were likely to prevent them from doing what they wanted to do.

Children and young people aged 11-19 were asked whether they felt positive about their future. Around two-thirds indicated that they did feel positive, but a very small proportion reported that they did not feel positive about their future.

- About two-thirds of 11-19s thought that they would be able to get the sort of job they wanted, said they knew what sort of job they wanted and thought that they had talent which would help them get it.

Although many young people (about two-thirds) thought that their school/college was giving them useful skills and knowledge for the future, fewer were positive about the careers advice they received.

Living in Kent

Children and young people were asked for their views on the area they lived. Over three-quarters of 7-11s said they liked their area. The 11-19s were slightly less positive with about two-fifths reporting that their area was a good place to live.

Overall

Overall, the survey findings were relatively positive in relation to the five ECM outcomes. The main issues appeared to be in relation to two of the five outcomes – staying safe and making a positive contribution – where there were particular areas highlighted that required further attention.

Summary of Key Survey Figures

A summary of key figures from the survey can be found below firstly from 7-11 year olds (primary age), then from 11-16 year olds (secondary age), and finally Post-16 which includes students from further education provides.

7-11 year olds

(Please note: Percentages do not always add up to 100, as categories such as “not sure” or “no response” have been omitted unless deemed relevant)

OVERALL

- Based on returns from 382 schools and 31527 pupils , 49% of all years 3 to 6
- 72% usually feel happy , 9% don't
- Most children are aware of what is healthy but don't necessarily act on that
- 77% like the area where they live
- Two thirds generally feel safe at school and where they live, 29% and 22% only sometimes feel safe and 4% and 9% don't.
- Over half of children have experienced physical bullying and a third had possessions stolen or broken
- 4 out of 5 children generally or sometimes enjoy going to school, 18% don't
- Six out of ten think they are doing well at school , 3 out of ten aren't sure
- 9 out of ten believe they can do better if they try harder
- Two thirds know what job they want to do when they grow up

BEING HEALTHY

- Over 90% know that eating fruit and vegetables is healthy and that it is unhealthy to smoke
- But 30% don't eat 5 portions of F&G a day whereas over 60% eat sweets and eat crisps most days
- Only 29% take school meals
- Around 80% play sports most days but 55% also watch lots of TV
- Over 56% travel to and from primary school by car
- 13% say they haven't visited a dentist in the last year and 19% a doctor

STAYING SAFE

- 90 % of children say they know how to stay safe, two thirds do feel safe (see above)
- The top 3 things that make children feel unsafe are broken glass on the ground, people hanging around (teenagers specifically mentioned) and busy roads/speeding traffic.
- Over half of children have been pushed or hit by other children, 38% have been picked on at school, 27% in the area where they live , a third have had their possessions broken or stolen
- 88% of children would talk to an adult at home if they are concerned about something,(10% wouldn't) 8 out of 10 would talk to a friend or an adult at school

ENJOYING AND ACHIEVING

- 44% like going to school, 37% sometimes do and 18% don't
- the most popular aspects of school (90% plus like + sometimes like) include see friends, trips , using a computer, and finding out new things. Reading and talking with family about what they learn are liked by 85% but not liked by 13 %
- Lessons are liked by 38% , sometimes liked by 51% and not liked by 10%
- 63% think they are doing well at school , 28% are not sure and 8% don't think they are
- Out of school activities including homework, doing things with the family and playing with friends are undertaken by over 85% of pupils, but about 1 in 10 don't do these things

POSITIVE CONTRIBUTION

- 81% would tell an adult if they saw someone being bullied.
- 80 % say they help other people and 44% collect money for charity
- Around half of children believe they have a chance say what they think about school and their area
- Three quarters always put litter in the bin and two thirds recycle
- Over 90% think they can do better in lessons if they try and do hard things
- 8 of 10 think adults notice if they work hard but 18% don't

ECONOMIC WELL BEING

- two thirds said they knew what job they wanted to do when they grow up
- 86% think it is good to save money

11-16 year olds

(Please note: Percentages do not always add up to 100, as categories such as “not sure” or “no response” have been omitted unless deemed relevant)

OVERALL

- Based on 10,344 responses 12% of all pupils in years 7-11, across 76 secondary schools (75%).
- 81% say they enjoy their lives. 4% say they don't.
- 69% think they are healthy. 10% don't.
- 67% feel safe in school most of the time, and the same percentage feel safe in the area they live.
- 31% said they had been bullied in the last year.
- 52% said they liked being at school. 22% were not sure. 17% did not.
- 80% thought they were doing at least quite well at school, 5% didn't know, and 9% said not very well.
- 69% say they do things to help others, 19% were not sure, 4% said they didn't.
- 68% were positive about their future, 18% were not sure, 5% were not.
- 82% think where they live is a good place to live or is OK. 8% say where they live is not a good place to live.

BEING HEALTHY

- 69% think they are healthy. 10% don't.
- 68% sit down for a meal with their family on most days. 4% say they never do.
- 56% exercise for 1 hour or more on most days. 4% never exercise.
- 50% eat 5 portions of fruit and vegetables a day. 6% say they never do this.
- 11% feel sad or depressed most days. 21% say they never do.
- 4% drink alcohol most days, 3% get drunk most days, 7% smoke most days. 36% never drink alcohol, 61% never get drunk, and 85% never smoke.
- 95% think smoking causes health problems. 1% don't.
- 85% think getting drunk can be dangerous. 5% don't.
- 41% walk to school, 37% go by car, 27% by bus, 5% train, 4% bike.
- 61% have packed lunches, 28% school meals. 5% food from elsewhere. 6% have nothing.
- 82% said they had visited a dentist. 9% hadn't.
- 70% said they had seen a doctor. 15% hadn't.
- 88% said they do get enough information on effects of smoking or it is not needed 11% said they don't. 86% said the same for drugs 13% say they don't.
- 73% say they get enough information on sexual health or it is not needed, 26% say they don't.
- 56% say they do get enough advice about relationships or it is not needed, 43% say they don't.

STAYING SAFE

- 72% thought that they made choices that helped them to stay safe. 6% said they didn't.
- 67% feel safe in school, 24% said sometimes, 5% said not very often, 2% said never. The same percentage returns were given for those saying they feel safe in the area they live, and similar replies were given for feeling safe getting to and from school.
- 39% said people carrying knives made them feel unsafe most of the time. 41% said never or not very often.
- 27% said people on drugs make them feel unsafe most of the time. 48% said this was never or not very often.
- 26% said gangs made them feel unsafe most of the time. 40% said this was never or not very often.
- 27% said they share information about themselves on the internet most days or 1 or 2 times a week. 56% said they never do this.
- 24% said they needed more information on internet safety.
- 31% said they had been bullied in the last year. 66% said they hadn't.
- 80% who had been bullied said the bullying had been verbal. 38% said it had been physical.
- Of those bullied 34% said it occurred at school on most days. 27% said it happened at school once or twice a week.
- 10% of all pupils are bullied most days at school.
- 8% had been bullied in the area they live on most days.
- 80% said there was an adult at home whom they could talk to when they couldn't deal with an issue on their own. 15% said they didn't do this. 55% said they could talk to an adult at school.

ENJOYING AND ACHIEVING

- 81% enjoy their lives. 4% say they don't.
- 52% said they liked being at school. 22% were not sure. 17% did not.
- 73% said they liked lessons at least a little. 17% said not at all.
- 82% said they liked sports at school at least a little. 9% said they didn't.
- 93% said they liked seeing friends at school
- 50% said trips to places helped them learn a lot, with 85% saying it helped at least a little.
- 80% said making things/doing practical things helped them learn quite a lot or very much. With this helping at least a little for 95%.
- 66% said using their own ideas helped them learn quite a lot or very much.
- Of factors making it difficult to learn, the highest result was other pupils being disruptive (54%), next was not getting enough feedback on how they were doing (24%), then not getting enough help at school (18%), and then being bullied (10%).
- 80% thought they were doing at least quite well at school, 5% didn't know, and 9% said not very well.
- 66% said they are normally at home between 4pm-7pm on weekdays, 39% say they are just hanging out, 29% are at friend's homes, 24% are at a school club, 7% say they are at work (note: had option to select more than one choice)
- 55% said they are normally at home from 7pm onwards on weekdays, 26% said they are normally just hanging out. There was a relatively high non response rate for this category at 27% (note: had option to select more than one choice).
- The most common activity after school (4pm-7pm) and at weekends was using the internet (57% and 53% respectively). Watching TV was next 57% after

school, and 48% weekends. 55% said they spend time with their family after school, and this drops to 42% at weekends. 42% said they did homework after school, 33% at weekends. 19% said they help to look after someone after school, and this rises to 26% at weekends.

- 43% said they would like to participate in other activities. 33% said they were prevented from doing so by cost, 30% said they did not have time, 27% said the activity is not available locally, 23% said there is a lack of transport.

POSITIVE CONTRIBUTION

- 27% said they already help a neighbour, 55% say they would like to do this, 16% said they wouldn't.
- 82% said they already do or would like to help someone who is being bullied. 9% said they wouldn't.
- 19% said they already vote in school elections, 30% said they would like to do this, 41% said they wouldn't.
- 14% already do voluntary work, 41% say they would like to, 35% say they wouldn't do this.
- 11% say they are already on a school council, 21% say they would like to do this, 58% say they wouldn't.
- 20% say they often have the opportunity to have their say on school issues, 47% say sometimes they do, 25% say they don't
- 9% say they often have the opportunity to have their say on issues affecting their local area, 28% say they sometimes do, 54% say they don't.
- 69% say they do things to help others, 19% were not sure, 4% said they didn't.
- 56% say they already recycle, 22% said they would like to do this, 14% said they didn't.
- 88% think they can do better in their lessons if they really try, 5% said they couldn't.
- 85% think they can help make a difference to their own lives, 7% thought they couldn't.
- 43% thought they could make a difference to the areas where they lived, 48% thought they couldn't
- 35% thought they could help make a difference to world issues, 55% thought they couldn't.

ECONOMIC WELL BEING

- 54% said they would get a job in the future, 46% said they would go on to school 6th form, 42% said University, 34% said college, 13% were not yet sure, 12% said training scheme or apprenticeship.
- 41% said nothing should stop them achieving their future ambitions. Of those that said something would stop them: 25% said lack of money 23% said not having the right qualifications, 14% said lack of information or advice, 14% said wanting to stay in the local area, 13% lack of transport, 7% family responsibilities.
- 66% know what job they want, 22% are unsure, 6% do not know.
- 62% think they have a talent which will get them the job they want.
- 67% Think they will get the job they want, 24% are not sure, 1% didn't think they would.
- 66% Thought their school was giving them useful skills and knowledge, 19% were unsure, 9% didn't think this.
- 43% thought their school was giving good careers advice, 30% were unsure, 19% didn't think this.

- 10% thought it was OK to miss school if they felt like it, 13% were unsure, 69% didn't think this.
- 7% Think qualifications are a waste of time, 14% were unsure, 71% didn't think this.
- 68% were positive about their future, 18% were not sure, 5% were not.

Post-16

(Please note: Percentages do not always add up to 100, as categories such as “not sure” or “no response” have been omitted unless deemed relevant)

OVERALL

- Based on 961 Post 16 pupils and students from secondary schools, colleges and other education providers.
- 81% said they enjoyed their lives. 4% said they didn't.
- 69% said they were healthy. 10% said they were not.
- 86% said they feel safe in school/college most of the time. 2% said they never or not very often felt safe.
- 70% said they feel safe in the area they live. 6% said they never or not very often felt safe.
- 68% said they liked being at school or college. 10% said they didn't.
- 82% thought they were doing quite well or very well at school/college. 12% thought they were not doing very well.
- 76% say they do things to help others.
- 67% said they felt positive about their future, 23% were not sure, and 5% were not.
- 85% thought that where they lived was a good place to live, 10% did not.

BEING HEALTHY

- 69% said they were healthy. 10% said they were not.
- 76% said they exercise for 1 hour or more at least 1 or 2 times a week.
- 42% said they eat 5 portions of fruit and vegetables on most days.
- 7% said they feel sad or depressed on most days.
- 25% say they get drunk at least 1 or 2 times a week. 23% said they never get drunk.
- 73% said they never smoke. 15% smoke on most days.
- 97% agreed that smoking could cause health problems.
- 86% agreed that getting drunk can be dangerous.
- Less than half walk or cycle to and from school. 44% go by car.
- 35% eat food for their lunch that is not from the school/college or brought from home. 6% eat nothing for lunch.
- 14% had not visited a dentist in the last year.
- 48% thought they needed more advice about relationships. 29% thought they need more information on sexual health.

STAYING SAFE

- 76% said they make choices that help them to stay safe. 14% were unsure, and 5% said they didn't.
- 86% said they feel safe in school/college most of the time. 2% said they never or not very often felt safe.
- 70% said they feel safe in the area they live. 6% said they never or not very often felt safe.
- 25% said that people carrying knives had made them feel unsafe most of the time. 24% said that gangs had made them feel unsafe most of time.
- 18% said they share information on themselves on the internet on most days, this rises to 50% for those who do this at least 1 or 2 times a month.

- 25% thought children and young people should have more information on internet safety.
- 14% said they had been bullied in the last year. Verbal bullying was the most common form this took with 89% of those who had been bullied stating this.
- School was the most likely location for bullying to occur with 27% of those who had been bullied saying it occurred at school on most days. This rises to 51% for those who said it happens at least once or twice a week.
- 20% say they would not talk to an adult at home if they had an issue they could not deal with on their own.

ENJOY AND ACHIEVE

- 81% said they enjoyed their lives. 4% said they didn't.
- 68% said they liked being at school or college. 10% said they didn't.
- Seeing friends was the aspect of school/college that they liked the most, with 91% saying they liked this very much or quite a lot. 50% said they liked lessons very much or quite a lot.
- 72% said working as a part of a group had helped them learn quite a lot or very much. 71% said that making things/doing practical things helped them learn, with the same figure for using ICT.
- 43% said other pupils being disruptive was making it difficult for them to learn. 28% said that not getting enough feedback was also a problem.
- 82% thought they were doing quite well or very well at school/college. 12% thought they were not doing very well.
- The most common activity out-of-school hours was using the internet, with 70% saying they did this from 7pm onwards. Over half said they spend time with their family.
- 33% said they would like to participate in other activities out of school. Barriers to this participation were most commonly cost (for 51%), lack of time (43%) and the activity not being available locally (for 36%).

POSITIVE CONTRIBUTION

- 84% said they have or would help someone who is being bullied.
- 25% said they raise money for charity, and the same proportion say they help neighbours.
- 20% do voluntary work, and 40% more would like to do this.
- 10% are on college/school councils.
- 70% say they often or sometimes have a chance to have their say on schools issues, this drops to 29% for issues affecting the area where they live.
- 76% say they do things to help others.
- 62% recycle
- 90% think they can make a difference to their own lives if they really try. This drops to 41% for those who think they can make a difference to the area where they live.

ECONOMIC WELLBEING

- 59% want to go to University in the future.
- 36% saw lack of money as a barrier to their future aspirations. 32% thought lack of qualifications could be a barrier, but 32% saw no barriers at all.
- 64% thought they would get the sort of job they wanted in the future, only 2% thought they wouldn't, with 28% not sure.

