By: Graham Badman, Managing Director, Children, Families and Education

To: Children, Families and Education Policy Overview Committee - 19 September 1008

Subject: Kent Children and Young People's Plan 2008-2011 – Positive About Our Future

Classification: Unrestricted

Summary: This paper presents Kent's updated Children and Young People's Plan 2008-2011 'Positive about our Future' to members of the CFE Policy Overview Committee. The plan incorporates the results from the extensive consultation exercise and has been endorsed by the Kent Children's Trust Board

FOR INFORMATION

Introduction

1. (1) At the request of the Kent Children's Trust Board (KCTB) the Children and Young People's Plan (CYPP) 2006-2009 has been updated to reflect national and local developments.

(2) The updated plan (Appendix A) ahs been drafted at a strategic level based on the 8 high level KCTB priorities with a focus on outcomes that could be improved and delivered through multi agency/partnership working. The outcomes and activities in the revised plan are based on an updated Kent wide needs analysis (Appendix B) that builds on the Joint Strategic Needs Assessment led by health colleagues.

(3) The delivery of this strategic plan will be underpinned by the plans of the 23 Local Children's Services Partnerships.

Consultation Arrangements

2. (1) An extensive consultation exercise took place during June and July to seek the views of a full range of stakeholders including children and young people (see Appendix C for list of consultees).

(2) Members were included in the process and details of the consultation were circulated to all members through the Member Information Bulletin No 24 / 13 June 2008.

(3) Key changes arising from the consultation are detailed in Appendix D.

Children and Young People's Plan 2008-2011

3. The attached plan has been updated to reflect the feedback from the consultation exercise and was endorsed at the Kent Children's Board on 11 September 2008.

Recommendations

4. Members of the Children, Families and Education Policy Overview Committee are asked to:

- Note the updated CUPP 2008-2011 'Positive about our Future' the Kent Children's Trust partnership plan to be published in October 2008.

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Background Documents:

None

Other Useful Information:

http://www.everychildmatters.gov.uk/strategy/planningandcommissioning/cypp/

www.everychildmatters.gov.uk

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APPENDIX B

Children & Young People's Plan

Strategic Needs Analysis of Outcomes Kent 2008

Kent Children's Trust

For Discussion

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Executive Summary

This strategic needs analysis assists in defining the outcome focus of the updated Kent Children and Young People's Plan (CYPP). It uses the Kent Children's Trust's eight top priorities identified in 2007, the agreed CYPP Population Indictors Framework (see Appendix 1), and other sources of relevant population level data. The analysis can be read and understood alongside the recently completed Joint Strategic Needs Assessment for Children in Kent (where there are some common elements related to health and well-being).

Overall in Kent there are many positive outcomes for the majority of children and young people. As a needs analysis, this report focuses on issues for improvement and includes analyses of sub-groups (where data available) within the county who may not be achieving positive outcomes.

A summary of each Priority area of the Kent Children's Trust follows.

1. POVERTY

To reduce the impact of poverty (generational and situational) on children lives by tackling the underlying causes and mitigating the effects.

This means:

- ✔ *Addressing the issue of poverty across each of the Trust's Priorities*

What the most important data tell us:

- Almost 48,000 children and young people in Kent live in poverty.

Of children and young people eligible for FSM:

- There is a 21% gap in children eligible for FSM, compared to all children, in reaching the benchmark for foundation stage profile.
- There is a gap in achieving Level 4+ at Key Stage 2 of 26% in English and 27% in Maths compared to non-FSM pupils.
- There is a gap of 33% in achieving 5 A*-C GCSEs including English and Maths compared to non-FSM pupils.
- There is a gap of 32% in achieving full level 3 qualifications compared to non-FSM pupils.
- 66% who were post-16 said they *never* had a say on school/college issues (compared to 24%).
- Almost 1 in 10 said "not having a place to do homework was a barrier to their learning (9% compared to 6%).
- 12% of 11-19s smoked "most days (compared to 6%)
- 36% said their area was a good place to live (compared to 48%)
- 47% were at home most days from 7pm onwards (compared to 57%)
- Many were bullied in the area they live - 40% of 7-11 year olds had been picked on in the area they lived (compared to 26%); and 42% of 11-16s had been bulled in the last year (compared to 31%) – they were also more likely to have been bullied in their *local area* (48% compared to 32%)

- 60% said that they felt safe *in the area they live* 'most of the time' (compared 70%)

What children and young people have told us (not just those eligible for FSM):

- Over 1 in 3 said cost was a barrier to activities they wanted to do; about 1 in 4 said lack of transport was a barrier.
- Over 1 in 4 said lack of money was potentially stopping them from achieving their future aspirations; about 1 in 6 said lack of transport was barrier.

2. RESILIENCE, CHOICES & COPING

To draw on and improve resilience in children and young people to help them make informed and healthy/safe choices and develop coping strategies. To include a focus on children and young people with emotional and/or mental health problems.

This means

- ✔ Improving early intervention for emotional and mental health
- ✔ Reducing risk-taking behaviour - substance misuse
- ✔ Developing resilience, confidence, and learned optimism (self-efficacy)
- ✔ Living healthier, more active lives (healthy weight)

What the most important data tell us:

- Almost 1 in 10 young people 11-16 (9%) and 1 in 4 post-16s (25%) admitted to "getting drunk" at least 1 or 2 times a week. By age 13/14 (Year 9), this accounts for one in every fourteen young people (7.4%) increasing to one of every five (20.3%) by 15/16 years old (Year 11). *Young people with SEN at school action and action plus level were more likely to say that they got drunk, than non-SEN or pupils with statements of SEN*.
- Arrests of young people for drink offences have increased from 278 in 2005/06 to 403 in 2006/07.
- The rate of teenage conceptions has declined more slowly than targeted (at 37.1 per 1,000 in 2006), reflecting reductions in some areas and increases in others. *Teenage conceptions are related to many influences, beyond sexual health issues, to include relationships, aspirations, as well as substance misuse*.
- There were 395 hospital admissions for self-harm in 2006; while a small number, it may be indicative of need for earlier intervention and prevention for those with mental health concerns.
- 22.7% of 5 year olds (Reception year) are obese or overweight, increasing to 30.9% by age 10 or 11 (Year 6); Kent rates are slightly lower than national. *Girls are less likely to be physically active, boys are less likely to eating healthy balance of foods, and older children are less likely to be eating healthy balance of foods.*

What children and young people have told us:

- Most children and young people know smoking is unhealthy; almost as many young people think getting drunk can be dangerous (but about 1 in 10 do not think so).

- Almost half of young people said they did not get enough information about how to "get advice about relationships". *Most girls said this – even more than said they wanted information about sexual health*.
- About 1 in 10 feel very sad or depressed most days.

3. PARENTING

To improve parenting by implementing Every Parent Matters and developing more effective multi agency support and early intervention for families experiencing problems. To include:

- ***taking action to increase fathers involvement in their children's upbringing***
- ***reducing the incidence & impact of domestic violence and substance misuse on children and families***
- ***improving the communication & interaction development of younger children***

This means:

- Improving "accessibility" in its broadest sense through Local Children's Services Partnerships.
- Parents' interacting and engaging with young children
- Improving parents' outcomes, including domestic violence and in adults' services (mental health, substance misuse)
- Reducing smoking during pregnancy

What the most important data tell us:

- 17.4% of mothers who were recorded as smokers in Kent at the time of delivery of their baby in 2006/07. *Incidence is greater in areas of deprivation.*
- 69.3% of mothers initiated breastfeeding in 2006/07.
- 80% of parents read with their 0-4 year olds everyday but 8% said they do this only once a week or less (4% of these "never")
- There was a rate of 11.6 incidents of domestic violence per 1,000 in the population in 2005/06**.**

What parents have told us:

- Almost three-quarters of parents had sought information or advice at some point but that many parents, particularly parents of 11-16 year olds, did not feel they could get answers to all their parenting concerns locally.
- Parents were most likely to turn to a) schools for information/advice about children's activities and education/careers, b) friends/family about safety, and c) their Doctor or medical centre about health.

4. HOUSING

To improve the quality and stability of housing provision for vulnerable children & young people through to early adulthood

This means:

- Initiating community/neighbourhood based engagement and responses to address concentrated areas of poor outcomes, often linked with poor housing and deprivation.

- Preventing issues that lead to young people's homelessness or poor housing conditions (long-term and temporary periods).

What the most important data tell us:

- Deprivation in the housing and services domain is significant in Kent, particularly affecting rural areas.
- About 1 in 10 people in Kent have housing related issues (ranging from having large amounts of consumer debt to very deprived areas.
- 6.5% of households had no central heating and 5.3% were overcrowded in 2001.

What children and young people have told us:

- Care leavers have had concerns about housing, which has been taken up by partners to improve.
- Almost 1 in 10 children eligible for *FSM* said that not having a place to do homework is a barrier to their learning.

5. VULNERABLE GROUPS, INCLUDING YOUNG CARERS

To improve the achievement and quality of life for young carers by implementing the Young Carers Strategy.

This means:

- Ensuring services of all partners understand and address the needs of the most vulnerable groups in Kent.
  - Children and young people with learning difficulties and/or disabilities
  - Looked After Children
  - Children and young people from BME groups (particularly Gypsy/Roma)
  - Children, young people and families in poverty (see Priority 1).
- Young carers, while not represented in data sets, are a nationally recognised vulnerable group. Improving the outcomes of parents (adult services) who rely on their children to care.

What the most important data tell us:

- Throughout this document, these groups are highlighted as vulnerable to poor outcomes, where to data allows for this kind of analysis (including education-related data and the Children and Young People of Kent survey data).

6. Things to do, Places to Go

To ensure more young people have things to do and safe places to go in their leisure time and improve outcomes for adolescents at risk to themselves and potentially others, through for example implementation of the Integrated Youth Strategy

This means:

- Addressing costs and transport barriers to activities, particularly for those in poverty (see Priority 1).
- Resolving locality specific barriers or lack of provision through Local Children's Services Partnerships.

- Recognising the presence and contribution young people make in Kent communities, and balance the focus on offending.

What the most important data tell us:

- There were 1,897 first time entrants into the Youth Justice System in 2007/08 – a rate of about 1.3% of 10-17 year olds.
- Many 11-16s (43%) and post-16s (33%) indicated they would like to do other activities in their spare time that they currently do not do - *11-13 year olds said this most often (52%).*
- Over one-third of 11-16s said nothing was stopping them from doing activities they wanted, but barriers stopping many others were: cost (33%), lack of time (30%), not available locally (27%), lack of transport (23%), and/or family safety concerns (11%).
- Over half of 7-11s said they had the chance to have their say on what happened at school (56%) and over two-thirds of 11-19s said they did at least sometimes (67% 11-16, and 70% post-16). However, a quarter of 11-19s felt they *never* had the opportunity to have their say (25% and 24%) – *66% of post-16s eligible for FSM felt they never did.*
- Almost half of children (7-11) thought they had the chance to have their say on what happened in the area in which they lived (47%) but more than half of young people 11-19 said they *never* had the chance (54% 11-16 and 65% post-16).

What children and young people have told us:

- Young people 11-19 said they would like to do things like: football (including American football), swimming, dancing (including hip-hop and Bollywood), ice skating, trampolining, going to a gym/fitness centre/keeping fit, tennis, horse riding, music, and martial arts.
- 55% of 11-16s indicated they were usually at home from 7pm onwards on weekdays; *this is lower for those eligible for FSM (47% compared to 57%) with SEN (44%, compared to 60%) or who were looked after (35% compared to 57%).*
- Most children and young people said they do things to help others. Among young people (11-16 and post-16), many agree they already do things like recycle (56% and 62%), help a neighbour (30% and 25%), help someone who is being bullied (27% and 22% - see Priority 8) and raise money for charity (26% and 25%). More young people said they would like to do these things, indicating a desire to do more. Fewer young people were interested in school/college councils.

7. ENGAGEMENT& PARTICIPATION

To increase engagement and participation by young people in education, employment and society in order to prevent disaffection and improve security

This means:

- Improving early childhood development by age 5, through early years and other influences on development, including parenting.
- Increasing engagement and attainment by age 11, particularly for specific groups of children and areas.

- Increasing engagement and attainment by age 16 for specific groups of young people.
- Increasing engagement, participation and attainment by age 19 for specific groups of young people
- Linking actions for improvement to Priority 1 (Poverty).

What the most important data tell us:

- Under half (43%) of 5 year olds reached the national benchmark for the foundation stage in 2007 (46% nationally). *There are gaps between the achievement of all pupils and certain groups of children: SEN (30% gap), those eligible for FSM (21% gap), children from BME groups (5% gap) and between boys and girls (9% gap for boys). Those who have EAL also have a lower proportion reaching this level (13% gap) that may also reflect language spoken by this age*.
- Two-thirds (66.7%) of children achieved Level 4+ in Key Stage 2 in both English and Maths in 2007 (age 11) - an improvement on the previous year (71% nationally, which also improves year on year). *Gaps in achievement by certain groups are evident in English and in Maths, with the most noticeable in English for: SEN (51% gap to non-SEN), FSM (26% gap to non-FSM), and for boys (9% gap to girls, narrowing) as well as Gypsy/Roma, Irish Traveller, non-British white, and LAC although these latter are smaller groups*. Persistent absence for Primary pupils in 2006/07 was 1.7% in Kent (statistical neighbours 1.5% and England 1.8%.)
- 48.5% of young people achieved 5 or more A*-C GCSEs including English and Maths in 2007, which improved on the previous year. This is better than national (45.9%), but there is a gap for some groups: *LAC in Kent schools (43.5% gap to non-LAC), Gypsy/Roma (none achieved this threshold, the gap in effect is 49%), SEN (47% gap to non-SEN) and FSM (33% gap to non-FSM).* Persistent absence for secondary pupils improved to 6.8% in 2006/07 (statistical neighbours at 5.9% and England at 6.7%.)
- 47.2% of young people achieve full Level 3 qualifications by age 19 in 2006/07(48.0% nationally), *but while better than previous years, this achievement by those eligible for FSM shows a gap of 32% to those not-eligible for FSM – a wider gap that national FSM at 25.4%).*
- The proportion who is NEET is decreasing (5.3% in 2007/08) and has been lower than national; *over–represented groups in Kent are teenage parents, pregnant teenagers, LAC, and young people with LDD*.
- The rate of re-offending stands at 40.2% for the 2005 cohort (35.7% nationally) and there is no clear trend. The chances of a young person re-offending are greater for boys, those with more complex issues (including mental illness and/or substance misuse), and persistent problems (including with family or with education).

What children and young people have told us:

- While over one-quarter of young people said nothing is making it difficult to learn, others said other pupils being disruptive (54% 11-16s and 43% of post-16s), and/or not getting feedback on how they are doing (24% and 28%) makes it difficult to learn.
- About 1 in 10 young people thought it was okay to miss school if they felt like it.

- Two-thirds know what sort of job they want when they grow up. Barriers to achieving what they want in the future were: lack of money (26%, see Priority 1), not having the right qualification (24%), lack of information or advice (14%), wanting to stay in the local area (14%) and/or lack of transport (12%, see Priority 1).

8. BULLYING & COMMUNITY SAFETY

To take action to reduce the incidence and impact of bullying in school and the community

This means:

- Decreasing incidence of bullying at school, in local areas and getting to/from school – particularly for some groups of children and young people.
- Reducing the rate of young people who are victims of crime (often victims of young offenders) and addressing concerns of those who do not feel safe in areas they live.
- Reversing the increasing rate of injuries leading to hospital admission, including unintentional injuries as locally identified.

What the most important data tell us:

- About 1 in 3 children and young people experience bullying. Bullying declines between 11 to 19 years old with 31% of 11-16s and 14% of post-16s having been bullied in the 2006/07 school year; of those 11-16 who had been bulled at school, for one-third this happens on most days. Of Primary children, 38% had been picked on or bullied at school, 27% in the area they live, and 13% going to or from school. *Children with SEN are more likely than their peers to be bullied at school amongst 11-16s and in the area where live amongst 7-11s. Those eligible for FSM were more likely than their peers to be bullied in the areas where they live*.
- There were 3.3% of children and young people 0-18 who were victims of crime in 2005/06 (10,654 incidents). Violence against the person was by far the most common type of crime (50%). Young people are much more likely to be a victim than a perpetrator of crime.
- The rate of hospital admissions for injury shows a rising trend. In 2006/07, there were 14.8 admissions per 1,000 aged 0-19, accounting for over 5,100 admissions (a 7.4% increase on last year). Falls are the most common cause (29%) followed by other forms of injury due to external causes, transport accidents, self-harm (see Priority 2) and assaults/undetermined events.

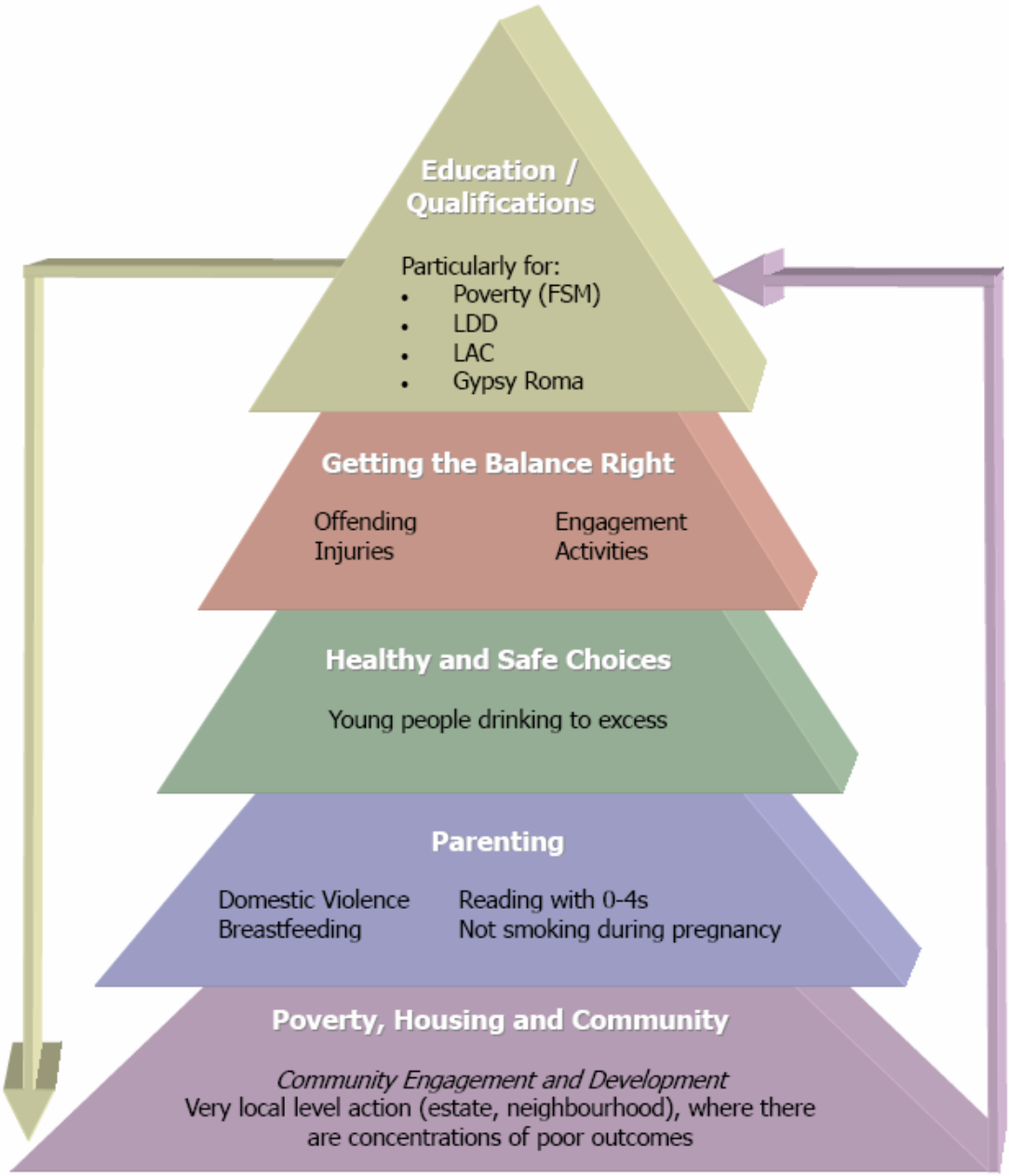
What children and young people have told us:

- One in ten said bullying was making it difficult for them to learn.
- Helping someone who is being bullied declines with age. While 4 in 5 Primary children tell an adult if someone is being bullied, this drops to 1 in 4 secondary young people who help someone who is being bullied; however, over half would like to help.
- 56% of 11-16s and 37% of post-16s reported that they never shared information about themselves on the internet, but 27% and 35% did so at least one or two

times a week. *About a quarter felt they needed more information on internet safety (24% and 25%).*

- Most feel safe most of the time at school or college, getting to/from school or college, and in the areas they live, but about one-quarter only sometimes feel safe and a concerning few (under 10%) feel safe not very often or never (who were mostly concerned about gangs, people carrying knives, and people hanging around). *Of those who do not feel safe in the area they live, these are more often girls and young people with SEN and/or are eligible for FSM who have specified safety concerns*.

Across all of the above findings, taken thematically, the things most important to improve across the priorities are represented in the following graphic.


Education / Qualifications
Particularly for:
Poverty (FSM)
LDD
LAC
Gypsy Roma
Getting the Balance Right
Offending
Injuries
Engagement
Activities
Healthy and Safe Choices
Young people drinking to excess
Parenting
Domestic Violence
Breastfeeding
Reading with 0-4s
Not smoking during pregnancy
Poverty, Housing and Community
Community Engagement and Development
Very local level action (estate, neighbourhood), where there are concentrations of poor outcomes

Purpose & Methods

The Kent Children and Young People's Plan (CYPP) 2006-2009 was developed following DfES[1] guidance, needs analysis, and consultation across partners and with children and young people. In early 2007, the Kent Children's Trust approved a population indicators framework for the CYPP. Following the 2007 CYPP Review and completion of the first Children and Young People of Kent survey, the Trust identified eight top priorities to which all partners can contribute to improving outcomes.

This paper is an updated strategic needs analysis of outcomes to inform these priorities using the population indicators and other key sources. It uses available data to identify where outcomes can be improved and where there are gaps in achieving outcomes for some vulnerable groups. While this analysis informs the new CYPP, the performance management framework to support the CYPP will be aligned with the new National Indicator Set (NIS). As such, some data presented here will ultimately be replaced with new NIS baseline data.

As the DCSF requires the CYPP to be based on a thorough needs analysis (and be reviewed each year) the Department of Health requires a "Joint Strategic Needs Assessment" to address health and well-being. The latter has also been completed ("Joint Strategic Needs Assessment for Children in Kent"). It includes evidence-based interventions and can be read alongside this updated needs analysis (http://www.clusterweb.org.uk/Children/kct_countydata.cfm)

One last word on a cautionary note about small cohorts; in analysing data to identify gaps in positive outcomes for some groups of young people, some sub-groups become quite small. Therefore, for example, while groups of children and young people eligible for Free School Meals (FSM), or who have Special Educational Needs (SEN) are of a large enough size, the cohorts for looked after children or who are Gypsy/Roma are smaller and caution must be used in interpreting trends.

[1] Department for Education and Skills, now Department for Children, Schools and Families (DCSF)

Analysis of Outcomes

1. POVERTY

To reduce the impact of poverty (generational and situational) on children lives by tackling the underlying causes and mitigating the effects.

Rationale

"Growing up in poverty damages children's health and well-being, adversely affecting their future health and life chances as adults. Ensuring a good environment in childhood, especially early childhood, is important. A considerable body of evidence links adverse childhood circumstances to poor child health outcomes and future adult ill health. Adverse outcomes include higher rates of: mortality from accidents. poor dental health, child mortality, low educational attainment, low birth weight, childhood obesity, school exclusions, infant mortality, teenage pregnancy, some infections, substance misuse, mental ill health. By international standards the comparative picture of child poverty in the UK has been poor. International variation in child poverty levels shows that child poverty is not inevitable. In other countries experiencing similar demographic changes and economic pressures to the UK, children have been protected from escalating child poverty by social policy favouring progressive taxation, higher spending on social protection for children. Eradicating child poverty is now a national policy target.[2]"

The individual benefits of employment, which may include financial means, also can support self-esteem, aspirations, as well as examples parents give to their children. Yet, efforts to resolve child poverty through a return to work have been partial in success, as a return to work has meant a move from "workless poverty" to "working poverty" for too many[3]. *Child Poverty in Perspective: An Overview of Child Well-being in Rich Countries*[4]" states:

- "There appears to be little relationship between levels of employment and levels of child poverty".
- "Variations between counties in the proportion of children growing up in lone-parent families do not explain national poverty rates."
- "In many OECD countries there is a pronounced trend towards lower relative earnings for the lowest paid."

"Tackling poverty in families is central to addressing the inter-generational cycle of disadvantage"[5]

"Ending child poverty requires a sustained national, local and regional effort across all agencies, service providers and professionals, but also businesses and communities.

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[2] Community Health Profiles, 2007; NHS and Association of Public Health Observatories, Interpretation of children in poverty.

[3] Working out of Poverty. A Study of the low-paid and the 'working poor'; Graeme Cooke and Kate Lawton, Institute of Public Policy Research, January 2008.

[4] Unicef 2007, p.7

[5] *Think Family: Improving the life chances of families at risk*, Cabinet Office, Social Exclusion Task Force, 2007, p.5

Regional and local economic and regeneration strategies need to address the needs of the most disadvantaged families.[6]".

Analysis and Interpretation

In England in 2001, there were 21.3% of children living in poverty[7]. Kent is ranked as significantly better than the England average at 17.6%; yet, this still accounted for **47,936 children in poverty**. Averaging also masks local variation, as both Thanet (27%, 6,881 children) and Shepway (22.4%, 4,213 children) ranked as significantly worse than England. No District in Kent has fewer than 5% of its children, or fewer than approximately 2,500 children, living in poverty.