- 70% thought their school/college was giving them useful skills and knowledge for the future, but only 43% thought they were receiving good careers advice.
- 11% thought it was OK to miss school/college if they felt like it.
- 67% said they felt positive about their future, 23% were not sure, and 5% were not.

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By: Keith Ferrin, Cabinet Member for Environment, Highways, and Waste

Roger Gough, Cabinet Member for Regeneration and Supporting Independence,

Adam Wilkinson, Managing Director of Environment & Regeneration

To: Cabinet - 14 January 2008

Subject: **The Case for establishing a Credit Union for Kent**

Classification: Unrestricted

Summary:

This report outlines an action plan to investigate the potential and develop a proposal to take forward establishment of a Kent credit union, further to an earlier paper that provided some background and research into credit unions both in Kent and elsewhere

For Information

1. What is financial exclusion.

1.1 Financial exclusion represents a significant social challenge: overcoming it is crucial to the County Council's aims, especially those of the Supporting Independence Programme. The financially excluded can be typically shown to share common characteristics such as lack of access to affordable credit, savings, insurance, access to a bank account, assets and access to financial advice.

1.2 There is now a large body of evidence linking financial exclusion to other forms of social exclusion which affect the most deprived neighbourhoods including unemployment, crime and poor levels of education and health.

1.3 Lack of access to even basic financial services can undermine peoples' efforts to take jobs or secure reasonably priced credit. Many people, particularly those living on low incomes, cannot access mainstream financial products such as bank accounts and low cost loans. One in twelve households (or around 2.8m adults - HM Treasury 2004) in the UK lacks access to a bank account. For these households costs of transactions, such as cashing cheques or paying bills are high.

1.4 Families can be locked in a cycle of poverty and exclusion, or turn to high cost credit or even illegal lenders, resulting in greater financial strain and unmanageable debt. There are 3m regular users of the alternative credit market including:

Home Credit or Doorstep lenders *E.g. a loan of £500 repaid at £25 a week over 31 weeks – total amount repaid is £775 at an APR of 365%*
Pawnbrokers - *APRs of around 70% and over*

Telebank - APRs of 40% and over

Buyback Stores - APRs in excess of 1,000%

Weekly Repayment Shops - Often more than double the cash cost

1.5 The impact of financial exclusion is tremendous. Citizens Advice Bureaux consumer credit and debt enquiries increased by 46% over the 5 years up to 2005. They are coping with more than a million cases of serious indebtedness each year – 1 in 45 adults (Guardian November 5 2005).

1.6 The case for creating credit unions is inextricably linked to addressing the problem of financial exclusion. Whilst credit unions are aimed at those on low to middle incomes and not exclusively at the poor, in practice in any given area where they operate they are the major provider to those on low incomes – i.e. a core proportion of their membership are the financially excluded.

2. What are Credit Unions?

2.1 Credit unions are co-operative mutual financial institutions. They are totally owned and controlled by their members through volunteer boards of directors. As such, if organised and managed to appropriate professional standards, credit unions have the potential to offer a much more efficient and cost-effective financial service to middle and low-income groups than either banks or other financial institutions. However it must be noted that the key to achieving a successful Credit Union is ensuring that volunteers and staff have the appropriate knowledge and expertise to effectively manage the complex financial requirements of a Credit Union. Credit Unions can offer the following to combat financial exclusion:

- Practical financial education and advice, particularly to vulnerable adults and children.
- Practical assistance to those on benefits by ensuring that priority payments are paid (e.g. Housing).
- Provide access to affordable credit and encouragement to save and build personal assets.
- Provide a bank account for the financially excluded to have wages paid into so that they don't lose out on job offers because of not having a bank account.

2.2 However, to be strong and thriving organisations credit unions need to offer services and to appeal to a wide range of consumers, not just the poorest in society. They need to be credible and earn their communities' confidence as providers of financial services and they must be run by experienced professional people. In order to ensure sustainability it is important to attract savers as well as borrowers.

2.3 Recent research and learning from successful credit unions overseas suggest the need for and the nature of a new model credit union. New model credit unions are characterised by a focus on financial viability, professional management and competitive financial services. Perhaps most important, new model credit unions have more open definitions of their common bond, making them more accessible to the general public who are interested in the financial services provided but not necessarily in the co-operative social and management aspects of old model credit unions.

2.4 Credit unions do NOT fund their loans by borrowing in the money market. Furthermore since 2002 all credit unions have been members of the Financial Services Compensation Scheme; and they have a statutory requirement to be insured against losses due to fraud or dishonest conduct by officers or staff.

2.5 Apart from banks and building societies, credit unions are the only other deposit taking institutions legally able to operate in Britain. They are organisations run not-for-profit, but for service.

2.6 It has always been assumed that Kent is not vulnerable to financial exclusion to the same level as other places. However in certain areas there are significant problems of debt and financial stress. Analysis has revealed a number of hot spots of financial stress in Kent; these are particularly centred around the towns of Ashford, Dover, Ramsgate and Margate. 2 small credit unions exist in Kent covering Canterbury and Thanet.

2.7 In addition the Government's Financial Inclusion Task Force have identified, in a recent report 3 areas of Kent (Dover, Swale and Gravesham) as 'amber' priority areas where financial exclusion must be tackled. Government support on this issue includes a 'Growth Fund' to assist in setting up of Credit Unions.

3. Building a successful credit union

3.1 ABCUL - the Association of British Credit Unions Ltd - takes an active role in supporting the establishment of Credit Unions through advice, regulation and training. ABCUL is the primary trade association for credit unions in Britain representing 85% of the members and assets of the British movement, through a democratic structure owned and controlled by credit unions themselves.

3.2 ABCUL has taken the lead role in setting standards for credit union development and in representing credit unions to Government, the Financial Services Authority and the public. Within the co-operative sector ABCUL represents credit unions on the United Kingdom Co-operative Council (UKCC) and is recognised as the only representative of British credit unions internationally by the World Council of Credit Unions (WOCCU).

3.3 In order to assist credit unions to develop into financial institutions that are able to serve a large membership and to offer a wider range of services, ABCUL has drawn up a set of pre-requisites that any new credit union needs to have in place before it begins operation.

3.4 It is now considered that for any credit union to have a high chance of success, it must have all, or nearly all, the following elements in place: -

- A **common bond** area that is large and diverse, is attractive to savers as well as borrowers
- a solid **business plan**, which targets growth, service to members and success.
- effective **leadership** of a volunteer board and committees, consisting of individuals who are well regarded in the community and have the skills, vision and experience to develop the credit union and make it grow. Learning from case studies has highlighted the importance of having highly skilled, trained and experienced individuals to effectively manage and drive forward the Credit Union.

- **support and sponsorship from respected local institutions**, to promote the credit union and give it credibility. (a key role for KCC)
- **initial funding** or in-kind support to provide the credit union with:
 - attractive premises, conveniently located to people in its community,
 - computerised accounting facilities and
 - trained experienced professional staff to operate the credit union.
- an effective **marketing and promotion programme** capable of attracting between 500 and 1000 members during the first few months of operation

3.5 None of the above elements compromises the basic commitment of credit unions to co-operative, mutual and social goals. However, wherever credit unions have grown significantly, they have all been established as professional financial institutions able to operate effectively within an increasingly competitive financial market place.

4. **Action Plan and timescales**

4.1 As agreed at previous cabinet discussions, a member level Steering Group has been established to be chaired by Roger Gough with the initial meeting in early January. An officer will support the work of the group. This Steering Group will provide the drive and direction to the feasibility and planning.

4.2 The Steering Group will oversee a plan that will consist of the following key steps with a view to launching the credit union in December 08. ABCUL can provide a package of advice and recommendations for groups to use in planning establishing a Credit Union.

4.3 It must be noted that developments will need to include discussions with the existing Credit Unions to ensure that they are involved with new developments.

- **Feasibility Study**

An external expert should be commissioned to carry out research in order to assess whether there is sufficient funding, support and resources to set up a sustainable credit union. In particular to show where the considerable funding needed to underpin the budget for 3-4 years will come from (this can be £300 - £500,000 in total) It will be important to investigate whether there is sufficient demand and potential usage to support a Credit Union and which areas should be considered for initial pilots. The report will also consider how to best to develop further links with Kent's existing credit unions so as to add value and avoid duplication. Initial scoping work and contacts have been made to feed into this stage of the report. Indications have already been received from potential partners interesting in working with KCC on this initiative.

- **Appointment of Credit Union Development Manager.**

The project will need someone to drive it forward, it is essential that the appointed manager possesses the relevant financial skills and experience to drive the complex financial management needed to ensure that the Credit Union is run efficiently.

Early research has highlighted the importance that trained and experienced individuals are appointed to manage a Credit Union and that the volunteers also have relevant skills base, backed up with relevant training. During this process the Steering Group will work with the manager to fully plan the project as a sustainable not for profit enterprise by identifying funding streams. This phase will produce a detailed business plan based on the results of the feasibility study. At this stage it would be necessary to begin to engage local communities and key local partners as their support will be vital to ensure that the Credit Union can reach its target market.

- **Initial Set Up.**

This phase will put in place key rules and procedures and processes of operation including appropriate governance structures. This will include preparing to meet regulations, which are part of FSA application process. Through this phase Directors of the board and volunteers will be engaged and begin undertaking the appropriate training.

- **The Application Process**

Final details of all aspects of the application pack are agreed before submitting the application to the FSA. There are 2 parts to the application; Part A has forms about the credit union (including registration details, business plan, systems and control policies and procedures) and Form B has forms about the officers and staff who will be running it. A period of up to 6 months can elapse while the FSA examines and decides on the credit union's application. On-going issues and activities for the volunteers and staff must be considered until formal authorisation. This time will be used to continue to raise awareness in the community and to allow volunteers and staff to complete their training and to fully prepare for the launch

- **Initial Operating Phase.**

The first few months after authorisation sees the official launch of the credit union, all the systems and controls being bedded in and the implementation of the plans to achieve agreed targets. Best practice and experience by financial institutions generally shows that Credit Unions should be allowed to grow steadily over time.

4.3 The timescales and milestones are expected to be as follows, however the feasibility study and business planning process is expected to provide updated milestones:

Feasibility study completed	end April 08
Credit Union development manager appointed and full business plan developed	end June 08
FSA Application Pack completed	end June 08
Authorisation (can take up to 6 months)	end Nov 08
Launch credit union (phase 1 area)	December 08

5. Costs

5.1 The costs of starting up a credit union and running a sustainable organisation will be drawn up and presented within the Feasibility Study as a set of 5-year financial projections. The model will include an assessment of the resource needs of a County-wide credit union, eg. Offices, Sub offices, collection points, staff, premises, security, training, volunteers, IT solutions, office set up and other start up costs.

5.2 It is estimated based on initial research and case studies that approximately £500k is required for a 3-4 year operation period.

6. Recommendations

6.1 A feasibility study be commissioned to provide full detail including key elements, based on guidance from ABCUL.

6.2 The key outputs would be:

- ❑ An assessment of the options for COMMON BONDS within Kent with appropriate recommendations.
- ❑ An assessment of the STAFFING AND RESOURCE implications of the proposed options.
- ❑ FINANCIAL PROJECTIONS drawn up, based on the above, that can be used as a basis for aiding the decision-making for credit union development in the area
- ❑ Production of a written REPORT which will assist any subsequent development of a REGULATORY BUSINESS PLAN needed for authorisation by the FSA.

Based on initial discussions the feasibility study could be expected to cost approximately £20K.

6.3 Following the feasibility stage, production of a full regulatory business plan would require appointment of key, experienced staff to drive this process, therefore the appointment of a Credit Union Development Manager could be expected to cost approximately £50K for one year.

6.4 Support staff and operation budget to fund to full business planning completion would be estimated at £30K. This would be expected to include recruitment costs, professional / regulatory fees, advertising and promotion and initial volunteer and staff training costs.

6.5 It should be noted that this level of finance would provide only initial feasibility and business planning and that the full costs to set up a Credit Union for Kent are expected to be in the region of £500K consideration would need to be given as part of feasibility and planning to how these funds will be raised to ensure the Credit Union will have sufficient initial capital to ensure future sustainability.

6.6 It is recommended that cabinet allocate £100K for a full feasibility study to be commissioned, under the guidance of the cabinet members steering group, and to allow development of a complete and full business plan for the establishment of a Credit Union for Kent via the appointment of a Credit Union Development Manager and supporting staff for one year.

Contact Officers
Caroline Toher/Emily Haswell
Tel: 01622 221996/01622 696895

Risks

1.1 Credit unions do offer a way of providing the financially excluded with access to finance facilities but there are risks associated:

1.2 Raising capital can be very difficult and without capital there is no finance for loans. It will be important to engage and involve the private sector such as Kent Reliance early to encourage a collaborative approach.

1.3 In an area like Kent with a well developed financial services industry it could be difficult to recruit the staff with the professional acumen to make this project work.

1.4 The balance on lending policies is very hard to achieve. A relatively generous approach to lending will lead to high levels of default which will financially undermine the credit union. A highly risk averse approach will not actually get the money to clients. It cannot be overestimated how hard it is to address this issue. Default rates are likely to be high and recovery of debts will be difficult. There needs to be a debate as to whether this is how public money should be used and the public criticism that could result.

1.5 Whilst the concept of the credit union is a very sound one there are very significant practical issues which will have to be overcome. KCC needs to be absolutely clear about what governance relationship it will have with the credit union as there are significant reputation risks should the credit unions fail.

1.6 The national credit union association (ABCUL) estimates costs of £50-100k to establish a credit union. If KCC were to invest in setting up a credit union for Kent it would need to be clear on what it will be spent on. For example: project management costs, staff costs, system costs, and to actually fund.

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By: Kevin Lynes, Cabinet Member for Adult Social Services
 Oliver Mills, Managing Director, Kent Adult Social Services

To: Cabinet – 14 January 2008

Subject: **COMMISSION FOR SOCIAL CARE INSPECTION – ANNUAL PERFORMANCE REVIEW REPORT FOR ADULT SOCIAL CARE**

Classification: Unrestricted

Summary: Enclosed is the Performance Review Report for Adult Social Care. It outlines the Commission for Social Care Inspection's view of the Adults Social Services Directorate's performance over the last year.

Introduction

1. On 11 September 2007, Kent Adult Social Services Annual Review Meeting with the Commission for Social Care Inspection took place to audit performance for the year 2006/07. Enclosed with this report is the letter from CSCI informing us of our star rating for the period 2006- 2007 (Appendix 1) and the 'Summary Report of 2006-07 annual performance assessment of Social Care Services for Adults Services Kent' (Appendix 2). There is a requirement to present this to an executive meeting of elected members.
2. In the main the services assessed are within the Adult Social Services Directorate but it also covers some services managed within the Communities Directorate such as Kent Drug & Alcohol Action Team.