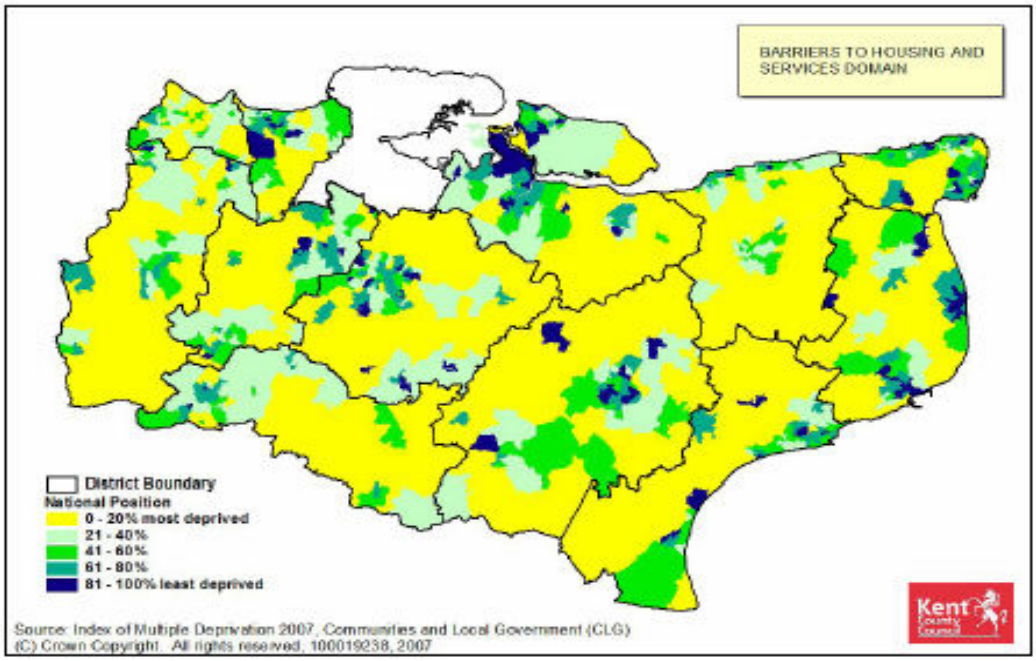
The **Index of Multiple Deprivation scores (IMD)** ranks Local Authorities' positions based on different domains. Many overall IMD positions in Kent areas were worse in 2007 than in 2004 (in the points which follow[8]).

- Kent's ranking nationally on IMD rose (i.e. became more deprived) by 2 since 2004. It is now 16.99, placing it 104th out of 149. It is also the 2nd most deprived amongst the southeast's county councils.
- The position also rose for 10 of the 12 Districts in Kent. "The deprivation rank of Kent districts illustrates the extreme social and economic differences across the county. Thanet is within England's top 20% deprived and Sevenoaks is within England's least 20% deprived." Thanet's position was 65th of 354, a move up of 20 positions in deprivation ranking.
- "Kent areas suffer the most from barriers to housing and services deprivation. There are more Kent LSOAs in England's top 20% deprived on this domain than there are on any other domain." (See section 4, Housing). "The pattern of deprivation across Kent varies for each of the different domains (types of deprivation). However, urban areas, and particularly those in coastal locations and in north Kent, tend to suffer the most in all domains with the exception of the Barriers to Housing and Services domain where rural areas are affected more greatly."

[6] P. 36, The Children's Plan, DCSF, 2008

[7] NHS, Health Profile 2007 for Kent; data based on prevalence of children living in families receiving means-tested benefits, percentage resident population, under-16 years, 2001, persons.(part of Indices of Deprivation 2004 – Income deprivation domain)

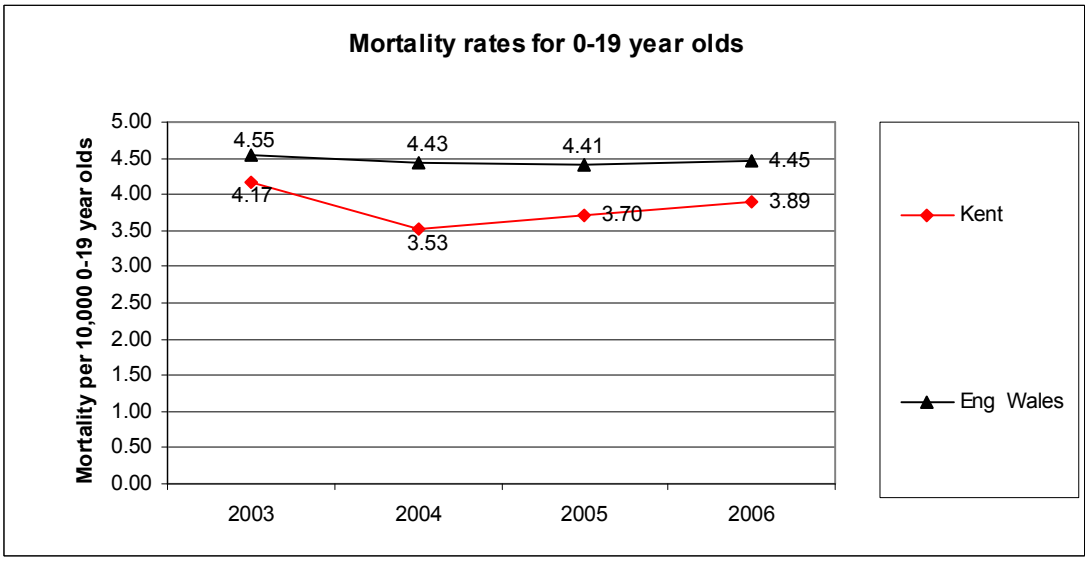
[8] The Pattern of Deprivation in Kent, based on the Indices of Deprivation, 2007; KCC, E&R, Analysis and Information Team.



The Analysis and Information Team
Kent County Council
www.kent.gov.uk/research

- The following indicators constitute the housing and services deprivation domain, and are therefore key to addressing deprivation in Kent:
  - Household Overcrowding
  - Local authority level percentage of households for whom a decision on their application for assistance under the homeless provisions of housing legislation has been made, assigned to the constituent SOAs .
  - Difficulty of access to owner-occupation (modeled estimates)
  - Road distance to a GP Surgery
  - Road distance to a general store or supermarket
  - Road distance to a Primary school
  - Road distance to a Post Office or sub-post office.
- "Deprivation related to barriers to housing and services is concentrated in rural areas. This is partially related to the distance people live from services in rural areas but also because of difficulty people in rural areas have entering owner-occupation. Many native rural residents are being out-priced by town-dwellers looking to move to the country or city workers buying rural properties in Kent as 2nd homes. Nearly all of the areas in Kent's top 20% deprived are also within England's top 20% deprived. This is because approximately 78% of Kent's land area is rural."
- See Appendix 2 for a table of most deprived LSOAs and Appendix 3 for District level maps of *Income Deprivation Affecting Children Index*.

Rates of **mortality** and **low birth weight** can be related to poverty (trend data on following page).



(Source: Derived from Kent & Medway Health Informatics Service, and ONS population statistics)

The **neonatal death rate** (deaths within 4 weeks of birth) is stated as a rate of 1,000 live births. The **neonatal mortality rate** is 2.3 in Kent compared to 3.5 per 1,000 live births in England and Wales (2006). The **0-19 years old mortality rate** includes the numbers of neonatal deaths and is stated as a rate of 10,000 in the resident population in the age group 0-19 years.

The **mortality rate for the 0-19 years old**[9] in Kent is also lower than the national rate. However, the 0-19 year old mortality rate is increasing. There are a number of different causes, some only related to the very young. Regional variation in the mortality rate for 0-19 years old ranges from 2.6 per 10,000 in Dartford to 4.9 per 10,000 in Thanet (over 2004-2006). Mortality is not split evenly by gender, with 67% being male and 33% female (2004-2006).

If the number of neonatal deaths is calculated as a percentage of all deaths in the age group 0-19 years, at Local Authority level Ashford has the highest at 51%, Sevenoaks the lowest at 25% with Kent at 34%. Other causes relate to community safety (see Priorities 6 and 8).

The term **'Low Birthweight'** is used to describe babies who are born weighing less than 2,500 grams (5lbs 8oz). The average birthweight is about 7lbs. The primary cause of low birthweight is premature birth (born before 37 weeks gestation). Although a baby born prematurely is more likely to be small there are other factors that can contribute to the risk of low birthweight.

- Age of mother (teen mothers have a higher risk of having a baby with low birthweight).
- Multiple births usually have a lower birthweight than single births.
- Mother's health – Babies born to mothers who have been exposed to drugs, alcohol and cigarettes are more likely to be a low birthweight (See Priority 3), as

[9] Derived from Kent & Medway Health Informatics Service, and ONS population statistics

are babies born to mothers who have had poorer pregnancy nutrition, inadequate prenatal care or pregnancy complications.

In Kent, the **rate of low birthweight** is declining (6.92 in 2006) and remains below national (7.87), although there are different trends at District level. As single parents are over-represented in poverty figures, "it is notable that in Kent there are 25% more low birth weights indicated by sole registrations relative to all such registrations"[10].

The Children and Young People of Kent Survey[11] (CYP Survey), included information about **barriers that young people experience** to things they want to do, including their plans for their future (see Priority 6). The following findings can be related to young people's financial barriers.

While many young people said "nothing was stopping" them from doing activities they wanted to do (35% of 11-16s and 23% of post-16s), there were some significant barriers.

- **Cost** was identified by 33% of 11-16s and 51% of post16s - the most frequently identified barrier. There was little difference between secondary pupils eligible for FSM who indicated this was a barrier (37%) of compared with 34% who were not eligible.
- **Lack of transport** was identified by 23% of 11-16s and 31% of post-16s. This was particularly so for those eligible for FSM (30%) compared to others (24%).
- Post-16s more frequently identified barriers than those 11-16.

Similarly, many young people said "nothing was stopping" them in achieving their future aspirations (41% of 11-16s and 32% of post-16s). Yet, amongst other barriers, two relate to finances:

- **Lack of money** was seen as a barrier by 25% of 11-16s and 36% of post-16s. Of pupils eligible for FSM, 29% saw this as a barrier (26% of their peers).
- **Lack of transport** was also mentioned by 13% and 11% of these age groups respectively. More pupils eligible for FSM saw this as a barrier (19%, compared to 12%).
- Again, it was young people post-16 who perceived more barriers, perhaps due to their being at a point in their lives of making important decisions about education, employment or training.

See also Priority 7 (gaps in attainment for pupils eligible for FSM).

Narrowing the gap

The above evidence shows that poverty is impacting on outcomes for Kent's children and young people. It also suggests that the broader experience of deprivation has not been improving in recent years - in the localised areas where it does exist, this impacts on the lives of young people and families with children.

[10] ibid; sole registrations where only the mother's name is given on birth registration.
[11] Children and Young People of Kent Survey, KCC and NFER, 2007

Addressing the underlying causes of poverty, and mitigating its effects, must address the different localised natures of its lived experience. This lived experience includes barriers that may not be readily apparent to some, including the fact that those in poverty are subject to higher tariffs, charges and fees as a result of lacking access to bank accounts and electronic financing[12]. Some aspects of poverty are experienced differently in localities across the county and this includes its connection to Housing (see Priority 4 on Housing). It also entails addressing rural aspects (including accessibility and transport) as well as different responses to the urban challenges of poverty in other areas.

The CYP survey shows that barriers due to costs and transport are real for young people. This is not only so for activities they want to do, but also for their hopes and plans for the future. In turn, this can have an impact on their belief that they can attain their plans for their future and possibly to continue with their education and training.

Many services focus on *mitigating the effects of poverty* to improve outcomes for its citizens, including children and young people. This includes, among other things, encouraging the take-up of benefits, healthy pregnancies, training/adult education, supporting an individual's return to work, as well as improving the educational aspirations and outcomes of young people living in deprived areas so they can escape generational cycles of poverty for themselves and their future families.

These above efforts to mitigate the effects of poverty are challenged by the broader *underlying causes of poverty.* It is difficult to escape the cycle of poverty without a broader socio-economic environment which enables one to do so, by having affordable and safe housing, good wages, training prospects within employment, etc. Therefore, as stated in The Children's Plan (national), a broader approach across all partners is required.

2. RESILIENCE, CHOICES & COPING

To draw on and improve resilience in children and young people to help them make informed and healthy/safe choices and develop coping strategies. To include a focus on children and young people with emotional and/or mental health problems.

Rationale

Resilience is an often-quoted quality that has to do with certain characteristics an individual (or group of individuals) has to face challenges in life and to protect them from negative outcomes. This includes a belief that one can make a difference in one's own life (self-efficacy), as well as their capability, aspirations, and confidence. There are certain aspects of a young person's life which can help them be, and become, more resilient including having support from others/someone to talk to, encouragement from important people in their lives, and healthy strong connections with family/carers.

[12] *Families in Kent: A new perspective on families living in poverty*. Social Innovation Lab, KCC 2008

The Unicef child well-being report[13] found that the UK placed 21st of 21 countries for the "Behaviours and Risks" dimension and 20th of 21 for "Subjective Well-being". Several of the indicators that make up these dimensions are reflected in this Priority area of the Trust as a balance of risk-taking behaviours as well as protective factors in one's life mitigating risks.

Analysis and Interpretation

A number of indicators in the CYPP Population Outcomes Indicators Framework inform this priority area of the Trust.

Rate of Hospital admissions for injury (0-19) includes not only factors relating to safe places for young people to go (see Priority 6) and safe communities (see Priority 8), but also includes figures for young people being admitted to hospital as a result of actions which have put them into danger (e.g. alcohol-related incidents or self-harm). The overall admissions rate has been increasing in Kent (14.8 admissions per 1,000 aged 0-19 in 2006/07) - the majority due to falls. While a smaller number of admissions are as a result of **self-harm**, this has been increasing, reflecting 395 incidents amongst young people for 2006/07.

Most primary children (72%) indicated they **usually feel happy** and most secondary aged young people said they **enjoy their lives** (75%)[14]. There are some geographic differences in responses across LCSPs as well as by some sub-groups:

- **FSM** (14%), **LAC** (14%) **SEN** (12%) groups of Primary children indicated somewhat more frequently that they **did not usually feel happy** compared to their peers (8%, 9%, and 8% respectively).
- Boys were more likely to indicate that they strongly agree with the statement **'I enjoy my life'** for both 11-16 and post-16 (50% and 48%) compared with **girls** (38% and 31%). Smaller proportions of secondary pupils eligible for **FSM** (69%), who were LAC (66%) or had SEN (69%) said they enjoyed their lives compared with their peers (77%, 76% and 78% respectively).

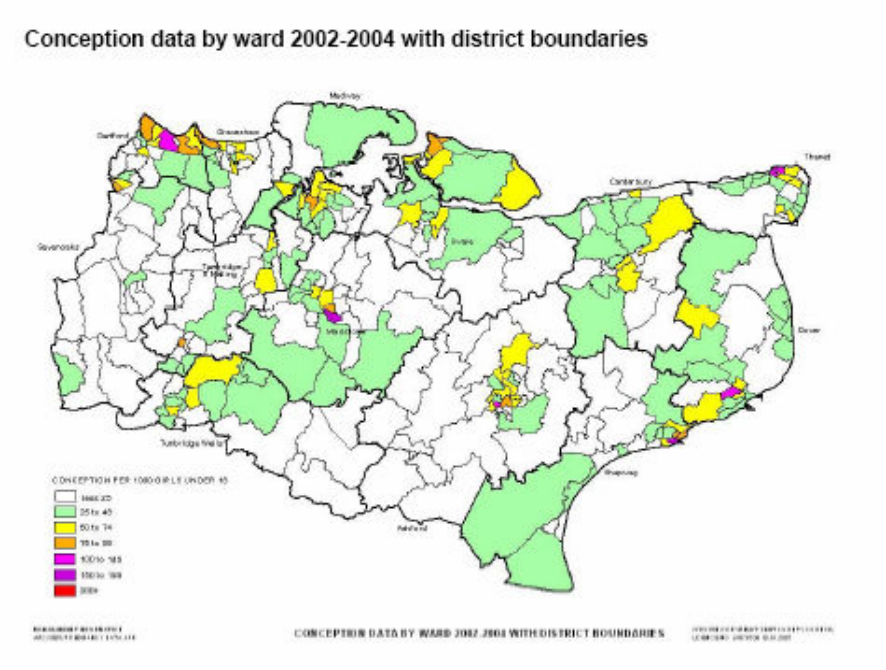
About 1 in 10 young people 11-19 in Kent said they felt **sad or depressed most days**[15] (11%, which is approximately what one may expect in the population – see also JSNA for Children in Kent, 2008). Variation across LCSP areas (based on schools attended) shows a high of 17% to a low of 7%. Further:

- One in five who were **looked after** said they felt sad or depressed most days (20%) compared with their peers (10%). The difference was less for young people eligible for **FSM** (16% compared with 10%), and those with SEN (15% compared with 9%).
- Boys were more likely to say they *never* felt sad or depressed compared to **girls** (29%and 10% respectively). Similarly, girls were more likely to say they felt sad or depressed *at least once or twice a month* compared to boys (64% and 36% respectively).

[13] *An overview of child well-being in rich countries*, 2007
[14] CYP of Kent Survey, 2007
[15] ibid

The **sexual health** of young people also reflects their ability to make informed and healthy/safe choices. While data for sexually transmitted infections (STIs) is not yet readily available at county level, **teenage conception figures** are, which show the 2006 under-18 conception rate at 37.1 per 1,000 [16]. While the rate has reduced 11.9% from its 1998 baseline, the conception rate is not yet nearing the 2010 target of 21 per 1,000 and remains higher than other Southeast authorities.

There is variability across Districts, where Maidstone, Dartford and Swale show increases on the 1998 rate. Locality issues, as represented in the following map[17], reflect pockets where conception rates are higher.



Around three of every five young people reported having enough information on sexual health (60% 11-16 year olds and 57% post-16s) and a quarter said they did not (26% and 29%). Fewer said they received enough information about how to get advice about relationships, whereas nearly half (43% of 11-16s and 48% of post-16s) said they **did not get enough information about how to get advice on relationships**[18]. Those with SEN, who were looked after, or had EAL, were less likely than their peers to say they needed more information/advice. While there are differences across localities' findings, at a county level **girls** were more likely to say they did not get enough information about sexual health (37%) or about how to get advice about relationships (59%) than boys (25% and 44%).

One factor linked to a person's ability to make good choices, or likelihood to engage in higher-risk behaviours, is alcohol consumption. **Drinking to excess** can be a

[16] Under 18 Conceptions Summary. Local Authorities and Primary Care Trusts in Kent to 2006.
[17] ibid
[18] CYP of Kent Survey, 2007

contributing factor to young people's hospital admissions, conceptions/sexual health, attendance (see Priority 7), and involvement in offending (see Priorities 6 and 8).

"Drinking to excess is one of the leading causes of disease, injury, disability and premature death. The annual number of alcohol-related deaths in the UK more than doubled between 1991 and 2005 (when the figure was 8,386). It is estimated that some 17 million working days, costing £6.4 billion, are lost in the UK each year due to alcohol-related sickness absence. Alcohol misuse also contributes to health inequalities.[19]"

National research confirms the linkages between smoking with drinking alcohol and drug use:
"The patterns of behaviour associated with having recently drunk alcohol (in the last seven days) were not unlike those related to regular smoking. Pupils who smoked regularly were more likely than those who had not, to have drunk alcohol recently. Similarly, pupils who had taken drugs were more likely to have drunk alcohol recently than those who had not."[20]

". . . Findings show a consistent pattern of differences between the prevalence of smoking, drinking and drug use; drinking alcohol is the most prevalent of the three and is also seen as more acceptable for pupils in this age group by parents and pupils themselves.[21]"

In Kent, survey data[22] show that **many young people never "drink alcohol"** (36% of 11-16s and 11% of post-16s) or never "get drunk" (61% of 11-16s and 23% of post-16s). Yet -

- Almost 1 in 10 young people 11-16 (9%) and 1 in 4 post-16s (25%) admitted to **"getting drunk"** at least 1 or 2 times a week. Pupils with EAL were more likely than their peers to say they had *never* been drunk (82% compared to 58% of peers). While a small figure, there were 4% of pupils with SEN who admitted to getting drunk on "most days" compared with 2% of their peers.
- About one of every fourteen Year 9 young people (13 or 14 years old) indicated they got drunk at least 1 or 2 times a week (7.4%). This increases to one of every five by Year 11 (20.3%).
- Boys post-16 were more likely than girls to **"drink alcohol"** 1 or 2 times a week (47% compared to 37%).
- Most young people agreed "getting drunk can be dangerous" (85% of 11-16s and 86% of post-16s), especially those with EAL (98%) possibly suggesting some home or cultural influences. However, 9% of young people were not sure if it could be dangerous and 5% disagreed (among 11-16s).

Alcohol-related hospital admissions data indicate that this has almost doubled from 885 in 1997-98 to 1,454 in 2006/07[23]. Arrests of young people for drink offences have also increased, from 278 in 2005/06 to 403 in 2006/07[24].

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[19] Alcohol Misuse Select Committee Report, Kent County Council, March, 2008; p.8
[20] *A survey of smoking, drinking and drug use among young people in 2006*, The Information Centre ONS, NHS, and NFER.
[21] Ibid, page 11.
[22] CYP of Kent survey 2007

Hospital admissions in *Kent and Medway* 2005-2007[25] show the following:

- Men make up a larger proportion of **admissions for drugs and alcohol** than women; while a smaller proportion than older men, boys 15-19 represent 4% of these admissions while those 10-14 make up less than 1%.
- Girls 15-19 represent 3%, while girls 10-14 make-up 1%. Girls 15-19 make-up a significant proportion of those admitted for other evidence of alcohol (7.5%) while 10-14 year old girls represent almost 2%. Girls are also over-represented in admission for **toxic effect of alcohol** – the 15-19 year old age group is the most significant of either gender at over 8% while 10-14 year old girls reflect approximately 1.5%.

Teenage conceptions can also be related to alcohol consumption. A May 2006 NSPCC Casenotes report about calls related to pregnancy/pregnancy scares (the vast majority of which were from girls), found that[26]:

- *"Many of the young people who call ChildLine to talk about unprotected sex say that alcohol played a part in their decision-making. Internationally, there is evidence that drinking leads to reduced use of contraception."*
- *"More than 15% of all the calls that ChildLine receives about peer pressure are related to sex. Some girls spoke of peer pressure – sometimes from other girls – to begin having sex as young as age 12, and said that they used alcohol to help them get over their own reluctance to become sexually active."*

The choice to try **smoking** is important not only because it is unhealthy and addictive, but also that taking-up smoking is sometimes linked with/leads to other choices, such as substance misuse. In Kent, data[27] show that:

- **Most young people 11-16 (85%) and post-16 (73%) reported that they *never* smoked**.
- Few 11-16s indicated they smoked on most days (7%), but this increases with age to 15% by post-16s. **Almost 4% (3.8%) of Year 7 children have smoked at least 1 or 2 times a year; this rises to 14.2% by Year 9 and 28.6% by Year 11**(about 16 years old). One study has shown that smokers who begin by age 16 are more than twice as likely to continue smoking later in life[28]. (See also Priority 3, smoking during pregnancy).
- More young people with SEN, eligible for FSM, or who are looked after indicated they smoked "most days" than their peers (**LAC** 15% vs. 7%; **FSM** 12% vs. 6%; and **SEN** 10% vs. 6%) while those with EAL were less likely (2% vs. 7%).
- There are a number of risk factors associated with youth smoking (see JSNA 2008, page 95), and *"parental attitudes to smoking have been established as a major risk*

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[23] Alcohol Misuse Select Committee Report, Kent County Council, March, 2008; p.34
[24] ibid; p.37
[25] Crime & Disorder Reduction Partnership Strategic Assessment, Hospital Admissions Data; prepared by Kent & Medway Public Health Information Team, Nov/2007.
[26] NSPCC, ChildLine Casenotes, Alcohol and teenage sexual activity
[27] CYP of Kent survey
[28] Khuder et al 1999, in JSNA 2008, page 96.

factor for smoking initiation, with permissive attitudes towards smoking increasing the risk"[29].

- The vast majority of young people agreed that smoking caused health problems (95% of 11-16s and 97% of post-16s) – a greater proportion than agreed getting drunk can be dangerous. Primary children also showed such awareness, saying that it was unhealthy to smoke (95%) or be around people who smoke (94%).
- The prevalence of smoking and getting drunk differs across the different LCSP areas (based on schools attended).

Contributing factors to **obesity and being overweight** are multiple and complex. The correlation between deprivation (see Priority 1) and obesity is statistically significant in Kent, "so that in general, obesity tends to be more prevalent in the lower socio-economic and lower income groups"[30]. The following table shows the important factors and relationships linked to obesity[31].