Policy Context

3. The Letter outlines areas where Adult Social Services have improved and recommends areas for improvement. The recommendations are intended to help the council improve outcomes and the quality of services.
4. In assessing performance, CSCI uses Performance Assessment Framework (PAF) indicators and other statistical data, set out in the Self-Assessment Survey. For the Annual Review Meeting, the Directorate also produces an information booklet to assist CSCI by addressing the issues of the agenda produced by CSCI and outlining many of the innovations in place for the year. This booklet is on K-Net for staff and Members to view.
5. CSCI *identified several key areas of strength which included:*
 - The delivery of telecare services
 - Users and carers are actively involved in policy development and decision-making.
 - The council continues to operate a "moderate" level eligibility criteria
- The senior management team provide robust leadership and a vision on the direction of travel.

- The council have established good working relationships with the two newly formed PCT's.
- Kent have strong recruitment, retention and performance management systems in place

6. The key areas for improvement included:

- Delayed discharges from hospital due to health needs are still very high.
- The number of drug misusers sustained in treatment is lower than the average for other similar councils.
- The levels of practice learning in the council have improved to an acceptable level, however this is still below the average for other similar councils

7. The outcome of the performance assessment of Adult Social Services for 2006/07 was announced on 29 November 2007. KCC has retained its **3-star rating** for the **sixth year** for Adult Social Services.

- *Delivering outcomes: Good (formerly Serving People Well)*
- **Capacity for Improvement:** Excellent

This is excellent news for KCC, the people who use Adult Social Services and their carers, as it demonstrates that 'we serve most people well and have excellent capacity for improvement', while recognising the hard work and dedication of staff.

8. 2007/08 is likely to be the last year in which a star rating will be given for adult social services. There is expected to be a new performance regime from 2009, which will include a joint assessment framework with Health. Furthermore, a joint Commission for Health and Social Care is expected to be established in 2009.

Recommendations

9. Cabinet is asked to NOTE this report, Star Rating letter and 'Summary Report of 2006/07 annual performance assessment of Social Care Services for Adults Services'

Nick Sherlock
Public Involvement and Performance Manager
01622 696175

Attached documents:

Appendix 1: Star rating letter.

Appendix 2: Summary Report of 2006-07 annual performance assessment of Social Care Services for Adults Services

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CONFIDENTIAL: EMBARGOED UNTIL 29 NOVEMBER 2007

Mr Oliver Mills
Managing Director of Adult Social Care
Kent County Council
Sessions House
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Maidstone
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ME14 1XQ

27 Nov 2007

Dear Director/Chief Executive,

Following our letter of 21 October, I am writing to confirm your adult social care performance judgements and rating and arrangements to access the performance indicators and ratings website.

(1) Performance Judgements and Ratings for Adult Social Care Services

The performance judgements for your Council are as follows:

Delivering outcomes: **Good**

Capacity for improvement: **Excellent**

Your adult social care services performance rating is **3** stars.

The new performance ratings and underlying judgements will be published on 29 November 2007. The summary report for your Council and a copy of this letter will also be available on the CSCI website at www.csci.org.uk/councilstars

(2) Access to the Performance Indicators and Performance Ratings Report Website

You will be able to access the website from 12.01am Tuesday 27 November 2007.

The hyperlink is below. Please follow the instructions on the screen.

<http://www.csci.org.uk/default.aspx?page=1801>

Username: Council Stars

Password: stars2007

Yours sincerely

A handwritten signature in black ink, appearing to read 'Paul Small', with a horizontal flourish underneath.

Chief Inspector

Copies: Peter Gilroy – Kent County Council Chief Executive
Chief Executive of SHA (*council to arrange distribution*)
Council's Appointed Internal Auditor (*council to arrange distribution*)

cc: Council Chief Executive

We welcome your feedback to help us improve our service.
Please feel free to contact the Customer Service Unit on 0845 015 0120



Making Social Care
Better for People

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Mr. Oliver Mills
Managing Director of Adult Social Care
Kent County Council
Sessions House
County Hall
Maidstone
Kent
ME14 1XQ

21st October 2007

Ref: JD/JW KENTAPA

Dear Director,

SUMMARY REPORT of 2006-07 ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS SERVICES KENT

Introduction

This report summarises the findings of the 2007 annual performance assessment (APA) process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

Attached is a revised copy of the performance assessment notebook which provides a record of the process of consideration by CSCI, leading to an overall performance rating. You will have had a previous opportunity to comment on the factual accuracy of the evidence notebook following the Annual Review Meeting.

The judgements outlined in this report support the performance rating notified in the performance rating letter. *The judgements are*

- *Delivering outcomes **Good** (formerly *Serving People Well*) using the LSIF rating scale*

And

- *Capacity for Improvement **Excellent** (a combined judgement from the Leadership and the commissioning & use of resources evidence domains)*

The judgement on Delivering Outcomes will contribute to the Audit Commission's CPA rating for the council.

The council is expected to take this report to a meeting of the council within two months of the publication of the ratings (i.e. by 31st January 2008) and to make available to the public, preferably with an easy read format available.

ADULT SOCIAL CARE PERFORMANCE JUDGEMENTS FOR 2006/07

Areas for judgement	Grade awarded
Delivering Outcomes	Good
Improved health and emotional well-being	Good
Improved quality of life	Good
Making a positive contribution	Good
Increased choice and control	Good
Freedom from discrimination or harassment	Good
Economic well-being	Good
Maintaining personal dignity and respect	Good
Capacity to Improve (Combined judgement)	Excellent
Leadership	
Commissioning and use of resources	
Star Rating	3 Stars

The report sets out the high level messages about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and where appropriate identifies any follow up action CSCI will take.

KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY PEOPLE USING SERVICES

Key strengths	Key areas for improvement
<p>All people using services</p>	
<ul style="list-style-type: none"> • Effective multi agency agreed set of policies and procedures to respond to incidents of abuse • Kent have a robust ten year plan which gives the strategic direction for the development and delivery of services to ensure the improving health and emotional wellbeing of its residents • A variety of intermediate care services have been expanded this year • Users and carers are actively involved in policy development and decision-making. • The council strongly promote leadership roles for users and carers • The council continues to operate a “moderate” level eligibility criteria • There is universal access to initial assessments to determine the needs of the individual • The council collect important equality data, which they use to help shape future delivery of services • Access to services is promoted through an effective, easily accessible on line self assessment process. • Assessments are carried out in a timely manner and individuals receive a copy of their statement of needs. • Specialist advocacy services have been steadily growing and are available for all service user groups. • This year the provision of Direct Payments has substantially increased • There is an increasing choice of pathways to meet diverse 	<ul style="list-style-type: none"> • The levels of practice learning in the council have improved to an acceptable level, however this is still below the average for other similar councils (PAF D75)

<p>economic and employment needs</p> <ul style="list-style-type: none"> • The senior management team provide robust leadership and a vision on the direction of travel. • The council has an effective and well-established performance management system in place, • The council have established good working relationships with the two newly formed PCT's. • Kent have strong recruitment, retention and performance management systems in place • There is a major change programme in place focusing on new ways of working, underpinned by choice, personalisation and self directed support. • Needs assessment informs joint commissioning at all levels and progress is being made on creating a Kent multi-agency joint commissioning strategy. • The council have in place robust budget management and strategic and operational financial planning. • Kent has a clear understanding of the local social care market and there are innovative measures taken jointly with providers to meet the needs of both publicly funded and self-funded individuals. 	
<p>Older people</p>	
<ul style="list-style-type: none"> • The delivery of telecare services to people over 65 is good. • The council has an effective "homesafe/handyvan" scheme operating across the county, primarily targeted at the over 60's. • The development of extra care housing has substantially increased 	<ul style="list-style-type: none"> • Delayed discharges from hospital due to health needs are still very high
<p>People with learning disabilities</p>	

People with mental health problems	
	<ul style="list-style-type: none"> Numbers of drug misusers retained in treatment is lower than the average for other similar councils.
People with physical and sensory disabilities	
<ul style="list-style-type: none"> Transition planning for young people with disabilities is well established. The council have involved disabled people in producing a Disability Equality Scheme 	
Carers	
<ul style="list-style-type: none"> Support is offered to most carers wishing to access and sustain employment opportunities. 	

KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY OUTCOME

Improved health and emotional well-being

The Council makes a good contribution to improving people's health and sense of well being.

Most people who use services and their carers are helped to understand how to stay healthy and maintain their emotional well-being. Support is provided through a good range of clear, accurate, accessible information and individual advice and support. The Director has restructured the Adult Services management team in order to focus more explicitly on the wider wellbeing role and to ensure close working with the jointly appointed director of Public Health.

Kent has a robust ten year plan which gives the strategic direction for the development and delivery of services to ensure the improving health and emotional wellbeing of its residents. The expansion of intermediate care services supports the council's intention to enable individuals to live independent lives with appropriate support. This year telecare services have been specifically developed for the use of people with dementia.

The council are not engaged in joint commissioning for mental health services at this time believing better outcomes for users can be achieved through their own arrangements, this is a mutually agreed position with the council's health partners. A variety of intermediate care services have been expanded this year, which has supported social care to keep delayed discharges from hospital to a reasonable level. However, delayed discharges from hospital due to health needs are still very high and evidence is available to explain the position.

Key strengths

- Kent have a robust ten year plan which gives the strategic direction for the development and delivery of services to ensure the improving health and emotional wellbeing of its residents.
- A variety of intermediate care services have been expanded this year.

Key areas for improvement

- Delayed discharges from hospital due to health needs are still very high.
- The number of drug misusers sustained in treatment is lower than the average for other similar councils.

Improved quality of life

The Council makes a good contribution to improving people's quality of life.

The independence of most people who use services and their carers is promoted consistently within a range of services. The council's strategy, planning and execution of its preventative agenda is robust. The development of extra care housing has substantially increased with still more services planned to be available within the next three years. The delivery of Intensive Homecare services is at an acceptable level. The extensive provision of services and prompt delivery provides excellent services to users. Services for Carers are also excellent and Kent is a high performing council.

There is a focus on early prevention, which can be demonstrated to be reducing need for higher-level support in most relevant instances. Comprehensive services such as telecare, falls prevention and staff awareness training on aiding independence ensures that appropriate support is provided to enable people to live as independently as possible. The delivery of telecare services to people over 65 is good and double the national comparator average. To support the council's prevention agenda further expansion of telecare services is planned next year and delivery is on target.

Where the council commissions care services, which do not require a formal assessment, most residents can have easy access to an adequate range of services. Care managers refer on, to relevant non-care managed services of the people who need them. This is also available through the on line self-assessment service that Kent offers. This year the council has explored initiatives to ensure the early identification and planning for young people aged 14 and above who are likely to need services in the future and this allows for strategic planning.

This year the council have addressed areas of safety and whilst the surveys show most people feel safe and are well supported with aids to assist their safety at home the council are taking steps to address some areas of improvement that were identified in the latest Active Lives consultation. The council has an effective "homesafe/handyvan" scheme operating across the county, primarily targeted at the over 60's.

Key strengths

- The development of extra care housing has substantially increased
- The extensive provision of services and prompt delivery provides excellent services to users.
- The delivery of telecare services to people over 65 is good.
- The council has an effective "homesafe/handyvan" scheme operating across the county, primarily targeted at the over 60's.

Key areas for improvement

- Learning Disability re-provisioning plan.

Making a positive contribution

The council makes a good contribution towards supporting people in the area to make a positive contribution.

The council has a strong commitment to ensuring users and carers are given every opportunity to be actively involved in policy development and decision-making. Opportunities to provide feedback to the council are available through user involvement groups and forums, surveys and direct engagement during the monitoring and reviews of services delivered.

The council strongly promote leadership roles for users and carers through involvement in strategic boards and partnership forums. A website has been specifically created for people with a Learning Disability and the Carers website includes a discussion forum. People with disabilities have made substantial contribution to the council's disability equality scheme. Learning Opportunities exist for paid and volunteer workers, which enhances workforce development. Kent can show it has a significant commitment to developing ways of expanding numbers of volunteers working in social care and welfare services and that there is some evidence of increasing numbers.

The council seeks feedback from people who use services and their carers as well as the wider community. Regular meetings are held for users to meet with members and senior staff. Targeted surveys are held and feedback received used in the preparation of future planning of service delivery.

Key strengths

- Users and carers are actively involved in policy development and decision-making.
- The council strongly promote leadership roles for users and carers
- Targeted surveys are held and feedback received used in the preparation of future planning of service delivery.

Key areas for improvement

- Ensure that the individuals effected in the reprovision of residential services for people with learning disabilities are provided with opportunity to exercise choice and control regarding future provision. This may require independent advocacy.

Increased choice and control

The council makes a good contribution towards increasing choice and control for people in the area.

The Council has an effective long-term strategy for maximising individual's choice and control of social care services and enhancing their opportunities to live independently. The council continues to operate a "moderate" level eligibility criteria and access to services is promoted through an effective, easily accessible on line self assessment process, which provides information about social care services and those operated in the independent sector. Most people who use adult social care are well informed about services. Information is accurate, accessible, and appropriate. The complaint process is open and made known to users. Information

and support relating to service standards is available on request or accessible via the internet. Access to services in Kent is available 24 hours per day, 7 days per week. With the newly configured PCT's now in place, the council have reviewed and amended practices and procedures to ensure 24/7 accesses to services is complementary to and supports healthcare.

The number of assessments leading to a directly provided service is operating at an appropriate level. Assessments are carried out in a timely manner and individuals receive a copy of their statement of needs. Specialist advocacy services have been steadily growing and are available for all service user groups. In line with the council's strategy to promote choice and control and independents, the use of residential services is declining due to the availability of alternative community services. The introduction of family group conferences is a welcome initiative that allows for better exploration and care management of complex need cases.

The range of services provided is broad and Kent is working towards being able to offer more choices and to meet preferences, both within its internal services and those it commissions from the independent sector. There is evidence of increasing take up of self-directed services across most groups of people who use services. This year the provision of Direct Payments has substantially increased, offering greater flexibility to those individuals who wish to have greater control and flexibility over the purchasing services to address their care needs.

Key strengths

- The council continues to operate a "moderate" level eligibility criteria
- Access to services is promoted through an effective, easily accessible on line self assessment process.
- Assessments are carried out in a timely manner and individuals receive a copy of their statement of needs.
- Specialist advocacy services have been steadily growing and are available for all service user groups.
- This year the provision of Direct Payments has substantially increased

Key areas for improvement

- None

Freedom from discrimination or harassment

The council makes a good contribution towards ensuring people in the area are free from discrimination or harassment.

The council promote equality of access to all services and actively promote freedom from discrimination and harassment in all the services run directly or indirectly. There is universal access to initial assessments to determine the needs of the individual, regardless of whether a person intends to self-fund, and whether they are eligible for council provision. The council collect important equality data, which they use to help shape future delivery of services, have undertaken an equalities assessment and have a comprehensive strategy which minority groups have had an influence in. The Council has published a Disability Equality Scheme. Advocacy and interpreting services are well established across all the main service user groups. Transition planning for young people with disabilities is well established. The

council have involved disabled people in producing a Disability Equality Scheme. The council has identified further work to be undertaken to involve disabled people in taking the scheme forward and evaluating its success.

Key strengths

- There is universal access to initial assessments to determine the needs of the individual.
- The council collect important equality data, which they use to help shape future delivery of services.
- Transition planning for young people with disabilities is well established.
- The council have involved disabled people in producing a Disability Equality Scheme.