Table 2: Important factors and relationships that cause obesity

		Energy output	Energy input
Individual behaviour		Leisure activities: Transport: Walking, cycling	Eating and drinking: cooking skills, informed choices
Environment	Micro	Safe, available, affordable facilities: - Cycleways - Pavements - Green spaces - Leisure Facilities	Food should be*: Affordable Available Tasty Convenient Culturally acceptable Healthy and safe Well labelled.
	Macro	Government policy and incentives on: Transport, Education, Culture, Media & sport Public health	Global influences on behaviour of multinational food companies: Legislation Education

In Kent, the proportion of children overweight or obese in 2006/07 compared to national is as follows[32]:

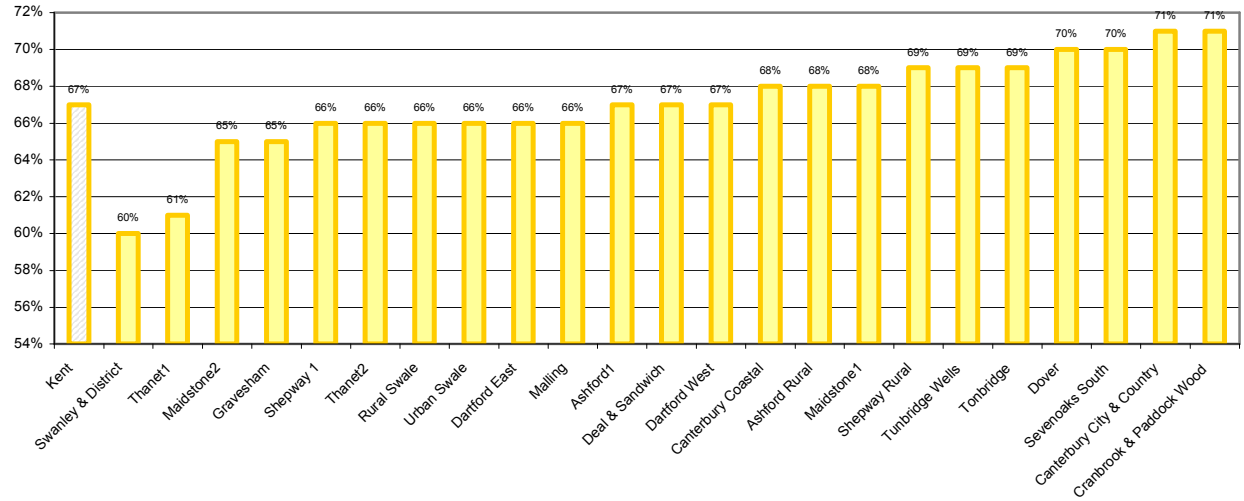
	Reception		Year 6	
	% Overweight	% Obese	% Overweight	% Obese
Kent	13.3	9.4	14.0	16.9
	22.7		**30.9**	
Eastern & Coastal Kent PCT	14.0	9.7	13.4	17.6
	23.7		**31.0**	
West Kent PCT	12.7	9.1	14.5	16.1
	21.8		**30.6**	
National	*13.0*	*9.9*	*14.2*	*17.5*
	22.9		***31.7***	

[29] Ibid, p. 95
[30] Kent Obesity Strategy 2008, Draft
[31] ibid, page 12
[32] NHS, National Child Measurement Programme 2006/07 results, http://www.ncmp.ic.nhs.uk/results.asp

In Kent, population indicators[33] show that:

- **Healthy eating** – Consumption of 5 portions of fruits and vegetables a day appears to decline with age. On most days, 67% of Primary children eat "5 a day", but almost as many eat sweets or chocolate (62%) and/or crisps (61%) on most days. Further, the proportion of those eating sweets/chocolates/ crisps most days increases with age in Primary, while the proportion eating 5 portions fruit/veg a day decreases by secondary age (50% 11-16s and 42% post-16s).
- Girls, across all three age-ranges, were more likely to say that they ate at least 5 portions of fruit and vegetables on most days compared with **boys**. Most significant is amongst the 7-11 age group where 75% of girls compared with 63% of boys indicate they eat 5+ fruit/veg a day.
- Looked after children and children with SEN were more often eating take-away food than their secondary-school aged peers. However, a higher percentage of primary school looked after children (81%) indicate that they eat 5+ portions of fruit/veg a day, compared with non-LAC children (67%); there is a similar pattern for secondary aged LAC (58% compared to 50%).
- There are differences amongst localities (based on schools attended) as reflected in the following chart of Primary children's responses.

Percentage of primary school pupils eating 5+ portions of fruit/veg a day on "most days"
(Source: Children & Young People of Kent Survey, 2007)



- **Physical activity**. On most days, the majority of Primary children "play outside"(83%) or "play sports" (77%). Boys were more likely to play sports most days (84%) compared to **girls** (73%) and older children were more likely to play sports most days compared with younger children (83% of year 6 compared to 73% of year 3).
- Over half of secondary young people exercise for an hour or more most days (54%) and there are considerable regional differences (from 46% to 63%). A higher

[33] CYP of Kent survey 2007

proportion who were looked after (67%) indicated they exercise for at least one hour on most days when compared with their peers (54%)

- **Lack of physical activity**. Over half of Primary children said they watch "lots of TV" on most days (55%). Those with **SEN** were more likely to say they did so (65%) compared to children without SEN (53%), as were younger children (65% of Year 3s compared to 48% of Year 6s).
- Similarly of secondary-aged young people, over half said that on most days they watched TV or played computer for 2 hours or more[34] (54%), while 4% said they never did. Similar to Primary, more young people with **SEN** do so than their peers (62% vs. 51%), as do those who are **looked after** (60% vs. 53%), but there is a smaller difference for those eligible for FSM (57% vs. 53%). A smaller proportion of young people with EAL (46% vs. 54%) watch TV or play computer games for 2+ hours most days.
- Fewer Primary children walk to school (44%) than go by car (56%). A similar proportion of secondary age young people also walk to school, which is interesting given that Primary schools are generally located closer to children's homes, suggesting possible parental choice, perceived safety issues, or practical considerations. As activities become increasingly sedentary, it is important that adults and children are encouraged to be physically active, which includes modes of transport[35]. **Looked after children** were *less likely* to walk to (32%) and from (30%) school compared to other children (44% and 43% respectively) and pupils eligible for **FSM** *were more likely* to walk to school (57%), compared to other children (42%).
- Few children and young people cycle to and from school/college (7-11at 2%; 11-16 at 4%; post-16 at 3%).

Several protective factors can support a young person's **resilience**. Available data[36] show the following.

- **Self-efficacy/confidence** - A small but important proportion of children and young people do not think that they can do better in their lessons *or* make a difference in their own lives (1.9% for 7-11s and 1.7% for 11-16s). Of the 7-11s, **boys** make up two-thirds of those who think this (66.7% of boys). Further, substantial proportions of these children either have **SEN** (43.3%); those who are eligible for FSM (15.1%) are somewhat over-represented. Girls and those with EAL are under-represented. Of 11-16 year olds, those with SEN continue to be over-represented, as do boys, but to a lesser degree.
- When they need help**,** most children and young people in Kent have **someone to talk to at home** (Primary 88%; Secondary 79%) **and at school** (Primary 79%; Secondary 55%). Younger Primary children were more likely to talk to an adult at their school when they needed help compared with older children (88% of year 3 compared with 73% of year 6) and a somewhat lower percentage of primary children eligible for **FSM** (83%) indicate they could talk to an adult at home compared to their peers (89%). Similarly a lower percentage of **SEN** secondary school pupils (76%) indicate they could talk to an adult at home than non-SEN pupils (81%).

[34] 2 hours being a commonly accepted threshold where television watching begins to impact health and school attainment.
[35] see Kent Obesity Strategy, Draft 2008.
[36] CYP of Kent Survey 2007

- The majority of children and young people across the age groups would talk to either an adult at home or school or a friend if they needed help with something. However, between 10% and 18% of children indicated that they would not talk to one of these people. Overall, 2% of children said they would not talk to an adult at home or at school, or even talk to a friend, if they needed help.
- *Of <u>only</u> those young people 11-19 who indicated they feel "very sad or depressed" on most days*, most of them also indicated they had someone to talk to when they can't deal with issues on their own. A small minority who felt sad or depressed most days, however **did not have someone to talk to** at school (4.8%), at home (3.4%) or someone else (3.5%). Pupils eligible for FSM, girls, and those with SEN were over-represented.
- A proxy indicator for **family connection time**, the majority of 7-11 year-olds (85%) and 11-19s (67%) "sit down to a meal with their family" on most days, but 13% of 7-11s said they did not do this and 4% of 11-19s said that they never did this[37]. Of 11-19s, girls were more likely to indicate they did sit down to a meal with their family on most days. Children eligible for FSM and those with SEN appear somewhat more likely to indicate they did not do this.

<u>Areas to improve</u>

	Area of focus	**Indicator**
2.1	**Improving early intervention for emotional and mental health** o Support for those presenting more complex and/or severe mental health problems o Support vulnerable children and young people feeling sad or depressed most days	o Number/rate of hospital admissions for self-harm o % children and young people feeling sad or depressed most days o over-represented groups not having someone to talk to when need help
	Narrowing the gap: • Looked after children • Poverty (FSM) • Learning Difficulties and Disabilities (LDD/SEN) • Young offenders (known from YOS cases)	
2.2.	**Reducing risk-taking behaviour - substance misuse (drinking to excess)** o Prevalence and frequency of young people "getting drunk" o Alcohol consumption linked to physical health outcomes, and also attendance, injuries (A&E and hospital admissions), crime, community safety, unsafe sex. o Age onset of drinking, getting drunk, and smoking	o % young people getting drunk "most days" or "1 to 2 times a week" o Reduced rates of above contributing to reducing other rates. o % Year 9s who have smoked, or have gotten drunk during year.

[37] ibid

	Narrowing the gap: • LDD/SEN (drinking to excess most days, smoking) • Girls (links to conceptions or toxic effect admissions) • Boys(links to assaults, whether as victim or offender) • Poverty/FSM (smoking) • LAC (smoking)	
2.3	**Living healthier, more active lives (healthy weight)** o Increasing levels of physical activity in daily life/most days o Improved balance of healthy eating	o % overweight or obese Most days: o % eating "5 a day" o % eating crisps/sweets/ chocolates o % watching TV/playing comp. games 2 hrs+ o % exercising 1hr+ o % walking or biking to/from school
	Narrowing the gap: • Girls (being physically active) • Boys (healthy eating) • Older children (healthy eating)	
2.4	**Developing resilience, confidence, and learned optimism (self-efficacy)** o Small but important group who do not believe what they do can make a difference (self-efficacy) o Consistent with "Golden Thread" for all those working with children and young people to reinforce message "You can do it (Expect the best)"[38] o Girls having access to advice about relationships	o % who think that when they try they cannot make a difference in their work/life o % girls getting enough information on how to get advice about relationships. o % teenage conceptions
	Narrowing the gap: • LDD/SEN • Poverty/FSM • Some boys, particularly Primary • Girls (information/advice about relationships) • Young offenders	

The challenge of 2 and 3 is that to improve these areas, action must reach beyond services for children, and including ways of life and modelling by adults at home, in neighbourhoods, and in the broader community.

Across the above areas, it is important to note that children and young people with EAL are over-represented in "protective" factors such as self-efficacy, and sitting down to a

[38] *Narrowing the Gap* " what seems to make the difference – the top 10 golden threads" LGA, 2008

meal with family and under-represented in prevalence of "risk-taking behaviours" like smoking and getting drunk.

3. PARENTING

To improve parenting by implementing Every Parent Matters and developing more effective multi agency support and early intervention for families experiencing problems. To include:

- ***taking action to increase fathers involvement in their children's upbringing***
- ***reducing the incidence & impact of domestic violence and substance misuse on children and families***
- ***improving the communication & interaction development of younger children***

Rationale

"Parents' influence is important throughout childhood and adolescence. At different times parents guide, encourage and teach. Children learn from the example set by their parents. The support parents give for their children's cognitive development is important, as is instilling of values, aspirations and support for the development of wider interpersonal and social skills. Recent research has shown the importance of parental warmth, stability, consistency and boundary setting in helping children develop such skills…[39]*"*

Think family. *"The primary responsibility for a family's welfare will always rest with parents. The task of public services is to provide the best possible support to enable parents to fulfil that responsibility.*[40]*"*

3.1 *"Fathers matter to children's development. Father-child relationships – be they positive, negative or lacking – have profound and wide ranging impacts on children that last a lifetime, particularly for children from the most disadvantaged backgrounds.*[41]*"* Highly involved fathers can impact on improved outcomes for children (e.g. emotional health, attainment) as well as for the mothers (e.g. less depression, breastfeeding infant for longer, and a return to workplace) [42].

3.2 *"Parental problems and alcohol use can frequently compromise children's heath 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.*[43]*"*

"There is growing evidence that children who live in families where there is violence between the parents can suffer serious long-term emotional effects. Even if they are not physically harmed, children may suffer lasting emotional and psychological damage as a

[39] *Every Parent Matters*, DfES, 2007, page 5
[40] *Think Family: Improving the life chances of families at risk*, Cabinet Office, Social Exclusion Task Force, 2007, p.4
[41] Every Parent Matters, DFES, 2007, page 6
[42] The Difference a Dad Makes, The Fatherhood Institute, Dec/2007, page 3.
[43] JSNA for Children' s Health in Kent, 2008, page 69.

result of witnessing violence.[44]". It is also the case that children know far more of what is going on than their parents' think.[45]. The link between domestic violence and child sexual and physical abuse is recognised[46]. Furthermore, considering generational cycles, it is important to note that based on calls to ChildLine, *"girls aged 16–18 are as likely to be physically abused by their boyfriends as they are by their mother or father.[47]"*

3.3 *"We have clear evidence as children move through their early years, of the positive impact of parental engagement on children's cognitive and social development; as well as on numeracy and literacy skills. It is a time of rapid brain growth and research has shown a direct link between the stimulation a child receives and their brain development.[48]"*

The Unicef dimension for "Family and peer relationships" ranked the UK 21st of 21 countries.

Analysis and Interpretation

The majority of parents surveyed recently in Kent agreed that their local area was a good place to raise a family (76%); however, 13% disagreed[49]. The same study found that the majority of parents had sought information or advice at some point (72%) but that many parents, particularly parents of 11-16 year olds, did not feel they could get answers to all their parenting concerns locally. Parents were most likely to turn to schools for information/advice about children's activities and education/careers, to friends/family about safety, and to their Doctor or medical centre about health[50].

There is a recognised need to improve the accessibility (in its broadest sense) of services for those families who have found it difficult to seek or access support they may need[51]. Many accessibility issues are based on different localities/ neighbourhoods and the families living there, and as such can be best understood at the level of LCSPs.

One of the first decisions a parent can make which impacts on their future child's outcomes is ceasing **smoking during pregnancy**. *"There is conclusive evidence that smoking during pregnancy causes placental complications, premature rupture of the membranes, premature birth, perinatal death, reduced fetal growth (low birthweight baby), cot death and reduced lung function in infancy"* (the latter two are also caused by

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[44] Barnardo's, Domestic Violence, When home is not safe for children, http://www.barnardos.org.uk/what_we_do/work_with_families/domestic_violence.htm

[45] *Tackling Domestic Violence: providing support for children who have witnessed domestic violence . Home Office development and practice report no, 33*, 2004, page 1

[46] ibid.

[47] ChildLine Casenotes, *What children and young people tell ChildLine about physical abuse*, July 2006, page 1

[48] *Every Parent Matters*, DfES, 2007, page 8

[49] Research Report – Information the Strategy for Parental Support, prepared for Kent Children's Trust, BMG Research 2007, p.7

[50] ibid, p.6.

[51] see Kent Children's Trust Strategy for Supporting Parents.

exposure to 2nd hand smoke in childhood[52]. (JSNA for Children in Kent also includes for "substantial" and "suggestive" links of smoking during pregnancy).

- At the time of delivery (2006/07), **17.4% of mothers in Kent were recorded as smokers**, with 20.1% in the Eastern and Coastal Kent PCT area and 14.8% in West Kent PCT area[53].
- The pattern across East and West Kent reflect broader factors, as "smoking patterns are increasingly socio-economically related"[54] (links to Priority 1).

Breastfeeding is related to a number of advantages in outcomes for baby (including lower rates of various infections) as well as outcomes for mothers (easier/cheaper, better health, and may promote mother-infant relationship)[55]. *"The World Health Organisation recommends that babies should be exclusively breastfed for six months. This recommendation was taken up by the Department of Health in 2003"*[56].

- In Kent, initial breastfeeding rates (recorded at time of delivery) show that **69.3% of mothers initiated breastfeeding** (Eastern/Coastal PCT 68.8% and West PCT 69.8%)[57].
- The choice to initiate (current data) and *continue* (new national indicator) breastfeeding is not only due to mothers' knowledge that it is important, but is related to direct support (especially early on) and the indirect support or lack thereof due to family/ cultural norms (incl. anticipation of embarrassment), workplaces, and community/social acceptance.

Parents' interaction with their children (e.g. speaking, playing, and reading with) contributes strongly to children's language as well as social development. For example, one study shows that young children of mothers who have "high levels" of speaking with their infants have substantially higher rates of vocabulary development than children of mothers with "low levels"[58]; in effect, the former have distinct early linguistic and social advantages over the latter.

- A proxy used for level of interaction is **how often parents read with their young children**. Reading not only directly influences children's language development and appreciation of reading, but it is also time spent with "mum or dad" sharing a story, asking questions and talking together. In Kent, 80% of parents read with their 0-4 year olds everyday[59]; however, 8% said they do this once a week or less (4% of these "never").

Ensuring high enough rates of **immunisation** is a critical focus of public health. *"The percentage being immunised in accordance with the national vaccination and*

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[52] JSNA for Children in Kent, p29
[53] ibid, p27
[54] ibid, p29
[55] ibid, p31
[56] ibid
[57] ibid, p. 28
[58] Huttenlocher et al, 1991 in Hertzman, Powerpoint presentation,, Human Early Learning Partnership, University of BC.
[59] Informing the Strategy for Parental Support; Prepared for Kent Children's Trust, BMG Research, 2007, p9.

immunisation schedule by the age of one, is broadly lower than the national and indeed the SHA figure"[60].

- With some variability among Districts, the rates of immunisation by 1st birthday in 2005/06 are 89% in Kent (SE SHA 90% and National 91%.)
- Rates improve by 2nd birthday, and while still better than national the MMR rate of immunisation in Kent is at 86% (also 2005/06)[61].

"Good children's services are critical, but adults' services also have a crucial role to play in determining children's achievements and future life chances. Even the best children's services can only ever mitigate the impacts of parental problems such as domestic violence, learning disability or substance misuse"[62]. Data show that children become increasingly more vulnerable to poor outcomes with an increasing number of parent-based family disadvantages[63] (including poverty, see Priority 1).

Safeguarding is a shared sense of responsibility across agencies and organisations, keeping children safe and protecting them from harm, preventing impairment of health and development, ensuring children have safe and effectivecare, and enabling children to have optimal life chances. (See also Priority 8 for broader broader aspects of safeguarding.) Safeguarding is broad and inclusive, and child protection is one of the key elements.

There is a higher proportion of **children subject to a child protection plan** in Kent (rate of 29.46 per 10,000 in November/2007) than national (24.00) or the South East (20.00)[64]. The rate is different at the level of Districts and reflects different reasons for registration (e.g. neglect or physical abuse).

- The rate for neglect was highest (14.6), followed by emotional (8.9), physical (3.7) and sexual (2.2) abuse. Data suggests that children of mixed ethnicity may be over-represented in these figures (2.2% compared to 0.8 in general population, but over- or under-representation of some other ethnic groups is difficult to verify at this time as ethnicity is not always coded on systems (6.6% of cases)[65].
- The rate of children on subject to a child protection plan is indicative of many factors that often include one or more of the following: parental substance misuse, parental mental health problems, domestic violence, and/or poverty. With an increasing emphasis on multi-agency preventative work an indictor such as this may increase as a result of increased focus; yet, this itself puts a focus on the contribution services for adults can make in improving outcomes for parents to better enable them to nurture and raise their children.

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[60] JSNA 2008, p33
[61] ibid
[62] *Think Family: Improving the life chances of families at risk*, Cabinet Office, Social Exclusion Task Force, 2007, p6
[63] ibid
[64] Children's Social Services, Monthly Monitoring Report, Management Information, KCC CFE, Nov/2007 – based on what was then called the "Child Protection Register".
[65] Management Information, CFE, KCC, analysis of data

Domestic violence in a child's home profoundly impacts on their outcomes; further, there is a strong correlation between domestic violence and child maltreatment. The NSPCC provides the following national data:[66]

- One in five women (19%) and one in ten men (10%) reported that they had experienced physical force by a partner or former partner at some time since age 16.[67]
- Domestic violence accounts for 15% of all violent crime[68].
- There is "a strong overlap between physical, sexual and emotional abuse of children and domestic violence, and high proportions of those experiencing abuse from parents also experienced frequent violence between carers. The findings demonstrate the importance of identifying and addressing domestic violence as a predictor of child maltreatment.[69]"

In Kent, there is as yet no official figure for the rate of domestic violence. However, as part the Children's Trust CYPP Outcomes Indicators Framework, the Kent Police shared the number of incidents. From this, a Kent baseline **rate of 11.6 incidents per 1,000** in the population was calculated (Apr/05 to Mar/06)[70], reflecting different rates in the Police Business Command Units.

Areas to Improve

The following are encompassed by the new Kent Children's Trust Strategy for Supporting Parents, as well as the Joint Strategic Needs Assessment for Children in Kent, and PCTs' public health strategies.

	Area of focus	Indicator
3.1	**Understanding / improving "accessibility" in its broadest sense through LCSPs** o Implementing principles of Every Parent Matters and Kent Children's Trust Strategy for Supporting Parents	o *Through LCSPs*
	Narrowing the gap:	

[66] Domestic violence - Key child protection statistics (December 2007), http://www.nspcc.org.uk/inform/resourcesforprofessionals/statistics/keycpstats/11_wda48736.html

[67] Ibid; reference - *Coleman, K. et al. (2007)* Homicides, firearm offences and intimate violence 2005/2006: supplementary volume 1 to Crime in England and Wales 2005/2006 (PDF). *London: Home Office. Research, Development and Statistics Directorate.*

[68] Ibid; reference - *Walker, A. et al. (2006)* Crime in England and Wales 2005/2006 (PDF). *London: Home Office. Research, Development and Statistics Directorate*

[69] Ibid; reference - *Cawson, P. (2002)* Child maltreatment in the family: the experience of a national sample of young people. *London: NSPCC. p.78*

[70] Kent Police, number of incidents; population base and calculation, KCC CFE and E&R.

3.2	**Parents' interacting and engaging with young children** o Initiating and continuing breastfeeding infants to improve health and other outcomes o Reading with children, as one means to "be with" and engage babies and young children.	o Breastfeeding rates o % of parents reading with their (0-4) children everyday
	Narrowing the gap: • While not available in data, parents living in deprived areas/poverty and/or with limited literacy skills or LDD, suggest a priority of focus.	
3.3	**Improving parents' outcomes** o Substance misusing parents o Domestic Violence o Parents with mental health problems The above areas can be inter-related	o Rate of domestic violence o *Data from adult services are needed based on where there are children in the home*
	Narrowing the gap: •	
3.4	**Reducing smoking during pregnancy** o Health evidence abounds with the negative outcome impacts before birth, for infants, as well as children. o Girls taking up smoking (see Priority 2)	o Rates of mothers smoking during pregnancy
	Narrowing the gap: • Areas of deprivation; areas with higher rates of poverty.	

4. HOUSING

To improve the quality and stability of housing provision for vulnerable children & young people through to early adulthood

Rationale

"Local authorities and Children's Trusts also need to look beyond the services that work directly with children to all of those who make decisions that affect their lives, now and in the future. Decisions taken by transport, planning, **housing** and other local government services have direct and indirect consequences for the quality of children's and young people's lives, and all public services need to share a common responsibility for children's wellbeing[71]" (emphasis added).

Shelter[72] highlight the following impacts of bad housing on children's outcomes:

- "Up to 25 per cent higher risk of severe ill-health and disability during childhood and early adulthood
- Increased risk of meningitis, asthma, and slow growth, which is linked to coronary heart disease

[71] The Children's Plan, DCSF, p.149

[72] Chance of a Lifetime: The impact of bad housing on children's lives. Sept/2006, page 8.

- A greater chance of suffering mental health problems and problems with behaviour
- Lower educational attainment, greater likelihood of unemployment, and poverty".

Key messages from a Social Care Institute for Excellence briefing[73] on housing impacts on children include:

- "On the whole, the research indicates that there is an association between homes with visible damp or mould and the prevalence of asthma or respiratory problems among children.
- Poor-quality housing can have an adverse effect on children's psychological well-being.
- Parents and children both complain of the social stigma of living in bad housing.
- Interventions such as installing or improving heating systems have been found effective in alleviating the potentially adverse effects of damp on children's health."

The recently released document *Joint working between Housing and Children's Services - Preventing homelessness and tackling its effects on children and young people* "focuses on four groups of children and young people who have been identified as being at particular risk of poor outcomes in the absence of effective joint working between Housing Services, Children's Services and their partners:

- 16 and 17 year olds who are homeless or at risk of homelessness
- care leavers aged 18 to 21
- children of families living in temporary accommodation
- children of families who have been, or are at risk of being, found intentionally homeless by a housing authority" [74].

Analysis and Interpretation

While some Priority areas have many different indicators from which to draw conclusions and focus attention, housing lacks cohesive and representative indictors from across the county from which to work at this time. The lack of data to analyse needs or monitor improvements is itself a need in this area and is identified as a "data development" area in the Trust's CYPP Population Indicators Framework.. Nationally, a *". . . review of the literature on the risks to child health posed by housing conditions found that there was a lack of standardised measures for assessing housing quality and hazards and a paucity of research on interventions*[75]*"*

[73] The impact of environmental housing conditions on the health and well-being of children", Research Briefing no. 19, Dece/2005.
[74] Department for Communities and Local Government; Department for Children, Schools and Families, May 2008, page 7
[75] The impact of environmental housing conditions on the health and well-being of children", Research Briefing no. 19, Dece/2005.