Key areas for improvement

- Ensure equality standards are applied equally at the design stage of the provisioning of Learning Disabled Services.

Economic well being

The council makes a good contribution towards the economic well being of people in the area.

To support individuals to be economically independent the council have a number of initiatives in progress in order to resolve disputes in continuing care funding. There is an increasing choice of pathways to meet diverse economic and employment needs. The partnership between the council, the Learning and Skills council and the business sector is constructive and the collaboration between partners leads to effective advice and guidance to most groups of people. The council is acutely aware of the importance of providing help and assistance to individuals with a learning disability accessing employment opportunities. Support is offered to most carers wishing to access and sustain employment opportunities.

The council has in place a range of services that are designed to promote greater independence for individuals. The council has an effective financial and business planning process and a three-year medium term plan seeks to achieve balancing funds with cost pressures and saving proposals. This year the council have undertaken a broad consultation to review domiciliary care payments. The council provides specialist financial teams and support workers to help users access benefits that they are entitled to and give advice and assistance to budget planning.

Key strengths

- There is an increasing choice of pathways to meet diverse economic and employment needs.
- Support is offered to most carers wishing to access and sustain employment opportunities.

Key areas for improvement

- Develop employment opportunities for people with Learning Disabilities

Maintaining personal dignity and respect

The council makes a good contribution towards maintaining the personal dignity and respect of people in the area.

The council has an effective multi agency agreed set of policies and procedures to respond to incidents of abuse and to demonstrate that abuse is not tolerated. The policy and procedures are underpinned by an effective training strategy for all staff working in the care profession. The council have undertaken training events with staff to ensure that they are aware of the directorate's roles and responsibilities under the Mental Capacity Act. The council feel that they can produce better outcomes for people who use services without the need to use jointly commissioned services with the Mental Health Partnership Board. Awareness raising of safeguarding matters in the independent sector is supported by effective contract compliance, which ensures that all registered care services seek training via the multi agency training.

The number of safeguarding incidents being reported continues to rise on an annual basis, reflecting the successful awareness and training campaign for social care staff within the council and in the independent sector. Investigations are carried out in a timely manner although performance in completing and resolving an investigation could be improved. The council's performance in purchasing single room accommodation in residential settings could be improved, although performance is of a good standard.

Interpersonal relationships are innovatively and actively encouraged. The council has policy guidance for staff, which was developed with input from service users. This is regularly reviewed involving staff and service users. It is also adhered to by the in-house services as well as reflected in the contract with external providers. The council is complying with the Data Protection and Freedom of Information Acts by having a local Information Governance agenda managed by the multi agency Kent and Medway Information Governance Programme Board. The multi agency safeguarding policy, protocols and guidance has been signed up to all by all agencies and services with the implementation being managed through an effective 6 level training strategy.

Key strengths

- Effective multi agency agreed set of policies and procedures to respond to incidents of abuse.

Key areas for improvement

- The availability of single rooms is good, however this remains below the average for other similar councils.

Capacity to improve

The council's capacity to improve is excellent.

Adult social care is strongly managed by a competent, ambitious and determined group of senior officers and well supported by member involvement and corporate backing. The senior management team provide robust leadership and a vision on the direction of travel, which is translated into strategic plans and goals to ensure

the service undertakes the transformation needed to ensure service delivery at the front line gives control to service users. With 80% of services being delivered by the independent sector the council are mindful of ensuring that good performance management systems support the need of achieving value for money, whilst ensuring quality is of a good standard. The council have established good working relationships with the two newly formed PCT's. Delayed discharges to care still require overall reduction. Improvements have been made to services for people with Learning Disabilities by the establishment of effective partnership boards with service user. Almost all plans are comprehensive, strategic and address key developmental areas. Coordinated working arrangements across all directorates in the council and external partnerships are reflected in strategic planning. There is excellent evidence that this working has resulted in improvements.

Kent has strong recruitment, retention and performance management systems in place. Retention of staff is stable and vacancy levels are low. Staff sickness and absence is robustly managed, with individual's absence levels below the national average. There is an effective system to assess training needs and deliver training packages both for internal staff and external providers. Kent has this year improved on their already robust electronic management systems by introducing a new package, which allows better data transfer between partners. The council has an effective and well-established performance management system in place, which provides information to staff.

The council work in partnership with public health and children's services in the development of Joint Services Needs Analysis. There is a major change programme in place focusing on new ways of working, underpinned by choice, personalisation and self directed support. This represents a major cultural change for the directorate, which it is addressing through organisational development processes. Needs assessment informs joint commissioning at all levels and progress is being made on creating a Kent multi-agency joint commissioning strategy. The council works closely with District Councils and the independent sector as well as the general public, service users and carers. The council have ensured that all its commissioning strands and contracts take into account equality and diversity issues and linked to the outcomes in "Our Health, Our Care, Our Say". The council have in place robust budget management and strategic and operational financial planning. The planning processes in place address ways the council can maximise value for money whilst continuing to preserve quality at the point of delivery and make prudent efficiency savings.

The Council makes sure that most people who use services, carers groups and relevant staff are integral to the commissioning process through consultation, design and evaluation of service provision. Kent has a clear understanding of the local social care market and there are innovative measures taken jointly with providers to meet the needs of both publicly funded and self-funded individuals. Good use is made of some joint commissioning and partnership working to improve the economy, efficiency and effectiveness of local services. Informed choices are made about the balance of cost and quality. The council's eligibility criteria level at "moderate" band ensures the development of the preventative agenda. The council have good support systems in place to assist those individuals who need care services without financial assistance from the council.

Key strengths

Leadership

- The senior management team provide robust leadership and a vision on the direction of travel.
- The council has an effective and well-established performance management system in place,
- The council have established good working relationships with the two newly formed PCT's.
- Kent have strong recruitment, retention and performance management systems in place

Commissioning and use of resources

- There is a major change programme in place focusing on new ways of working, underpinned by choice, personalisation and self directed support.
- Needs assessment informs joint commissioning at all levels and progress is being made on creating a Kent multi-agency joint commissioning strategy.
- The council have in place robust budget management and strategic and operational financial planning.
- Kent has a clear understanding of the local social care market and there are innovative measures taken jointly with providers to meet the needs of both publicly funded and self-funded individuals.

Key areas for improvement

Leadership

- The levels of practice learning in the council have improved to an acceptable level, however this is still below the average for other similar councils (PAF D75)

Commissioning and use of resources

- The council continue to work with the Mental Health Partnership on commissioning in order to develop total joint commissioning when appropriate.

Follow up action in 2007-08

Areas identified above as needing improvement will be monitored through regular routine business meetings through the course of the year.

Yours sincerely

AMANDA SHERLOCK
Regional Director
Commission for Social Care
Inspection



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By: Keith Ferrin, Cabinet Member for Environment, Highways and Waste
Oliver Mills, Managing Director, Kent Adult Social Services

To: Cabinet – 14 January 2008

Subject: **KENT/SWINDON PARTNERSHIP**

Classification: Unrestricted

Summary: This report advises Cabinet on the outcome of the Kent/Swindon improvement partnership.

Introduction

1. (1) In October 2004 Swindon Borough Council (SBC) and Kent County Council entered in to an improvement partnership. The purpose of the partnership was to improve the Swindon Social Services performance within a period of up to three years with a headline measure of improved performance agreed at a move from zero to two stars as assessed by the Commission for Social Care Inspection – Ofsted for Children’s Social Services from 2005/2006. At the end of the partnership in November 2007 SBC’s performance on Adult Social Services was assessed as two stars while all services for Children and Young People, including Education, under the Ofsted APA Framework were assessed as 2 overall, equivalent to one star under the previous CSCI star rating process.

Background

2. (1) The thinking behind the model for capacity building, which formed the basis for the Swindon/KCC partnership, was developed by KCC in 2003/2004. The principle behind the model was that local Government is a family and that sustainable performance improvement can better be achieved by bringing strong and weak performing authorities to work together rather than through the traditional route of commissioning external consultants. This model is described as Local Government Franchising which brings about systems change required to achieve sustainable performance improvement by current managers and practitioners in both authorities working alongside one another over a period of up to three years, rather than the much shorter and limited consultancy interventions.

(2) The financial terms of the contract have been for SBC to pay up to £3.6 million including payment to KCC as well as other local forms of support to KCC over three years to deliver the agreed performance improvement. The Department for Communities and Local Government – formally the Office of Deputy Prime Minister – supported the model of local Government franchising and the partnership from the outset. The ODPM contributed £820k to the franchise pilot and the Department of Health £180k to defray the cost to SBC.

(3) The risk taken by SBC in both financial and reputational terms was balanced by the risk to KCC, both in the event that the partnership did not result in the performance improvement in Swindon and if KCC Social Services were to decline in performance.

(4) The costs of KCC staff working in Swindon were fully met by SBC and Government, with funding for the back fill of staff working on the project in order to maintain services in Kent.

Project Management

3. (1) The franchising model is based on whole system performance improvement with risks equally balanced by both partners to achieve sustainable change in the medium term. Following initial analysis and negotiation in the period October 2004 to March 2005 six partnership workstreams were identified with tight technical project management to ensure resources were effectively applied and progress kept under review through a traffic light system. The workstreams identified were:

- (i) Adult Workstream: Modernising team structures, improving management and facilitating integration with health (SBC is coterminous with Swindon Primary Care Trust Adult Social Care and other SBC services managed together through the joint appointment of a Chief Executive from 2006).
- (ii) Children's Workstream: Improving Child Protection practice, commissioning of services and managerial capacity.
- (iii) Human Resources: Addressing workforce issues identified by SBC and external inspectors.
- (iv) Investors in People (IIP): Achieving external accreditation of IIP to address human resource and organisational issues.
- (v) Finance: Building capacity and skills to improve systems and processes.
- (vi) Contracts and commissioning: Improving procurement and commissioning including market management with the independent sector.

(2) Performance on the contract was monitored throughout the Joint Partnership Steering Group, Chaired by the Chief Executive of SBC and attended by the SBC Cabinet Member for Social Services, Keith Ferrin for KCC Cabinet throughout the duration of the contract, together with the Strategic Director of Social Services (from 2006 the Managing Director, Adult Social Services). CSCI, Ofsted and DCLG were also represented. The SBC Benefits Review 2007, attached as an appendix, describes four phases to the project:

Phase One: Introductions and initial workstreams. October 2004 to March 2005.

Phase Two: Interim management: Acting Director of Swindon Social Services, Andrew Ireland – April to December 2005.

Phase Three – Kent Lead with strengthened workstreams – Jan Bumstead leads for Kent. January 2006 to March 2007.

Phase Four - Swindon lead and planned withdrawal, April to September 2007.

Outcome

3. (1) The purpose of the Partnership has been to improve the performance of Swindon Social Services within a period of up to three years with the measure of improvement defined as a move from no to two stars in the Annual Performance Assessment undertaken by the Commission for Social Care Inspection (Ofsted for Children's Services from 2005/2006). Swindon Social Services achieved one star on their Social Services performance on both Children's and Adults in 2004/2005 and one star again for their performance on Adults – and its equivalent for children under the APA – for 2005/2006. In 2006/2007 Swindon Adult Social Services achieved two stars and Children's Services one star equivalent, although performance had further improved during 2006/2007. Both independent judgements are made on the basis of sustainability and over the three years of the Partnership Agreement there has been strong evidence of sustained improvement even if Children's Services, including Education, fell short of achieving a two star equivalent for 2006/2007.

Lessons Learned

4. (1) The benefits review sets out the key achievements and challenges in detail, although completed before the star rating was announced. These are summarised below:

Key Achievements:

- (i) Bringing the partners together to take the risk and see it through when previous forms of intervention had failed to improve Swindon's performance.
- (ii) Improving staff morale and confidence, for example through IIP and establishing quality service awards which continue to work successfully in Kent.
- (iii) Strengthening financial control and business planning; developing effective commissioning, contracting and performance management capacity.
- (iv) Through the KCC Cabinet Member supporting and mentoring Swindon Members to raise aspirations for the borough and its citizens.

Key Challenges:

- (i) Initial perception by some Swindon staff of the intervention as an imposition of Kent practices.
- (ii) Building trust among key partners, particularly in the light of failure of previous interventions by consultancies. When the Swindon Director of Social Services left during Phase One, a Senior Officer from KCC Social Services – Andrew Ireland, the Area Director East/West Kent was appointed as an Interim Director of Social Services for Swindon. This was important in developing key relationships but was not in scope at the outset.
- (iii) The distance between Kent and Swindon caused some personal difficulties for the KCC staff involved whose commitment throughout was exceptional.

(2) The prime lesson learnt is that with risks and incentives evenly balanced for both partners front line, support staff and managers can achieve sustainable improvements in performance through transfer of learning by staff from KCC and Swindon working together. This requires resilience and commitment as policy and managerial context change over a three-year period as is always probable. The partnership produced

a range of innovative ways to transfer learning as well as through facilitated workshops and practice audit. Swindon staff took part in conferences and exchanges in Kent and there were flourishing virtual working on specific projects. Leadership at Chief Executive and Cabinet level was critical in sustaining the partnership over three years. Kent staff have made the most of the opportunity to develop skills in another authority and have brought those back to benefit KCC in its delivery of social services. Finally, the commitment of KCC staff working in Swindon was exemplary while their colleagues in Kent also made a huge contribution to the success of the partnership by covering for absence even with backfill, while improving performance in Kent at the same time as we retained three stars throughout the period of the Partnership.

Conclusion

5. (1) The Kent/Swindon partnership has been successful, both in achieving sustainable improvement by Swindon Council and in demonstrating the local Government franchising model can work through the family of local Government working together rather than interventions by external consultancies, which had been costly and failed over a long period. The partnership has been genuinely unique in its range and ambition. It has taken great commitment and resilience from Members, senior managers, frontline and support staff from both organisations during a period of major change for local Government. Its partnership has produced a rich source of evidence to guide future capacity building initiatives, which should be taken up by Government, academics and public agencies.

(2) In the end the partnership is about people – the people of Swindon and Kent have benefited from the commitment and skill of all those in Kent and Swindon who have made the partnership a success.

Recommendation

6. Cabinet is asked to NOTE the contents of the report.

Oliver Mills
Managing Director
Kent Adult Social Services
7000 4888

Swindon Borough Council Benefits Review 2007

(Outcomes of the contract with Kent County Council)

Executive Summary

This report sets out the findings following an evaluation of the benefits of the Swindon Borough and Kent County Councils Improvement Partnership. The stated purpose of the partnership was to improve Swindon Social Services performance within a period of up to 3 years. The headline measure of this improved performance was to be a move from no to two stars. Implicit in this is the expectation that improved performance would be demonstrable in a wide range of measures in addition to the star rating. This report seeks to capture those other measures.

At the start of the partnership in October 2004, Swindon Borough Council had experienced a lengthy period of under performance and adverse inspections and reports. It had plans in place to start the process of improvement, but there was scepticism at Corporate level within the authority that these plans might not be sufficient. In contrast, Kent County Council Social Services had been rated three-star excellent for several years before the partnership started. In December 2005 CSCI awarded Swindon Social Services 1 star for 2004/5, and in the following year, for 2005/6 with the addition of "promising prospects".

Over the past three years both local authorities have committed experts to identifying areas for improvement in Swindon Social Services' systems, processes, people and relationships and bringing about transactional and transformational changes. Over that period expectations of the partnership and style of delivery changed to respond to progress made, emerging priorities and the particular challenges at the time.

The experience of the partnership supported the principles of franchising and underlined its potential as an innovative approach to intervention and one which incorporated opportunities to share best practices within local government and to develop products and services which could have wider deployment. At the same time, the partnership revealed the massive challenges this type of relationship presents to the traditional ways of thinking, working and intervening.

The message emerging from the interviews underpinning this report is that this form of partnership between two very different local authorities has succeeded in bringing about holistic improvements in a relatively short period of time. This of itself is a very positive message for the partnership, as the considerable changes to culture now demonstrated in Swindon (a "can do" approach) will normally take significant time to develop. The journey has been a challenging one that has been impacted by events unforeseen by the franchising model architects. There is evidence of benefits being realised by both councils and lessons learned.

The view shared by interviewees (from both Swindon and Kent) is that Swindon has grown in ambition, improved its leadership, developed more effective relationships, improved the management of performance and shifted its culture. The significant contribution of Kent in enabling and supporting Swindon Social Services to deliver flexible working and modern practices was acknowledged. All of this was suggested to have improved delivery and strengthened Swindon Members and Officers' confidence. The improvements to delivery can be witnessed in the performance reports submitted annually, where there has been a general trend of improvement across the majority of indicators. There is joint confidence that this performance improvement will be sustained beyond the life of the partnership.

1. The Scope of the Study

This study is based on semi-structured interviews conducted by consultants with Members and Officers of both local authorities who have or had responsibility for establishing the franchising initiative in 2004, overseeing its management or delivering services and products under the partnership up to May 2007.

This interview material has been enhanced to give hard evidence by desktop research of files, meeting and other papers together with analysis of statistical performance data.

2. Nature of the partnership

The Swindon/Kent Partnership piloted a model of Local Government Franchising (LGF). The ethos behind this model was that local government is a family, and, rather than rely on external agencies, such as consultants, to assist in performance improvement, this could be undertaken within the “family” by bringing strong and weak performing authorities together.

Franchising was a way of describing a relationship whereby a high performing authority (Kent) aligned itself with an authority with difficulties (Swindon) to assist in stimulating and then supporting the whole systems changes required to lift performance. This relied upon Kent committing its most able practitioners to working alongside and supporting Swindon during and following a contracted period, in this instance three years.

An unexpected outcome of this partnership has been the way Kent staff have felt personally engaged in the progress of Swindon. They feel fully involved in the achievements of Swindon staff, and are genuinely and justifiably proud of their successes.

3. The Timeline of the Journey

The programme was recorded as logically breaking down into four phases:

- **Phase 1:** Introductions & initial work-streams October 2004 – March 2005 (Note that Andrew Ireland was Kent Lead from January 2005)

- **Phase 2:** Interim Management: Acting Director Andrew Ireland – April– December 2005
- **Phase 3:** Kent lead with revised work-streams: Link Jan Bumstead - Jan 2006 – March 2007
- **Phase 4:** Swindon lead and planned withdrawal April 2007 – September 2007

Readers with long-term involvement in the partnership will note two phases have been named after Officers who originated from Kent; this denotes their significant contribution, as recognised by those we interviewed.

4. Project Processes

The strength of the franchising model is that it works with the whole system, instead of traditional consultancy which focuses merely on specific service(s) for improvement. This means that the complex interrelationships between policies and operational issues could all be kept within the frame together; while the support needs could also be explored at the same time. The partnership was also fundamentally different from consultancy, in that it provided support from officers who were grappling with the same issues and policies on behalf of their parent authority (Kent), and thus whose knowledge and experience was always current. This has also enabled a strength and depth of relationship and working experience to be developed which would not be conceivable in a traditional consultancy model. This is one of the reasons why the project can be deemed to have succeeded.

At the start of the project, Kent was keen not to be diverted into responding to the individual symptoms of lack of success. Rather the need was felt to engage critically with the basic causes. As a result activity in the first year was focused in HR and finance, as there was urgent need to stabilise staffing and financial issues, in order to create more solid foundations on which performance improvement could be built.

The role played by Andrew Ireland, although not initially planned, proved to be a key turning point. His assessment of this is that “I could only make it work by throwing myself into it fully as the Director for Swindon.....I couldn't have

managed by being semi-detached and feeling like I had a foot in both camps, although in formal terms I did.” This commitment and focus added real impetus to the work.

5. Workstream and Projects

During the first year, the main priorities of the partnership were to stabilise the personnel and financial issues. These were seen as critical success factors on which more detailed, service based performance improvement work could be added. In addition work was done on performance management, service improvement for learning disability, and a major review of care management. Subsequently the work was arranged into two service based workstreams: Adults and Children’s services and four generic workstreams: finance, personnel, IIP, and contracting and commissioning. (While the latter workstream is defined as generic, it principally supports the Adults workstream).

Details of the workstreams can be found in Appendix 1.

6. Financial background

Under the contract Swindon Borough Council agreed to pay up to £3.6 million to Kent County Council over three years to deliver the objectives of the partnership. The Department for Communities and Local Government (formerly the Office of the Deputy Prime Minister) contributed £820,000 to the franchise pilot, and the Department of Health contributed £180,000. These contributions helped to ease the financial weight upon Swindon.

7. Respondent Views

The people interviewed for this report are listed at Appendix 2. A range of views were expressed, a high proportion of which were in favour of the principle of assistance between different local government authorities, and who further felt that this partnership had been a success. There was some concern that, should Swindon fail to receive two stars on assessment for 2006/07, it would be judged by outsiders to have failed. Generally those working in the partnership felt that this would be an unfair judgement, on the grounds that there was much evidence of improvement having taken place.

Other comments made include:

- Although Swindon was already working on improvements when the partnership began in October 2004, it was strongly felt that without the partnership, progress would have been slower and more difficult without Kent’s involvement.
- The partnership has, in the majority of cases, received strong support over several years and generated enthusiasm and goodwill for the programme. With few exceptions, stake holders (that is, Members and Officers from both authorities) and external stakeholders recognised the impact the partnership has already made on Swindon Social Services and are confident that, as the end of the partnership approaches and subsequently, the partnership will deliver further important benefits.
- The partnership has had a substantial positive impact on staff, as evidenced by the staff survey carried out earlier this year. There is clear evidence of empowered leadership and an increase in participation from staff below management level. This has led to a visible evidence of increase in confidence within the services.
- The partnership is perceived by many key participants as having made a positive contribution to facilitating the beginning of a cultural shift and different mindsets, which are necessary for transformational change and continuous improvement.
- As with most partnerships, the partnership faced serious management challenges. In particular it was necessary to respond to changes in structures, arising from legislation, and with the loss of key personnel. The partnership has demonstrated itself to be flexible and robust, and as a result has been able to respond well to changing circumstances.
- The development of the relationship with CSCI was also felt to be important. In particular the ability to demonstrate that Swindon was serious about performance improvement for the benefit of the people of Swindon, and not just to achieve the star rating.

- However, it is equally apparent that the actual achievement of the first star in 2005 gave a real boost to the morale and confidence of Swindon staff, which itself gave added impetus to the work of improvement.

“We knew we would be stretched but that was part of the attraction”

“We were very clear about the areas we wanted to focus on. These areas included recruitment, retention, rebranding. The partnership supported that. Kent had done it and we could do what Kent did”

“Kent gave what we were already doing momentum and confidence. We might have struggled to meet the costs attached to this”

“Learning how Kent managed relationships has been beneficial”

“Mentoring hasn’t changed our behaviours, giving us the support to drive things through has.”

“We would not have got this far without Kent’s help. They brought breadth and depth of experience to this relationship. The continuity of relationships has been an important factor.”

8. Key Achievements

A detailed list of achievements can be found in Appendices 3 and 4, and the impact on Swindon’s performance figures is tabulated in Appendix 5. The more major successes of the partnership are listed below:

- Bringing the partners together was regarded as the most major and impactful decision because previous forms of intervention had failed to improve Swindon’s performance. The decision was regarded as helping joint working, joint approaches, joint understanding, higher status for both authorities to evolve, and providing role models of good practice on both sides.
- Since partnering with Kent County Council, Swindon Borough Council Adult Social care has been awarded 1 star CSCI rating (December 2005 and 2006). The Department

is now regarded as being on track to achieving a second star.

- In the recent JAR, it was generally accepted that children are now safe in Swindon. This is a major shift from earlier regulatory judgements
- The Human Resources work and the achievement of the Investor in People (IiP) status by Children Services in December 2006 and Adult Services in July 2007 was regarded as a major success. The recruitment of an IIP champion within Swindon, trained and qualified as an internal reviewer is a measure of the commitment of Swindon to sustain this positive momentum. A side benefit is that this creates a focus of expertise available to the rest of the Borough Council.
- The partnership provided a platform for investing in improvement in recruitment, retention, and refreshment. Prior to the partnership, the department had significant recruitment and retention problems and in some teams, half the posts were vacant. With Kent’s help, Swindon Borough Council successfully started changing the perceptions of itself as an employer and developed:

- the Quality Service Awards
- a new career grade structure for qualified social workers; and
- a comprehensive staff care package

These measures were successful in shifting perceptions of employment in Swindon, and evidence from financial and human resource records now show that the number of filled social worker posts has increased and the department is saving on agency costs.

- The use of mentoring, linking a number of key individuals and developing long-term relationships, has been a success and facilitated the personal and professional development of officers from both authorities. This has had a demonstrable impact in improving the confidence of Swindon officers, and through this a beneficial impact on performance.

- In Finance, Swindon was encouraged to develop a more mature consideration of financial issues. Kent assisted Swindon to consider new and effective financial and activity reporting processes; these have brought about new ways of working, delegations and accountability. The development of a Social Services Finance Board (Member led) built an improved understanding of social care service and financial issues, including risk management and planning. The aligning of budgets with spending decisions has been a key element of work during the latter stages of the contract. This is work that will continue to develop beyond the conclusion of the partnership, but good foundations have been laid. There is clear understanding of both the opportunities and risks around delegating budgets, and a strong willingness to engage with this process, both by finance and non-financial managers.
- Financial reporting to Corporate Board and Cabinet has been sharpened. It focuses on the major activity and finance trend lines (“elephants”) and associated risks. This has enabled a much clearer understanding of issues to be achieved.
- In Performance Management, the partnership has helped to highlight the weight and importance of this function and associated processes; whilst managers have been empowered to take greater responsibility for ensuring delivery.
- For both performance and financial management a harder edged focus is developing in Swindon, beginning the transformation of approach from one of merely monitoring, to one that is truly management.
- Swindon Social Services has matured considerably during the course of the partnership and has become a more ‘intelligent’ client, a better customer, and as a result, been able to exercise more influence over the commercial market.
- There is increased capacity in the Commissioning and Contracting function. An effective Contracts function has been established and staffed; appropriate structures are now in place; staff have been trained and developed for their role, and there is increased potential to leverage the market to deliver better public value. For example, the planned introduction of call-off contracts will enable Adult Services to utilise capacity on a demand-led basis and improve value-for-money.
- A Certificate in Community Care Contracting has been established for Swindon by the University of Leicester (School of Social Work) following the Kent model. This is a six day programme which was designed in partnership with the East Midlands Purchasing and Contracting Group and has been running in Kent for some years.
- Staff training for financial and non-financial managers has generated fundamental understanding of what it means to budget and performance management when activity and finance are linked, and these different professional staffs work together.
- As Kent lead Member, Keith Ferrin made a significant contribution to the project in supporting and mentoring Swindon Members, particularly in the early days.
- The partnership has also facilitated improvements in relationships with other key partners. Most important of these was with the PCT which has moved from a position of virtually no relationship to one of great strength, developing integrated structures and appointing to a shared management structure.
- An indirect, and indeed unplanned, achievement of the Partnership is the fact that many of the initiatives developed within social care have subsequently been adopted more widely within Swindon. This is particularly the case in HR and IIP where good practice such as the new starter induction, the supervision policy and the general method for implementation of the IIP standard have all been rolled out authority-wide, as have Quality Service Awards (renamed Excellence Awards). At the same time the staff development boards, staff forums and conferences are also in place in several other directorates.

- There was also a wider impact on the Council in terms of its general functioning and organisation. Much was done in the early days to improve the way in which business was organised and run, providing a stronger leadership base. The appointment of Sir Michael Pitt (formerly Kent Chief Executive) as Chief Executive in Swindon was a key factor in this process and accelerated its development.

9. Key Challenges

This stage of evaluation found that the partnership experience offered relevant lessons for both authorities over what makes an effective strategic partnership, its implications for partner organisations and the role of external stakeholders. The evaluation found that:

- Confidence and morale in Swindon was initially low, apparently due to the number of poor inspection reports, and the failure and wasted effort of previous interventions by specific consultancies (eg PAT teams) which led to -
- Some Swindon staff initially perceived the interventions as threatening, and as an imposition of Kent processes ('a take-over'). However, as confidence grew on both sides, the partnership was able to develop into one of genuine shared development.
- Reaching agreement on the key priorities and developing capacity in both Councils took longer than anticipated as Kent County Council experienced a degree of resistance from some key Swindon players, and had to develop strategies to address this. As the relationship matured, this became far less of an issue.
- Building trust among the lead partners took some time, given the above concerns, but, once established, has added to the strength of the partnership.
- Moving from action planning to delivery was challenging; a clear delineation of roles and responsibilities, and protocols for joint working was needed. This required the Kent team to develop skills to influence and persuade Swindon staff of the value of proposed

changes. At the same time it also required Swindon staff to be receptive to new ideas and different ways of doing things. As the partnership matured, and work-streams were jointly agreed, this became a more equally based relationship

- Kent found the resourcing of gaps left by its own experts to be a challenging undertaking. Backfilling was not easily achieved, and alternative strategies had to be developed to enable the release of people to go to Swindon whilst minimising the risk to Kent's own performance.
- Although interim management was not within the scope of partnership staffing, when the Swindon Director of Social Services left during Phase 1, a senior Officer from Kent was appointed. This interim appointment was an important stage in developing the relationship, and demonstrated the commitment of both partners to its ultimate success.
- The distance between Kent and Swindon created some personal pressure for the staff involved, and over diary management. Again various strategies were devised to alleviate this, where possible. It was also acknowledged that staff generally remained good humoured about this.
- There were several changes in key personnel in both Kent and Swindon over the lifetime of the project. The risks of this were acknowledged, and one of the key strengths of this partnership was the way that it has sustained momentum, despite the loss of some significant players.
- The implementation of the "Aspire" programme in Swindon (externalisation of some support services to CAPITA) has diluted the management relationship between operational managers and the support on which they rely. This needs strong client management if it is not to be a potential risk to the long term sustainability of the Programme.

10. What has worked well and why

- Working through evidence based intervention, checking and analysing files and other available information, and using the results to

inform future actions. This has worked particularly well in Children's services, where there has been a programme of review of child social care practice through significant case audits and in-depth analysis of looked after children profiles.