Households (including families with children)

As presented under Priority 1, deprivation in the domain of housing and services sector is prominent in Kent. In addition to this, one of the only current reliable sources of data about overall housing quality is the Census:

Jurisdiction	*% households over-crowded*	*% w/out central heating*
Kent	**5.3%**	**6.5%**
Ashford	4.5%	4.4%
Canterbury	6.4%	5.9%
Dartford	6.4%	6.1%
Dover	4.7%	7.9%
Gravesham	5.7%	6.8%
Maidstone	4.7%	5.7%
Sevenoaks	3.8%	4.1%
Shepway	6.0%	7.4%
Swale	5.4%	7.7%
Thanet	5.9%	9.4%
Tonbridge & Malling	3.5%	5.6%
Tunbridge Wells	6.4%	6.7%

The previous table of 2001 data[76], show two key factors about housing quality. The following table shows the percent of households on local authority housing registers who are **statutorily homeless** (04/05)[77]:

Authority	% on register who are homeless	Local no. per year	significant diff to England range?	*% of Kent homeless**
England Worse	35.8%			
Tunbridge Wells	18.3%	216	Y, worse	*9.3%*
Maidstone	11.4%	293	Y, worse	*12.6%*
Gravesham	11.2%	222	Y, worse	*9.6%*
Tonbridge & Malling	10.2%	177	Y, worse	*7.6%*
Shepway	8.3%	192	no	*8.3%*
Dover	7.9%	177	no	*7.6%*
Kent	*7.8%*	*2,322*	no	
England Average	7.8%			
Thanet	7.3%	251	no	*10.8%*
Dartford	6.8%	181	no	*7.8%*
Ashford	6.2%	153	Y, better	*6.6%*
Sevenoaks	6.0%	129	Y, better	*5.6%*
Swale	5.8%	222	Y, better	*9.6%*
Canterbury	3.3%	109	Y, better	*4.7%*
England Best	0.0%			

*last column calculated by CFE

[76] Audit Commission, on-line Area Profiles, for Kent and each of the 12 Districts, compiled into table.
[77] Community Health Profiles, 2007; NHS and Association of Public Health Observatories, compiled into table by CFE, KCC

The above chart presents a different picture of housing vulnerability where areas one may not expect appear with higher rates of homelessness, albeit with several different data caveats including issues regarding "intentionally" or "unintentionally" homeless. The Public Health Observatories offer the following interpretation of this indicator:
"*Homelessness is associated with severe poverty and is a social determinant of health. Homelessness is associated with adverse health, education and social outcomes, particularly for children. To be deemed statutorily homeless a household must have become unintentionally homeless and must be considered to be in priority need. As such, statutorily homeless households contain some of the most vulnerable and needy members of our communities. The statutory homeless statistics suggest that 62% of officially accepted homeless households include dependent children or an expectant mother. Preventing and tackling homelessness requires sustained and joined-up interventions by central and local government, health and social care and the voluntary sector."*

BVPI data on the length of stay in hostels and B&Bs varies by District and the reliability of these figures can be challenged and debated. (All BVPIs end in 2008 and are being replaced by the NIS.)

Housing vulnerability can also be described through other kinds of information. An analysis of Mosaic types with housing issues was undertaken in 2007[78]. Working from the descriptions of types, those with housing issues were identified and quantified. In Kent, about 10.4% of people would be identified as having housing related issues (National, 11.2%), with concentrations in specific areas. This analysis shows not only housing issues, but presents related neighbourhood issues and outcomes as well. Types over-represented in Kent include:

- Owner-occupiers with large amounts of consumer debt, including large mortgages, in areas largely of inter-war terraced housing (Type B13). These account for about 3.7% (population about 51,000). Most prominent in Dartford.
- Households in centres of small market towns and resorts containing many hostels and refuges (Type D25). These often are not seen as pleasant places to live and tend to score high on indices of deprivation (*although may have fewer children*). These account for about 2.5% (population about 33,500). Most prominent in Thanet.
- Families, many single parents, in deprived social housing, typically found on the edge of towns (Type G41). These areas often contain many of the UK's poorest families and have problems such as violence, theft, vandalism and rubbish as well as factors of unemployment, family breakdown, poor housing conditions and drug/alcohol abuse (this neighbourhood type is *characteristic of having many children*). These account for about 1.6% (population about 21,000). Most prominent in Thanet, Swale, Canterbury and Dover.
- While not over-represented compared to national, the following type still represents the fourth most sizable proportion with housing issues in the county. These are young families living in "upper floors" of social housing (Type F37). Most of the accommodation are purpose built flats (1945-1970), often with no

[78] KCC, Analysis & Information Team for CFE and partners, Oct/2007

more than 2 bedrooms, outside towns on greenfield sites and can be poorly serviced by local shops. Many residents may find if difficult to secure employment and *young families with children* tend to live in these often overcrowded conditions that can be associated with chronic illness. These account for about 1.0% (population about 13,500); most prominent in Maidstone.

Some of the above types are also over-represented in Mosaic analyses for cohorts of NEETs and persistent absentees (see Priority 7).

Overcrowding or lack of heating in households can lead to **children and young people not having a place to do their homework**. This proxy for housing was asked in the CYP of Kent Survey[79]. Findings lend further support to the focus on housing for those financially vulnerable: while a smaller proportion identified this issue as a barrier to their learning (6%, 11-16s and 7% post-16s), **almost 1 in 10 young people eligible for FSM said this was a barrier to their learning (9%)**, compared with their peers (6%). The role of how education helps breaks the inter-generational cycle of poverty (Priority 1) therefore has links to housing.

When young people were asked about the area where they lived, two of every five felt that it was a good place to live (42% 11-16s and 39% of post-16s) and a similar proportion felt that it was an okay place to live[80]. A small proportion did not think it was a good place to live (9% and 5%). Young people who were eligible for **FSM** were less likely to think that their local area was a good place to live compared to those who were not eligible for FSM (36% compared to 48%). Also, 14% who were eligible for FSM said it was not a good place to live, compared with 8%.

<u>Young people on their own</u>
National studies can inform an understanding of housing issues facing young people on their own.

There were 2,724 children and young people who called ChildLine nationally in 2006/07 to speak about homelessness[81]. Of these:

- Around half said their parents or carers had thrown them out; 65% (1,759) were girls and 35% (965) were boys.
- On average, they were older than those who called about other problems, including running away.
- Some triggers for young people becoming homeless/being thrown out include: poor parenting, conflicts with parents, arguments over boundaries and rules, getting into trouble - parents fed up, school problems, pregnancy, and homophobia.

A recent CLG report also supports the above finding – that the "overwhelming" reason that young people 16-17 years old applying for support as homeless was relationship breakdown with parents or step-parents[82].

[79] CYP of Kent Survey, 2007
[80] ibid
[81] Casenotes "Calls the ChildLine about running away and homelessness", NSPCC ChildLine, Dec/2007

Another study shows that "*socially isolated young people, looked after young people, young people leaving care, young offenders, young people from some BME communities, drug users, LGBT young people and young people with mental health problems are particularly vulnerable to housing and homelessness problems*"[83]. The same study found that housing/homelessness issues together were the most common reason disadvantaged young people come to services, especially youth advice services. However, it is important to note that the study also found that young people were considerably less likely to obtain advice about their homelessness problems.

This is a key aspect to recognise, as much existing data only captures a partial picture of those "unintentionally" homeless; it does not reflect those young people (or families) who may have become homeless through means deemed intentional, nor those (such as some young people) who may opt for "sofa surfing" or other temporary means and not seek/receive assistance altogether.

There is data about the housing of **care leavers**, who are seen as a distinctly vulnerable group given their status of leaving the looked after system. Kent data[84] show that:

- In 2006/07, there were 79.4% of care leavers in suitable accommodation, which is comparatively lower than national.
- However, the number of unaccompanied asylum seeking children (UASC) who go missing from care due to their fear of deportation, influences Kent's figures. Without including UASC who go missing from care, the indicator would be 87.8%.

Young offenders are another group with housing issues; as such, there is a new indicator under the NIS.

The above two groups of young people vulnerable to housing issues are also vulnerable to other poor outcomes. Safe, stable housing is a basis from which they can continue their education, employment or training (see Priority 7); without it, their potential, as with all children and families, is threatened.

Areas to Improve

It is difficult to portray a comprehensive picture of housing outcomes for children and young people as the data does not lend itself to creating a clear view of the position across the county. Therefore, it is important that Trust partners develop a capacity to inform needs analysis, as well as performance management in this area.

As stated in Shelter's 2006 report[85]:

A review of academic literature has drawn together strong evidence of the direct impact of bad housing – poor housing conditions, homelessness, and overcrowding – on children's life chances. However, given the clear link, the volume of high quality

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[82] Department for Communities and Local Government, "Statutory Homelessness in England: The experiences of families and 16-17 year olds". Homelessness Research Summary Number 7, 2008.

[83] Kenrick, J; Youth Access report - Locked out: The prevalence and impact of housing & homelessness problems amongst young people, and the impact of good advice, August 2007

[84] Management Information, CFE, KCC; in JAR Position Statement regarding Looked After Children, December 2007.

[85] Chance of a Lifetime: The impact of bad housing on children's lives. Sept/2006, page 32

research in this area is surprisingly limited and there is an urgent need for more comprehensive research in this area.

Areas where the need for further research is particularly pressing are the psychological, social or behavioural effects of poor physical environments;
the impact of poor housing on particularly vulnerable groups; and the impact of interventions set up to address housing problems.

More robust, up-to-date evidence of the 'housing effect' on children's life chances would contribute to the already compelling case for addressing poor conditions, overcrowding and homelessness for children and families."

	Area of focus	**Indicator**
4.1	**Initiating community/neighbourhood-based engagement and responses** o Often clustering around housing problems, to also include holistic approaches (health, education, etc) – consistent with local Results-Based Accountability approach o Supported by LAA2 target areas for housing in Kent	o Means to evaluate would need to be developed, perhaps qualitative, by/with LCSPs o LAA2 targets should include data cuts for families with children or young people on own *(data development)*
	Narrowing the gap: • Local - To be identified based on very specific localities/estates/ neighbourhoods, for relevant actions, including community empowerment • LAA – to be determined	
4.2	**Prevention of issues leading to young people's homelessness or poor housing conditions (long-term and temporary periods)** o Corporate parenting (LAC, care leavers) o Young offenders o Parenting (see Priority 3) - family breakdown and conflict	o Care leavers in suitable accommodation o Young offenders in suitable accommodation o No others available *(data development) – reflected /captured ultimately in young people seeking services or advice about homelessness*
	Narrowing the gap: • Care leavers • Young offenders • Young people experiencing family problems, known to different partners – implications: information-sharing	

5. VULNERABLE GROUPS, INCLUDING YOUNG CARERS

To improve the achievement and quality of life for young carers by implementing the Young Carers Strategy

In the "areas to improve" sections for each of the Trust's other 7 Priorities is a focus on sub-groups ("narrowing the gap") where data suggest inequality of outcomes. Apart

from some of the important gender differences in some areas, the following groups are identified across several outcomes, and as such are important to identify at service outcomes level by different partners:

- **Children and Young People with Learning Difficulties and Disabilities (LDD)** – SEN, a specific reference to educational data used in this report show this group as vulnerable. What kind of vulnerability, and which outcome, depends upon the nature and severity of the difficulty or disability; therefore, actions to improve outcomes need to further consider these in given contexts.
- **Looked After Children –** those children and young people for which Kent is a Corporate Parent, but also the equal number of those from elsewhere who live in Kent and attend schools here.
- **Poverty** - FSM, a specific reference to educational data used in this report, used as a proxy for poverty. This should include the perspective of families in poverty to encompass issues related to Priority 3 (Parenting).
- **BME - Gypsy/Roma and Irish Traveller** – small groups of children and young people, but over-represented in poor outcomes (where data exist).

The identification of **young carers** as a vulnerable group was in response to research which demonstrates the pressures, vulnerability and poorer outcomes of this group. However, no data readily exists about Young Carers. The Children's Trust may therefore want to improve collection of data about young carers, to the degree possible, in partners' existing management information systems (or inform performance management by some other means). This includes adult services where outcomes can be impacted by improving outcomes for parents (Priority 3) who rely on their children to provide care.

With current national and local trends, the Trust may also want to improve means to understand and address outcomes of **New Arrivals** in Kent. This is raised in response to some data about "non-British white" educational outcomes, including the increasing numbers of this group.

For the above groups (LDD, LAC, Poverty, Gypsy/Roma, Irish Traveller, young carers, and new arrivals) Trust partners should consider means within their own services to inform (data, indicators) and subsequently improve outcomes, for these groups.

6. THINGS TO DO, PLACES TO GO

To ensure more young people have things to do and safe places to go in their leisure time and improve outcomes for adolescents at risk to themselves and potentially others, through for example implementation of the Integrated Youth Strategy

Rationale

The rationale for this priority is well presented by the following quotes taken from *Aiming high for young people: a ten year strategy for positive activities*[86], and links strongly to

[86] MH Treasury and DCSF, July 2007, p18.

Priorities 2 and 7. Disadvantaged and marginalised young people are often those with less opportunity to engage in activities in leisure time.

"What young people do in their leisure time can influence their future outcomes. Evidence shows that young people's participation in positive leisure time activities, as well as offering enjoyable and exciting opportunities, also supports the development of resilience through building social and emotional skills. Good quality youth activities help build important characteristics that are increasingly necessary for capitalising on the opportunities available to young people and for overcoming disadvantage. This includes the capacity to plan for the future, moral maturity, and levels of self-control."