- Presentation of a programme of facilitated workshops, bringing together service, finance, activity and support issues with key players present from both organisations. These have been supplemented as appropriate with action learning sets. Together these have followed through learning derived from file audits and other work and enabled the agreed changes, such as devolution of budget management to be developed.
- Significant provision of opportunities for key staff to visit Kent, join in conferences and view service provision there. This enabled Swindon staff to see services in action, and to engage with a much wider cohort of Kent staff, thereby broadening the experience.
- Recognition of the importance of support functions in delivering improvement. This manifested itself in many ways, but critically the engagement of professionals in HR and Finance who understand how their support contributes to the overall success of social care services has enabled the whole systems approach to deliver real performance improvement.
- The development of formal mentoring arrangements between Swindon and Kent partnered officers. This has formalised the process of knowledge transfer, and put a framework around the risks of sharing confidential data.
- The HR work stream was acknowledged as highly successful, especially its positive impact on recruitment, retention, and refreshment. The success is visible because like other streams, there are tangible end products, which were produced from the work stream activities. New Quality Service Awards, new detailed job descriptions, and the new career grades are particularly noteworthy.
- Without exception all staff commented upon the impact of the progress made by the

generic work streams favourably. In particular the positive effect of the Kent contribution on IIP and the hard work of the Swindon representative and all staff involved was widely praised.

- The Children's Services and Adult Social Care work will have long-term impact and continue to evolve. Benefits realised such as the review of how Swindon looks after children, the introduction of case file audits and the achievement of 1 star are some of the achievements in which the partners can take pride.
- Both authorities have learned how to work effectively together. Members and Officers attested to the positive impact the partnership has had on their personal development and professional practice – and in some teams, there is positive evidence of team building.
- Swindon is growing into a more confident local authority and partner and has taken greater ownership of the delivery and outcomes of the partnership. The last phase of the project has been carefully planned to support onward sustainability with Swindon taking over the lead for the programme management.
- Leadership at Chief Executive level with the interim appointment of Sir Michael Pitt to CEO in Swindon Borough Council during phase 2 ensuring the partnership was understood Council wide, included other aspects of the Council, and enabling the development of strategic partnerships.
- The integration agenda being pursued in Swindon with the coterminous PCT, in both Children's and Adults' Services is providing interesting learning for Kent staff.

11. What could have worked better

Initial concerns and suspicions about the programme (particularly for Swindon managers) might have been more quickly resolved if time had been allowed in an appropriate forum to work these through and staff from Kent had arrived sooner to demonstrate the nature of the partnership. In July 2006, a highly successful joint Swindon and Kent team-building workshop

was held, which opened up and dealt with some challenging relationships. It was noticeable that overall working arrangements improved from that point, and embraced the developing partnership agenda in Swindon.

At first, Kent officers could feel quite isolated when working in Swindon. This position was much improved during the Jan Bumstead phase (Jan 2006-March 2007) when the workstream leads were formed into a virtual team, and an induction manual was produced to assist staff in engaging more easily in Swindon. It is acknowledged that these team-building actions would have been beneficial at an earlier stage in the programme.

There was also some initial difficulty in attaining a shared view of what the issues were and what needed to be done. Strong project management from the start could have assisted in easier identification of initial work streams enabling an improved sense of ownership early on. Andrew Ireland (in his acting Director role from April 2005), by straddling both authorities, was able to engage more directly with both staff groups, thereby helping to develop the clarity needed.

12. Sustainability

Both Swindon and Kent have worked hard over the period to develop a sustainable improvement in Swindon Social Services performance. The performance figures attached with this report evidence the progress made. Positive recruitment and retention, and improved partnership working is further evidence of Swindon's changing image. Given that the changes have been profound, and some are still of relatively recent date (and indeed continue to evolve), they will be vulnerable to changes to any key personnel in Swindon, after the partnership ceases. It is considered important that the focus on performance improvement is sustained, and that to do this Swindon officers continue to work with the processes and other arrangements that have been jointly developed during the partnership, unless external issues force a change. The Council's management of the independent sector and its role as 'commissioners' with local providers has developed and improved, creating longer term stability and improved value-for-money.

The project team have been planning towards the sustainability of the project since July 2006. At that point specific agreement was reached with Swindon managers that each would "own" the reporting of progress on their respective workstreams. Similarly, over time the workshop programme has been re-engineered so that the sessions are more clearly run by Swindon managers with Kent staff in support, rather than the other way around. These changes have been deliberately made to help Swindon managers own and develop confidence in the outcomes of the programme. Stronger performance management systems are helping support managers in ensuring ongoing effective delivery.

It was generally recognised that the work of the generic work streams has made a significant contribution to the success of the project. This must continue and be nurtured by Swindon Corporate Directors once the partnership concludes. It is of concern that the corporate nature of the support functions, and the involvement of a third party (Capita) in managing some aspects of them, take these critical functions out of the direct influence of the social care Directors.

As part of Swindon's assessment about longer term sustainability and capacity, the importance of integrated working with the coterminous Swindon PCT was seen as critical. This has been integrated into the joint programme with Kent through the last two phases so that PCT staff have been included in the work-streams to consolidate partnership working in front line services. This further Swindon partnership is supporting onward improvement in service linked to national policy implementation around *Every Child Matters* and *Our health, our care, our say* and providing scope for more streamlined working and easier access to services.

13. Conclusion

Although the headline of the partnership agreement was the aspiration to achieve two star performance in Swindon, it is clear from the analysis in this report that the overall benefits of the partnership extend much more widely than this. There is indeed clear evidence of performance improvement and good potential for long term sustainability; and it is hoped that this

will be sufficient to deliver the two stars in Adult services and continued improvement in children's services when Inspection results are announced in the Autumn. The improving position has enabled wider partnership working supporting a proactive response to national policy implementation.

However beyond the performance numbers there have also been real gains in self-confidence, in staff morale and in leadership in Swindon. It is these less measurable developments which give confidence that this improved performance trend will be continued.

Supporting Documents

The following documents have assisted the benefits review exercise:

- The Partnership Contract
- Workstream documents
- Meeting notes from the Partnership Operations Meeting (POM), the Partnership Business Group (PBG), and the Joint Partnership Steering Group (JPSG) DCLG Capacity Building Programme Evaluation Reports
- I-APU Franchising Guides
- Programme management documents
- Annual performance returns by Swindon

Appendix I: Partnership Work Streams

ID	Improvement Streams	General Description
1	Adult Work Stream	<p>To modernise team structures, improve management styles, and to facilitate integration with health, to include:</p> <ul style="list-style-type: none"> • The review and revision of existing care management procedures • The implementation of the joint community team action plan, which includes reviewing team structures, improvement against PAF indicators and PSA targets, devolution of budgets and management training • Improvement of contracts and commissioning of domiciliary care and care home places. • The review of the usage of FAC's criteria • Demographic data analysis and reports to enable improved project planning & development.
2	Children's Work Stream	<p>To improve child protection, commissioning of Children's services, and to build managerial and strategic capacity. Specific work that has been done include:</p> <ul style="list-style-type: none"> • Reviewing the function and structure of the Looked After Children's provider unit • Reviewing the strategy for looked after children Assistance with the preparation for, and the outcome measures resulting from JAR • Assistance with the review of operation for managers with financial responsibility
3	Human Resources	<p>To address workforce issues identified by senior management and inspection reports. Specific work has been done, including:</p> <ul style="list-style-type: none"> • The development of a workforce strategy for social services to improve retention and recruitment for long term sustainability. • The development of the training function • Implementation of staff care strategies as a key lever for recruitment and retention • Improvement in social worker/care manager recruitment • Promotion and further development of staff care

ID	Improvement Streams	General Description
4	Investors in People (IiP)	<p>To implement Investors in People to achieve external accreditation and to address human and organisational issues identified in inspection reports. A series of projects have been delivered to provide the underpinning infrastructure for evidencing the IiP standard including:</p> <ul style="list-style-type: none"> • A New Starter Induction programme • A Core Supervision Policy • Setting up a Staff (Workforce) Development Board • A Competence Based Appraisal • Mentoring and specific development of lead for IiP in Swindon with 'champions'.
5	Finance	<p>To build capacity, skills training, and to improve systems and processes, including:</p> <ul style="list-style-type: none"> • Training for non-finance staff • Activity based budget forecasting and management • Budget build and analysis • Budget monitoring • Financial management and accountability framework review • Medium term financial planning • Developing reporting processes for Members, cabinet and Corporate Board.
6	Contracts & Commissioning	<p>To improve contracts and commissioning processes and methods.</p> <ul style="list-style-type: none"> • Advice on the revision of all contracts. • Support recruitment, induction and training of a new Contracts Team. • Support improved market management with independent sector • Support the development and implementation of cost & volume contracts

Appendix 2: People Interviewed for the report

From Swindon:

Gavin Jones, CEO Swindon Borough Council
Caroline Fowles, Group Director Housing,
Social Care and Community (joint post with Swindon PCT)
Hilary Pitts, Group Director Children's Services
Graham Pearson, Joint Director of Service Delivery (joint post with Swindon PCT)
Jean Pollard, Director, Children and Families
John Hughes, Adult Social Care Service Manager
Haydn Jones, Group Finance Manager
Stuart McGregor, Group Finance Manager - projects
Eve Dennis, HR Business Partner of Adult Social Care, Housing and Community
Dimity Linsell, liP Champion and Complaints Manager
Nicki Funnell, Commissioning & Contracts Manager
Cllr Mike Bawden, Conservative Group, Previous Leader of the Council
Cllr Renard, Cabinet Member for Health, Housing and Social Care
Cllr Perkins, Cabinet Member for Children's Services
Cllr Ian Dobie, Previous Cabinet Member for Health, Housing and Social Care
Rebecca McKenzie, Director of Human Resources
Shannon Oak, Learning and Development, Practice Learning Co-coordinator

From Kent:

Cllr Keith Ferrin, Cabinet Member Environment, Highways and Waste, Lead Kent Member for the Partnership
Peter Gilroy, Chief Executive
Oliver Mills, Managing Director, Kent Adult Social Services
Jan Bumstead, Head of Business and Performance Management, West Kent, Workstream lead for contracting, project manager from January 2006 to March 2007
Bronwyn Henry, Modernisation Manager, Workstream lead for adults, and project manager from April 2007
David Guy, Former Head of Children's Services, East Kent, Workstream lead for children
Ian Allwright, Personnel Manager Employee Relations and Change, Workstream lead HR
Mags Harrison, Continuous Improvement Manager, Workstream lead IIP
Caroline Highwood, Director Resources, Workstream lead for finance
Hugh Miller, Finance Policy Manager, Development of finance workstream
Janice Grant, Policy Manager, Support to adults workstream
Alex Cole, Head of I-APU

Others:

Imelda Richardson – Regional Director CSCI
Andrew Ireland – now Director of Children's Services for LB Havering
Kevin Skinner – former head of I-APU
Rob Moore – Department of Health

Appendix 3: Benefits Realised by Swindon Borough Council

ID	Performance area	Benefit Realised	Evidence
1	Leadership	<p>Empowered leadership.</p> <p>Leadership confidence was boosted through observation of Kent County Council subject matter experts.</p> <p>Personal development for work stream leads through the mentoring process.</p> <p>Shift in attitude and behaviours.</p> <p>Development of the Management Teams.</p> <p>Good progress in Performance Management through a strong partnership between the Kent and Swindon 'role mirrors'.</p> <p>Strategic leadership from the interim appointment of Sir Michael Pitt as CEO SBC</p>	<p>Evidence for these changes can be derived from meeting notes over the life of the project</p> <p>Cabinet reports and processes Workshops (feedback reports)</p> <p>Investors-in-People</p> <p>Annual CSCI reports (ROPA)</p> <p>Local Area Agreement</p> <p>Community Strategic Partnership</p> <p>Cabinet and Council processes</p>
2	Culture and staff morale	<p>Development of a 'can do' culture.</p> <p>Change in language to "we feel more in charge, and we expect more".</p> <p>Proficiency improvement and increased awareness of the need to continuously monitor and examine.</p> <p>More open systems.</p> <p>Change in engagement with support services to make them more integral to the planning and delivery of services.</p> <p>Improved morale</p> <p>Empowerment of junior and middle managers</p>	<p>Progress updates from minutes of the Partnership Board Group, the Joint Partnership Steering Group, and other meetings.</p> <p>Evidence of new ways of working.</p> <p>Role of support heads in management teams. HR issues mainstreamed in business plans Staff survey (2007)</p> <p>Workshops on finance and activity (feedback)</p> <p>Inclusion of support staff in all workshops and planning groups associated with work-streams – (feedback and action plans).</p> <p>Appraisal reports and SBC Staff survey</p>

ID	Performance area	Benefit Realised	Evidence
3	Capacity	<p>Increased capacity through shadowing and skills transfer.</p> <p>The demographics map helped to allocate resources better and to put systems in place.</p> <p>Improved performance management.</p> <p>Improved understanding of demand-led budgets.</p> <p>Adult Social Care received a CSCI star.</p>	<p>Achievement of 1 CSCI star for Social Services (2004/5 & 2005/6).</p> <p>New processes and systems. Project plans</p> <p>Progress updates from minutes of the Partnership Board Group, the Joint Partnership Steering Group, and other meetings. CSCI DIS & ROPA</p> <p>CSCI report 2006</p>
4	Finance	<p>Adult care broke even on the budget for 05/06.</p> <p>The implementation of Swift Financial software.</p> <p>The implementation of improved budget monitoring and activity-based forecasting and management.</p> <p>Improvements in Social Care Finance processes and systems.</p> <p>Establishment of a social services finance committee to enable Members to develop a clearer understanding of the risks and issues associated with social care budgets</p>	<p>Financial reports</p> <p>Progress updates from minutes of the Partnership Board Group, the Joint Partnership Steering Group, and other meetings.</p> <p>Finance reports to Cabinet & Corporate Board</p> <p>Sub-Committee reports and presentations to Members financial planning group (FPAG)</p>

ID	Performance area	Benefit Realised	Evidence
5	HR and IIP	<p>Development of a recruitment and retention strategy for Social Work / Care Management which, particularly in the first year when the need was greatest, saw a significant reduction in vacancy levels in children's social work teams, and a decrease in turnover across the board</p> <p>Re-branding services and promotional campaign, developing supported undergraduate scheme to attract social work students, developing competitive employment package to assist in making Swindon an employer of choice</p> <p>Implementation of a new social worker/care manager career grading structure, including Occupational Therapy. This included establishing the Senior practitioner role to allow progression within practice, rather than moving into management. This increased the focus on developing and improving practice within the Social Work and Care Management teams</p> <p>Re-positioning of human resources as a strategic function and improvement in management standards. These include development of a workforce strategy and active management of risk arising from vacancies.</p> <p>The implementation of a Competency Based Appraisal System.</p> <p>Introduced and established a Staff Care scheme that includes:</p> <ul style="list-style-type: none"> • Quality Service Awards • New Induction Scheme • New work/life balance policies • And links to existing developments in Swindon for training and development <p>The establishment of a Workforce Development Board to meet regularly to discuss and resolve workforce development issues.</p>	<p>A new grading structure that is working.</p> <p>HR records on the use of agency staff, recruitment, retention, and attrition rates.</p> <p>Improved HR policies, systems and processes.</p> <p>Investor in People award for Children's Services and Adult Services</p> <p>Improved recruitment</p> <p>Improved staff retention and staff morale</p> <p>Investors-in-People recognition reports</p> <p>Data gathered by Corporate HR</p> <p>Staff, service users and carers feedback on QSA.</p> <p>Staff feedback on induction programme</p> <p>Increasing take-up of training. Exceeded national targets on NVQ.</p>

ID	Performance area	Benefit Realised	Evidence
5	HR and IIP (cont)	<p>Developed joint working agreement and protocols for managing staff within Joint Community Teams</p> <p>The implementation of a core Supervision Policy that conforms to CSCI and Skills for Care standards.</p> <p>Reduced dependency on agency staff leading to cost savings.</p> <p>Good progress on development of Resource Personal Accountability Statement models for financial management.</p> <p>Agreement to a Care Management Model in Learning Disability services which 'reunites' the professional, semi-professional and support roles, ready for potential mapping across to Adult Services as a whole</p>	<p>Action plans and minutes of Joint Services Development Group.</p> <p>CSCI service unit inspection reports</p> <p>Budget out-turns 2005/6</p> <p>Social Care Finance Board reports</p> <p>CSCI inspection June 2007</p>
6	Contracts & Commissioning	<p>Contracts and commissioning advice on key areas to cover capacity gaps.</p> <p>Detailed scoping of the Care Management and Contracting requirements in Swindon Social Services to enable vital improvement strategies to be applied</p> <p>Introduction of formal training for contracts staff</p> <p>Development and introduction of quality monitoring processes and protocols</p> <p>Development of provider forums</p>	<p>Records and documentation held by Contracts team. Reports to Corporate Procurement.</p> <p>Reports to Social Care Finance Board and Corporate Procurement Group</p> <p>New Contracts Team established 2006</p> <p>Contracts and compliance</p> <p>Minutes of meetings</p>

ID	Performance area	Benefit Realised	Evidence
7	Adult Care Services	<p>Assistance with devolution of financial responsibility to managers with operational accountability aligning financial and managerial accountability leading to:</p> <ul style="list-style-type: none"> • better managerial decisions • making more effective use of resources • empowered staff • help with business planning <p>Review of care management procedures.</p> <p>Additional planning guidance for the learning disability team.</p> <p>Review and revision of agreements and contracts to demonstrate outcome based commissioning.</p> <p>Detailed demographic analysis of Swindon population, and projected growth, to facilitate planning future service provision</p> <p>Assistance with planning for Annual Review 06/07.</p> <p>Use of strategic information, aligning finance and activity, and understanding of client populations to inform service management</p> <p>Team building days for team managers to support management development</p>	<p>Records and documentation Improved performance indicators and matching with finance.</p> <p>Workshops feedback and JSDG action plans</p> <p>Kent reports</p> <p>Contracts documentation</p> <p>RCH modernisation & Extra-care sheltered accommodation reports for Cabinet, and Capital programme development</p> <p>ARM September 2007</p> <p>Reports to SCFB</p> <p>Workshops feedback and JSDG minutes</p>

ID	Performance area	Benefit Realised	Evidence
8	<p>Children's Services</p>	<p>Assistance with devolution of financial responsibility to managers with operational accountability aligning financial and managerial accountability , leading to:</p> <ul style="list-style-type: none"> • Better managerial decisions • Making more effective use of resources • Empowered staff • Help with business planning <p>Preparation JAR, and improved outcome measures. Assistance including 2 major case audits (100+ cases), which clarified the need for practice changes</p> <p>Assistance with and refocusing leaving care services</p> <p>Improved understanding of the looked after children population to enable their objectives to be realised</p> <p>Improved use of strategic information to inform managerial decision making</p> <p>Improvement in child protection, with proactive management of process</p> <p>Setting new standards for File Audits. Tailoring and adoption of Files Audit Tools. Improvement in writing effective processes.</p> <p>Improvement in the 16+ Programme.</p> <p>Assistance with review and re-prioritisation of supervision policy and practice</p> <p>Joint planning and provision of child protection training to address the management of risk</p>	<p>Regular senior management meetings of all key partnership staff (SWENT)</p> <p>Service review of leaving care services</p> <p>Consultation and review of provider function</p> <p>Joint training on risk management Case files.</p> <p>Improved performance indicators</p>

Appendix 4: Benefits Realised by Kent County Council

ID	Performance area	Benefit Realised	Evidence
1	Personal development	<p>Gains in self-confidence, understanding own role and ability to explain to others</p> <p>Challenge to pre-conceived views, facilitating the development of alternative strategies</p>	Career progression (some) and personal appraisals
2	Networking	<p>Development of good working relationships with Swindon counterparts leading to exchanges of mutually useful information (e.g. the implementation of SWIFT financials)</p> <p>Understanding of challenges of working in joint front line teams in a resource constrained environment. Including PCT activity in team reports.</p>	<p>From individual participants in the programme</p> <p>Workshop feedback</p>

Appendix 5: Swindon's performance figures

Indicator	PAF ref	2003.04 Actual	2004.05 Actual	2005.06 Actual	2006.07 Actual
All Adults					
Intensive home care as a percentage of intensive home and residential care	B11	18.0%	21.3%	23.35%	27%
Availability of single rooms	D37	85%	86%	87%	87%
Percentage of people receiving a statement of their needs and how they will be met	D39	78%	91.5%	95%	98%
Clients receiving a review	D40	63.3%	69.7%	60%	74%
Assessments of adults and older people leading to provision of service (E50)	E82	59.9%	61.7%	75%	68%
Direct payments per 100,000 population	C51	26.8	42.2	45.3	69
Percentage of items of equipment and adaptations delivered within 7 working days	D54	94%	94.4%	97%	95%
Older people					
Older people helped to live at home per 1,000 population	C32	61.1	56.2	73.6	81
Intensive home care per 1,000 population aged 65 or over	C28	8.1	9.5	9.1	11
Older people aged 65 or over admitted to residential / nursing care during the year per 10,000 population	C26 / C72	101.1	94.5	82.5	84
Acceptable waiting times for assessments	D55	54.1%	57.8%	62%	82%
Acceptable waiting times for care packages	D56	82.2%	80.7%	76%	83%
Adults aged 18 to 64					
Adults aged 18 to 64 or over admitted to residential / nursing care during the year per 10,000 population	C27 / C73	3.1	2.9	1.8	2.0
Adults with physical difficulties helped to live at home per 1,000 population	C29	2.4	2.0	2.9	3.1
Adults with learning disabilities helped to live at home per 1,000 population	C30	2.7	2.1	2.6	2.6
Adults with mental health problems helped to live at home per 1,000 population	C31	6.2	7.1	6.3	7.1
NHS Interface					
Delayed transfers of care per 100,000 population aged 65 or over	D41	58.6	44	44	44

Indicator	PAF ref	2003.04 Actual	2004.05 Actual	2005.06 Actual	2006.07 Actual
Children					
Percentage of children looked after with 3 or more placements during the year	A1	13.2%	13.5%	14.2%	15.8%
Percentage of young people leaving care at the age of 16 or over with at least 1 GCSE at grade A*-G or GNVQ	A2	60.9%	32.0%	53.6%	44.8%
Percentage of child protection re-registrations during the year	A3	11.8%	4.9%	12.7%	17.6%
Percentage of young people looked after on 1 April in their 17th year (aged 16) who were engaged in education, training or employment at the age of 19	A4	Definition changed	0.47	0.68	0.69
Progress made towards a comprehensive Children and Adolescents Mental Health Service (CAMHS)	A70	New	New	12	14.0
Of children looked after at 31 March (excluding those placed with parents) the percentage who were in foster placements or placed for adoption (was B7)	B79	87.5%	80.8%	85.0%	90.5%
Ratio of the percentage of children aged 10 or over who had been looked after continuously for at least 12 months, who were given a final warning / reprimand / caution or convicted during the year for an offence committed whilst they were looked after, to the percentage of all children aged 10 or over given a final warning/reprimand/caution or convicted for an offence in the area (was C18)	C81	4.8	3.0	4.4	1.1
The average of the percentages of children looked after at 30 September who had been looked after continuously for at least 12 months, and who had had their teeth checked by a dentist during the previous 12 months, and had an annual health assessment during the previous 12 months	C19	78.5%	93.2%	90.5%	91.3%
The percentage of child protection cases which should have been reviewed during the year that were reviewed	C20	75%	100%	100%	100%
The percentage of children deregistered from the Child Protection Register during the year who had been on the register continuously for two years or more	C21	4.3%	3.2%	3.8%	6.5%
The number of looked after children adopted during the year as a percentage of the number of children looked after at 31 March who had been looked after for six months or more on that day	C23	11.1%	9.2%	9.4%	7.2%
The percentage of children who had been looked after continuously for at least 12 months and were of school age, who missed a total of at least 25 days of schooling for any reason during the previous school year	C24	4.8%	1.4%	6.3%	5.3%
Percentage of looked after children who communicated their views at Statutory Review who had been looked after for more than 4 weeks. (Now includes all reviews held during the year)	C63	New	73.7%	84.2%	90.7%

Indicator	PAF ref	2003.04 Actual	2004.05 Actual	2005.06 Actual	2006.07 Actual
The percentage of core assessments that were completed within 35 working days of their commencement	C64	New	67.6%	77.7%	89.7%
The percentage of children looked after cases which should have been reviewed during the year that were reviewed during the year	C68	New	New	80.5%	87.7%
The percentage of children who were placed at March 31 more than 20 miles from their home address from which first placed	C69	New	New	19.7%	15.6%
Percentage of children aged under 16 who had been looked after continuously for 4 or more years, who have been living in the same placement for at least 2 years (was D35 – now looks at those in care for 2.5 years instead of 4)	D78	52.5%	51.1%	61.8%	53.2%
Gross expenditure on children in need but not looked after, as a percentage of gross expenditure on all children's services	E44	45.7%	42.1%	35.6%	36.0%

August 2007 - pjkc01622694658

By: Kevin Lynes, Cabinet Member for Adult Social Services
 Oliver Mills, Managing Director, Kent Adult Social Services

To: Cabinet – 14 January 2008

Subject: **AUDIT COMMISSION INSPECTION OF THE KENT SUPPORTING PEOPLE PROGRAMME**

Classification: Unrestricted

Summary: This paper gives information on the outcome of the Audit Commission Inspection of the Supporting People Programme in Kent

Introduction

1. (1) The Audit Commission undertook a full inspection of the Kent Supporting People Programme in September 2007. The report of this inspection was published on 29 November 2007, and judged the service to be ‘good with promising prospects for improvement’.

(2) Appendix One to this report shows the result graphically, Appendix Two reproduces the Audit Commission’s summary, and Appendix Three shows their recommendations.

Proposed next steps

2. (1) The Audit Commission have given us the opportunity to respond to the recommendations, by 29 January 2008. This formal response must be limited to 2 sides of A4, but it will need to be informed by more detailed work and action plans.

(2) It is therefore proposed to convene a special meeting of the Core Strategy Development Group in January to help to construct the response. The invitation to this meeting will also be open to any members of the Commissioning Body who would like to attend. This will be signed off by Kevin Lynes in his dual role as Cabinet Member for KASS, and Chair of the Commissioning Body. It will then be reported to the next meetings of the Commissioning Body and the Adult Social Services Policy Overview Committee (ASSPOC).

Service User Consultation

3. (1) The Audit Commission’s recommendations in relation to service user involvement and consultation are entirely in keeping with the Programme’s aspirations.

Equality Impact Assessment

4. (1) Equality Impact Assessments will be carried out as appropriate throughout the process of implementing the recommendations.

Financial Impact Assessment

5. (1) The Audit Commission does not believe that there will be any financial impact relating to the inspection recommendations. This will be considered in greater detail as the response is developed.

Conclusion

6. (1) We welcome the positive outcome achieved by this inspection, while recognising that there are still improvements to be made. The proposed special meeting of the Core Strategy Development Group will enable us to start shaping an action plan in response. This will be formally reported to the next meeting of the Commissioning Body and ASSPOC, and will also become a part of the Programme's annual plan.

Recommendation

7. (1) Cabinet is asked to NOTE the contents of this report


Caroline Highwood
Director Resources, KASS
01622 694873

and Claire Martin
Head of Supporting People
01622 221179

Background Information:

Supporting People Inspection Report for Kent County Council, November 2007 (Published by the Audit Commission) available on the Audit Commission website (www.audit-commission.gov.uk), or from either officer named above

Appendix One

	Prospects for improvement?					'a good programme that has promising prospects for improvement'
Excellent					A good programme?	
Promising						
Uncertain						
Poor						
	Poor	Fair ★	Good ★★	Excellent ★★★		

Audit Commission Result

Audit Commission Inspection Report: Summary

1. Kent County Council delivers a good Supporting People Programme with promising prospects for improvement.
2. Governance bodies are well established and effectively run. There is strong input to the Programme from key partners which helps to drive the Programme forward. The Programme is delivered through a well-managed, skilled team supported by clear work plans. Contracting arrangements are robust and understood by providers. The service review process was managed systematically and a continued focus on improvement planning is leading to better quality services. Information about Supporting People is clear and easily accessible and the Programme is well promoted. Service users have been engaged in shaping aspects of the Programme and steps have been taken to strengthen this area further. The Programme supports some high quality services for a broad range of client groups and a Programme of strategic reviews has led to some new provision for some traditionally excluded groups.
3. There are some areas that require further development. Until recently, health has not been consistently involved in the Programme at a strategic level and there are weaknesses in performance management of the Programme. Despite realignment of services across the county, there are still long waiting times for floating support in some districts and some providers are continuing to apply restrictive practices and referral arrangements. Some groups do not yet benefit directly from the Programme and a county-wide approach to move-on arrangements is under-developed. Understanding of the needs of BME groups and other hard to reach groups is still developing.
4. Prospects for improvement are promising. There is a strong track record of managing change within the Council and the directorate and the early stages of the Supporting People Programme were successfully implemented. Service reviews have delivered improvements and challenging standards are set for new contracts. The Programme has clear direction and there are shared objectives and ambitions with partners. Plans are in place to address identified weaknesses. There is a strong approach to financial and risk management and capacity is enhanced through a modern approach to procurement. Partnership and cross-authority working contributes to the effectiveness of the Programme.
6. There are some barriers to improvement. Until recently there has been little progress in developing new services to meet service priorities identified in the five-year strategy and customer-focused outcomes from the recent raft of strategic reviews are limited. There is insufficient focus on performance management of the Programme by the governance bodies and strategic understanding of the Programme among some district and county Councillors requires further development.

Audit Commission Inspection Recommendations

Recommendation One

Strengthen the strategic approach to Supporting People by:

- undertaking further assessments of needs of Gypsies and Travellers, BME groups, refugees and people with HIV/AIDS;
- refreshing the five-year strategy to identify future priorities and show how the needs of BME and other hard to reach groups will be met;
- ensuring that the revised five-year strategy fully reflects the priorities and needs of partners and key stakeholders, including the new PCTs and service users; and
- developing a countywide move-on strategy in partnership with service providers and other partners.

Recommendation Two

Improve performance management and governance of the Programme by:

- establishing a suite of performance indicators which allow managers and governance bodies to measure the impact of the Programme in terms of benefits for service users and the wider community;
- giving performance management a higher profile within governance meeting agendas;
- ensuring that all members of the governance bodies are provided with comprehensive guidance and induction;
- continuing to involve the wider body of elected members in the development of the Programme; and
- ensuring that all plans clearly set out the expected impact and outcome of each proposed action.

Recommendation Three

Improve the approach to value for money by:

- working with other Supporting People partnerships to develop further benchmarking and ensure more in-depth and meaningful comparative analysis;

- ensuring that the financial impact of all decisions taken in relation to the Programme is clearly set out in Commissioning Body reports; and
- developing robust performance reports which clearly draw attention to costs and efficiency savings.

Recommendation Four

Improve service user involvement by:

- developing a service user involvement strategy which includes clear measurable outcomes in consultation with users and advocates;
- carefully planning all major public consultation exercises; and
- ensuring that service users have an opportunity to influence decision making and participate in governance, performance management and procurement.

Recommendation Five

Improve access and information in relation to the Supporting People Programme by:

- ensuring that no providers apply restrictive access and referral arrangements and that all comply with the Programme's agreed reconnection policy;
- ensuring that front-line staff employed by the partners provide a consistent and informed approach to the Programme;
- undertaking mystery shopping of all telephone and front-line access points to the Programme across the county and taking steps to address any shortfalls in performance;
- ensuring that all documents are printed with relevant translation strap-lines;
- providing clear information to providers about financial incentives available to encourage improvement; and
- making hard copies of the local services directory available at all key access points.

All recommendations should be implemented by April 2008.

REPORT TO: CABINET 14 January 2008
BY: PETER GILROY CHIEF EXECUTIVE

CABINET SCRUTINY AND POLICY OVERVIEW
Standing Report to January 2008

Summary

1. The report provides a summary (in Table 1) of outcomes and progress on matters arising from the most recent Cabinet Scrutiny Committee (CSC) meeting held on 12 December 2007.
2. The work programme for Select Committee Topic Reviews was reviewed in depth by Policy Overview Co-ordinating Committee (POCC) at its meeting held on 5 November 2007. The revised programme and current status of each topic review are shown in Table 2.

Recommendations

3. To note
 - (i) progress on actions and outcomes of the meeting of Cabinet Scrutiny Committee held on 12 December 2007 as set out in Table 1,
 - (ii) the present programme and status of Select Committee Topic Reviews following the meeting of POCC held on 5 November 2007.
-

Background Documents: None

Contact Officer: John Wale 01622 694006

Cabinet 14 January 2008

Table 1

ACTIONS FOR CABINET/DIRECTORATES FROM CABINET SCRUTINY COMMITTEE 12 December 2007

Item/Issue	Actions and Outcomes from Cabinet Scrutiny Committee
A2 Declarations of Interest	Item D1: Mr Hart declared he was a Member of Thanet Local Board; (non-prejudicial) Item D3: Mrs Dean declared she was the Local Member for the Division in which East Malling Research Station was located (non-prejudicial); also, Mrs Stockell declared that she was a Director of East Malling Research Station.
A3 Minutes of Cabinet Scrutiny Committee 24 October 2007	The notes were noted.
A4 Informal Member Group on Libraries and Archives' Unit Business Plan – 19 November 2007	(a) Subject to note 1 (18) © (i) being amended to read (need to develop a suitable Archives facility within the next 5 years”, the notes of the IMG Meeting were noted. (b) Members requested that briefing notes on both the Kent History Centre/Archives and the Museum of Kent Life issues be prepared and circulated to the Committee. (c) List of libraries for modernization to be circulated to all Members of the Committee. Actions for (b) and (c): Cath Anley/Stuart Ballard
A5 Informal Member Group on Budgetary issues – 19 November 2007.	(i) The notes were noted. (ii) The IMG's request for updated cost figures for the Turner project , including all associated works such as the Fort Hill de-dualling scheme, to be followed up. (iii) Mr Hart asked what the status of the land freed up by Fort Hill de-dualling would be. Actions: Andy Wood/Stuart Ballard
A6 Cabinet Scrutiny Committee: Standing Report to October 2007	(i) The report was noted. (ii) Mrs Dean asked to be advised of the status of the PSHE Group chaired by Mrs Hohler. Action: John Wale/Paul Wickenden
A7 Webcasting of Meetings	The Committee agreed that all future meetings should be webcast from January 2008.

ACTIONS FOR CABINET/DIRECTORATES FROM CABINET SCRUTINY COMMITTEE 12 December 2007

Item/Issue	Actions and Outcomes from Cabinet Scrutiny Committee
<p>C1: Draft Proposal for a Public Health Observatory for Kent</p>	<p>Mr G Gibbens (Cabinet Member for Public Health, and Mr M Lemon, Policy Manager, Directorate of Public Health, and Dr D O'Neill, Assistant Director for Public Health, West Kent Primary Care Trust, were present for this item and responded to Members' questions. The Committee concluded that:</p> <ul style="list-style-type: none"> (a) Mr Gibbens, Mr Lemon and Dr O'Neill be thanked for attending the meeting and answering Members' questions; (b) Cabinet's Decision to agree to the establishment of the Kent Observatory of Public Health be supported subject to:- <ul style="list-style-type: none"> (i) there being no additional cost to KCC arising from the setting up and operation of the Observatory; (ii) all the partners in the Observatory agreeing to share their data with each other free of charge; (iii) operation of the Observatory being regularly monitored by the Health Overview and Scrutiny Committee to ensure that the Observatory continues to deliver value for money for KCC. <p>Actions: Mr Gibbens, Meradin Peachey, Mark Lemon; Dr O'Neill;/Paul Wickenden.</p> <p>© The Director of Public Health be requested to ensure that her Annual Report each year includes details of the work of the Observatory. Action: Meradin Peachey</p>
<p>C2: Free Travel for 11-16 Year Olds</p>	<p>Mr R F Manning, Lead Member for Environment, Highways and Waste; Mr D Hall, County Transportation Manager, and Mr D Joyner, Sustainable Transport Manager (E and R) attended the meeting and answered Members' questions. After discussion the Committee resolved that:</p> <ul style="list-style-type: none"> (i) Mr Manning, Mr Hall and Mr Joyner be thanked for attending the meeting to answer Members' questions.

**ACTIONS FOR CABINET/DIRECTORATES FROM CABINET SCRUTINY
COMMITTEE 12 December 2007**

Item/Issue	Actions and Outcomes from Cabinet Scrutiny Committee
	<p>(ii) All involved be congratulated on the successful launch and operation of the Freedom Pass pilot scheme.</p> <p>(iii) Cabinet be recommended that Freedom Passes should be provided immediately by the County Council, in its role as corporate parent, to all its Looked After Children in the pilot areas, with Looked After Children in other areas being provided with Freedom Passes by the County Council as the scheme is extended to those areas. Action: Mr Carter/Mr Ferrin/Mr Wells.</p> <p>(iv) The Cabinet Member for Environment, Highways and Waste be requested to announce as quickly as possible the areas to be covered by the extension to the existing Freedom Pass pilot schemes in June 2008, and by any subsequent extension before full County-wide roll-out is achieved. Action: Mr Ferrin/David Hall.</p> <p>(v) The intention to make a bid for Pathfinder status be welcomed, particularly if approval of such a bid would allow a reduced charge for the Freedom Pass to be made to disadvantaged householders. Action: Mr Ferrin/David Hall.</p> <p>(vi) Regardless of the outcome of the bid for Pathfinder status, the Cabinet Member for Environment, Highways and Waste be urged to consider the possibility of offering a reduced charge, or payment by instalments, to disadvantaged households. Action: Mr Ferrin/David hall.</p> <p>(vii) The Cabinet Member for Environment, Highways and Waste be requested to provide regular reports to the Committee to enable it to monitor the costs, charges and take-up of the Freedom Pass scheme. Action: Mr Ferrin/David Hall.</p> <p>(viii) The Cabinet Member for Environment, Highways and Waste be urged to pursue as strongly as possible the inclusion of rail travel in the Freedom Pass scheme (particularly in those areas where rail, rather than bus, provides the</p>

ACTIONS FOR CABINET/DIRECTORATES FROM CABINET SCRUTINY COMMITTEE 12 December 2007

Item/Issue	Actions and Outcomes from Cabinet Scrutiny Committee
<p>C3: KCC International Activities Annual Report 2006/07</p> <p>C4: KCC Environment Policy</p> <p>C5: Other Cabinet Decisions</p> <p>D1: Second Homes Money 2005/06 (Decision 07/01074)</p> <p>D2: Borough Green and Platt Bypass (Decision 07/01078)</p>	<p>most important local public transport link), both directly and, in the context of the bid for Pathfinder status, by asking Government to put pressure on Southeastern Railway to participate. Action: Mr Ferrin/David Hall.</p> <p>Following the request by the Dr Eddy, the Chairman, and by Mr Law and Mrs Dean, Spokespersons, additional information was provided on the costs and benefits of International Activities. Following this, the Committee decided that this matter should be referred to Environment and Regeneration Policy Overview Committee for consideration of whether the expenditure on Kent/Virginia and Smithsonian represented good value for money. Action: Mr King/Mr Pascoe/Adam Wilkinson; Tom Pelham/Christine Singh.</p> <p>Committee decided that this matter should be referred for consideration by the Climate Change Select Committee when it meets in January to monitor implementation of its recommendations. Action: Mr Ferrin/Carolyn McKenzie/Christine Singh</p> <p>None.</p> <p>Following the request from the Chairman and Spokespersons, additional information has been obtained from Thanet DC on the background to this Decision. Mr Wale reported the detail of this to the Committee, following which the Committee noted the latest information, and concluded that no further action was needed.</p> <p>The Committee decided that this matter should be referred to the Environment and Regeneration Policy Overview Committee for that Committee to monitor implementation of the Decision. Action: Mr Carter/Mr Ferrin/Mr Pascoe/Adam Wilkinson; Geoff Harrison-Mee; Sharon Thompson; Abdus Choudhury; Christine Singh</p>
<p>D3: Future of the National Fruit Collections, Brogdale (Taken as an Urgent</p>	<p><i>Mrs Stockell, having declared an interest as a Director of East Malling Research Station, left the room for the entire discussion.</i></p> <p>Mr R Gough, Cabinet Member for Regeneration and</p>

ACTIONS FOR CABINET/DIRECTORATES FROM CABINET SCRUTINY COMMITTEE 12 December 2007

Item/Issue	Actions and Outcomes from Cabinet Scrutiny Committee
Item)	<p>Supporting Independence, and Mr S Gibbons, Head of Rural Regeneration (E and R) attended for this item and answered Members' questions.</p> <p>Mr A Hillier, owner of the Brogdale Site, and Dr Joan Morgan, representing the Friends of the National Fruit Collection at Brogdale, also gave evidence in support of the principle of keeping the National Fruit Collection at the Brogdale Site.</p> <p>After questions and discussion, the Committee concluded that:</p> <ul style="list-style-type: none"> (i) Mr Gough, Mr Gibbons, Mr Hillier and Dr Morgan be thanked for attending the meeting to answer Members' questions. (ii) Letter to be sent on behalf of Committee to Minister as a matter of urgency urging that the collections remain at Brogdale. Action: Mr Gough/Stuart Gibbons/Stuart Ballard. (iii) Cabinet be recommended to urgently reconsider the Council's position on the future location of the National Fruit Collections, with a view to advising the Minister as a matter of urgency that, in the light of further information that has only recently become available, the Council now urges that the Collections should remain at Brogdale. Action: Mr Gough/Stuart Gibbons/Stuart Ballard. (iv) A reminder be issued to Cabinet Members and Managing Directors of the constitutional requirement to consult local Members before taking decisions under delegated powers or when preparing a report for consideration by the Council, Cabinet, Cabinet Member or a Committee. Action: Stuart Ballard. (v) In issuing the reminder in (d) above, Cabinet Members and Managing Directors be requested to interpret the term "local Member" widely, so as to include, as appropriate, Members who represent neighbouring divisions, or divisions whose residents make significant use of the facility concerned. Action: Stuart Ballard.

**Select Committee Topic Review Programme
Reviewed at Policy Overview Co-ordinating Committee 5 November 2007.**

Policy Overview Committee/ Topic Review/Chair	Current Topic Review status and other topics agreed for the period July 2007 to July 2008 * Updated to January 2008.
<p>Children Families and Education :</p> <p>PSHE-Children's Health: Chair Ms CJ CRIBBON</p> <p>Developing the Creative Curriculum#</p> <p>Young People's Spiritual, Moral, Social and Cultural Development#</p> <p>Vulnerable Children</p>	<p>The Select Committee's report was accepted by Cabinet on 16 April 2007, and was debated at full County Council on 24 July 2007. Annual review scheduled for April 2008. (Research Officer: Gaetano Romagnuolo).</p> <p>#POCC agreed 5/11/2007 that this should be re-bid with other potential topics in February 2008.</p> <p>#POCC agreed 5/11/2007 that this topic should also be re-bid with other potential topics in February 2008.</p> <p>POCC agreed 5/11/2007 this Topic Review should commence in early 2008 when resources become available.</p>
<p>Corporate: Accessing Democracy</p>	<p>POCC agreed 5/11/2007 this Topic Review should commence in late 2007/early 2008 when resources become available.</p>
<p>Communities</p> <p>Student Voice –Consultation and Participation with Young People#</p> <p>Provision of Activities for Young People</p>	<p>#POCC agreed 5/11/2007 that this should be re-bid with other potential topics in February 2008.</p> <p>POCC asked 5/11/2007 for an updated scoping exercise for this work, which POCC will consider in February 2008.</p>

Select Committee Topic Review Programme
Reviewed at Policy Overview Co-ordinating Committee 5 November 2007.

<p><i>Communities</i></p> <p>Alcohol Misuse Chairman: MR D HIRST</p>	<p>Inaugural meeting held on 16 May 2007; Hearings were held mid June to the end of July. In view of the importance and complexity of this topic Members of POCC agreed unanimously on 5/11/2007 to an extension of the reporting phase. The Draft Report will be completed in December 2007 and presented to Cabinet in the first quarter of 2008. (Research Officer: Gaetano Romagnuolo)</p>
<p><i>Adult Services</i></p> <p>Carers in Kent: MR L CHRISTIE</p>	<p>Inaugural meeting of the Select Committee was held on 5 June 2007, with hearings being held in July/August 2007. The report was presented to, and agreed by, Cabinet on 3 December 2007 and County Council on 13 December 2007. (Research Officer: Pippa Cracknell)</p>
<p><i>Environment and Regeneration</i></p> <p>Flood Risk MRS S HOHLER</p>	<p>POCC having agreed that this topic review should proceed as soon as possible, hearings were held during July and August. The report was presented to, and accepted by, Cabinet on 26 November 2007. (Research Officer: Susan Frampton)</p>

jhw/sc 4 January 2008