"Participation in positive activities also protects against poor outcomes and helps counteract negative influences. It helps young people to feel good about themselves and their chances in life by developing their confidence and self-esteem, their motivation and aspirations. These characteristics can impact on their attitudes at school, the company they keep outside of school, and whether they take risks with their health or get involved in anti-social and criminal behaviour.2

Analysis and Interpretation

The Children and Young People of Kent survey collected different information about the activities they engaged in as well as things they wanted to do but could not for various reasons (in following paragraphs and tables)[87].

The most common places for young people (11-16 and post-16) to spend their time (as shown in next table) were:

- **In the afternoon/early evening (between 4pm and 7pm)** - **at home,** just hanging out, at a friend's house or (for 11-16s) at a school club. The most common activities were using the internet, watching television, and spending time with their family.
- **During the late evening (from 7pm onwards)** - **at home**, just hanging out or (for post-16s) at a friend's house. The most common activities were again watching television, using the internet, and spending time with their family.
- **At weekends** - **just hanging out**, or at a friend's house, or at home. Almost two-thirds of 11-19s indicated that they normally spent their weekends just hanging out. The most common activities were hanging out with their friends, shopping, using the internet and watching television. Almost half of post-16s said they spent their weekends doing paid work.

[87] Children and Young People of Kent Survey, 2007.

Where children and young people spend their time:	On weekdays between 4pm and 7pm %		On weekdays from 7pm onwards %		At weekends %	
	11-16	Post-16	11-16	Post-16	11-16	Post-16
At home	66	75	55	64	31	39
Just hanging out	39	33	26	36	61	65
At a friend's house	29	26	16	29	59	58
At a school/college club	24	16	7	4	6	3
At work	7	18	4	15	13	41
No response	11	8	27	15	14	8
11-16 N=10,344 Post-16 N=961						

Source: Secondary/college survey: question 13
A series of multiple response questions, therefore percentages do not sum to 100

- Other places young people said they spent their time included in town/a specific town/other local place, or with their families (not necessarily at home).
- There are differences in the proportions of young people indicating they are "just hanging out" from 7pm onwards amongst the LCSP areas.

Differences amongst sub-groups of young people can mostly be seen in time spent at home. Somewhat smaller proportions of young people eligible for **FSM**, with **SEN**, or who were **LAC**, were at home in both 4-7pm and 7pm onwards:

	Home	
	4pm-7pm	7pm+
FSM	*56%*	*47%*
non-FSM	68%	57%
LAC	*58%*	*35%*
non-LAC	67%	57%
SEN	*59%*	*44%*
non-SEN	69%	60%

Amongst Primary children 7-11, around 90% indicated they did the following **things after school at least *sometimes***: homework, activities with family members, playing with friends and watching television. Compared to the other activities, **attending an after-school club was the least common activity** (29% said they did *not* do this).

- A higher proportion of children eligible for **FSM** compared to their peers indicated they play with their friends (61% compared to 49%), as did children with **SEN** (60%, as compared to non-SEN 47%).
- A somewhat higher proportion of **looked after children** indicated they play with their friends (58% compared to 50%) as well as indicated they attend an after school club (65%; 44%).

Most Primary children "play outside" on most days (83%); although EAL children seem somewhat less likely to play outside most days than their peers (78%, 83%).

Many 11-16s (43%) and post-16s (33%) indicated that they **would like to participate in other activities that they currently do not do**. Young people in Years 7 to 9 (11 to 13 year olds) were more likely to say there were other activities they would like to do in their spare time (52%) compared to older young people (key stage 4, 39%; post-16s, 35%). Responding to an open question, things identified most often as those they wanted to do were: football (including American football), swimming, dancing (including hip-hop and Bollywood), ice skating, trampolining, going to a gym/fitness centre/keeping fit, tennis, horse riding, music, and martial arts.

Young people were then asked if anything was stopping them from doing the activities they wanted to do. Responses are shown in the following table:

Barriers to participating in activities:	11-16 %	Post -16 %
Nothing is stopping them	35	23
Cost	33	51
Lack of time	30	43
Activity is not available locally	27	36
Lack of transport	23	31
Family have safety concerns	11	7
Their health	6	4
Other reason	10	6
No response	7	5
	N=10,344	**N=961**

Source: Secondary/college survey: question 16
A multiple response question, therefore percentages do not sum to 100

While many 11-16s said **nothing was stopping them** from doing activities they wanted to do (35%), **cost** and **transport** barriers were identified by several young people (as presented under Priority 1). **Time** was also seen as a barrier to activities, and so too was an **activity not being available locally**.

- While young people with **SEN** were more likely to identify there was nothing stopping them than their peers (42% vs 32%), they were more likely to identify their health as a barrier (10%, 5%).
- Young people with **EAL** were somewhat more likely than their peers to identify their family having safety concerns as a barrier (19% vs 11%).
- **Looked after children** were more likely to say nothing was stopping them (50% vs 34%).

There are differences in responses across LCSP areas. Other important sources of local information are the results of Districts' surveys and consultations with young people in development of Youth Strategies. With other local knowledge, LCSPs are in a stronger position to identify where provision is an issue, where access may be an issue, or where other issues may be present.

As stated in the rationale for Priority 6, the lack of young people participating in positive activities they would like to do can impact across outcomes and their transition to adulthood. This could include engaging in excessive risk-taking behaviour (see data and issues highlighted in Priority 2) as well as becoming involved in crime/anti-social behaviour. Therefore, actions under this Priority impact across into other outcome areas.

Figures in Kent show there were 1,897 **first time entrants into the Youth Justice System** in 2007/08 (6% reduction from 2,020 in 2005/06; the 2006/07 figure was 1,728)[88]. In 2007/08, this means that an estimated 1.3% of 10-17 year olds in Kent entered the youth justice system (compared to 1.2% last year for Kent and 1.6% in England and Wales last year). The average age of entry into the Youth Justice System is 14. Assessments indicate risks of offending with disengagement in education (including low aspirations, link to Priority 7), family issues (link to Priority 3), resilience and choices (link to Priority 2), and having something to do (including ability to entertain oneself).

Around 70% of first-time entrants in 2007/08 were boys. Boys also have higher rates of re-offending (see Priority 7) resulting in them outnumbering girls by about 4 to 1 in the youth justice system as a whole. In 2007/08, over 90% of first-time entrants were White.

The majority of first time entrants in 2007/08 were given a Reprimand (a formal verbal warning given by a police officer to a young person who admits they are guilty of a minor first offence). A further 237 cases resulted in a court disposal, the majority of these being referral orders in which the offender will make some sort of reparation such as a letter of apology, practical work, or agreeing to receive a programme of support.

Where an indicator is established, there is focus – if it is negative, perceptions can then often become negative. It is therefore important to balance measures about things such as offending and bullying (see Priority 8) with measures about the positive contribution that young people do make. This may bring a more realistic perception about the presence of young people in communities, beyond that of hanging-out, causing trouble or offending. The following information is from the Children and Young People of Kent Survey, 2007.

Most 7-11 year olds (80%) said they **"help other people**", some said they were not sure (15%) while very few (3%) said they did not. Girls were more likely to report that they help other people (87%) compared to boys (77%).

- Most said they would tell **an adult if they saw someone being bullied** (81%), although the proportion declines for older children.
- A proxy for personal responsibility among younger children, about three of every four children said they **always put litter in the bin** (77%); only 7% said they did not do this. Children eligible for FSM (70%), who had SEN (73%), or who have

[88] Youth Offending Service, KCC

EAL (59%), were only somewhat less likely to agree they always put litter in the bin compared to their peers (78%, 79%, 67%).

- Less than half (44%) help to **raise money for charity** (although still a sizeable minority), but 29% were not sure if they did this. One in four (25%) said they did not do this. As above, younger children were more likely to say they raised money for charity.

Most 11-19 year olds also agreed that they "**do things to help other people"** (11-16s, 69%; and post-16s, 76%). A substantial number of young people agreed they "already do" things which make a positive contribution (but an even greater proportion said they "*would like to*" do these things).

Over half of young people (11-16 and post-16) already **recycle** (56% and 62%) and a further 22% and 25% said they *would like to*, while only 14% and 8% said they would not. About one-quarter of young people said they already:

- **Help a neighbour** (30% and 25%), and a greater proportion said they *would like to* (45% and 53%), while 16% said they would not do this.
- **Help someone who is being bullied** (27% and 22%), and a greater proportion said they *would like to* (55% and 62%), while only 9% and 10% said they would not do this (see Priority 8).
- **Raise money for charity** (26% and 25%), and a greater proportion said they *would like to* (51%) while 18% and 15% said they would not do this.

Smaller proportions of young people already **do voluntary work** (14% and 20%) and many others would like to (41% and 40%), but about one-third said they would not do this (35% and 34%). Young people were not likely to already **vote in a school/college elections** (19% and 17%) **or be joining a school/college council** (11% and 10%). While some said they *would like to* vote (30% and 31%) or join a council (21% 20%), more said they would not do these things (41% and 47%;
58% and 64%).

There are a number of differences across sub-groups of young people:

- **Boys** (post-16) were more likely to already help a neighbour (34%) than girls (19%).
- **Girls** (11-16) were more likely to say they *would like to* do voluntary work compared to boys (52% and 39% respectively). **Girls** (post-16) 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). Girls were also more likely to already help raise money for charity (35% compared to 24%) and were less likely to say they would not like to raise money for charity.
- Young people with **SEN** (11-16) were less likely than their peers to say they *would like to* help someone who was being bullied (52% compared to 63%), or help a neighbour (41% compared to 52%).
- Young people eligible for **FSM** (11-16) were more likely to already help their neighbour compared to their peers (42% compared to 32%), but were less likely

to already help someone who was being bullied (51% compared to 62%). They were also less likely to already recycle (52% compared to 62%).

- Young people with **EAL** (11-16) were more likely than their peers to say they *would like to* do voluntary work (64%, 45%)), help a neighbour (59%, 49%), vote in a school election (45%, 33%), join a school council (42%, 22%), and recycle (35%, 24%). Post-16s with EAL were also more likely to say they would like to join a school/college council (47% compared to 22%).
- **Looked after** 11-16s were less likely than their peers to already recycle (51% compared to 62%), and were more likely to say they would not consider recycling (28%, 14%).

The above shows that **many young people are involved in helping others and the community** and that **a large proportion would like to do these things**. This varies across gender, interests and community norms, which would indicate different means to engaging young people's interests and participation in such things. Important to note is the declining proportion (with age) that tell an adult or help someone being bullied, but may continue to want to help (see Priority 8); this suggests a need to address the pressures/disincentives to helping those being bullied.

Finally, it is important to **understand if young people feel they have the chance to have their say on issues which affect their school and local areas**.

Many young people feel they **have the chance to have their say on school or college issues**:

- Approximately half the children (7-11) felt that they had opportunities to give their opinions on what happened at school (56%).
- About 1 in 5 young people (11-16 and post-16) felt that they *often* had the chance to have their say about school or college issues (20% and 18%) and about half felt that they *sometimes* had this opportunity (47% and 52%). There were, however, about a quarter who felt that they *never* had the opportunity to have their say on school/college issues (25% and 24%).
- Post-16s eligible for **FSM** were *far more likely* than their peers to say they *never* had a say on school/college issues (66% compared to 24%).
- **Girls** were *less likely* than boys to say that they *never* had a chance to have their say on school/college issues (20% and 30%).

Fewer young people felt they **have the chance to have their say on issues in the area where they lived**:

- Approximately half the children (7-11) felt that they had opportunities to give their opinions on what happened in the area in which they live (47%).
- Only a small proportion of young people (11-16 and post-16) felt that they *often* had the chance (9% and 5%), about a quarter said they *sometimes* had the chance (28% and 24%), but more than half (54% and 65%) said they *never* had the chance to have their say on issues affecting the area where they live.

Areas to Improve

	Area of focus	Indicator
6.1	**Addressing costs and transport barriers to activities, particularly for those economically disadvantaged** o See poverty analysis (Priority 1) o Informed by local knowledge of specific issues in LCSP areas.	o % of young people eligible for FSM identifying transport or cost as a barrier to activities they want to do.
	Narrowing the gap: • Areas of Deprivation, particularly rural (including Transport) • Young people eligible for FSM.	
6.2	**Resolving locality specific barriers or lack of provision through LCSPs** o Provision and availability of activities/places to go, including after school clubs, weekend and holiday activities, as needed. o Evening activities/places to go – to address young people who may be "just hanging out" at risk of other behaviour.	o To be determined locally, in local plans. o 7-11 year-olds attending after school club.
	Narrowing the gap: • Young people in Years 7, 8 and 9 (activities/things to do)	
6.3	**Recognising the presence and contribution young people make in Kent communities, and balance the focus on offending:** o In ways which young people want/ support, not embarrass/discourage o Removing stigma/disincentives to support young people in helping with problems of bullying (see Priority 8). o Community Cohesion - not just "provision"	o % who feel they do not have chance to have their say on issues at school or where they live (link Priority 4). o Decrease % who "would like to" do things which make positive contribution and increase % who "already do".
	Narrowing the gap: • Deprivation (FSM – decision-making/voices being heard) • Boys (recognition of helping neighbours; increase those doing other aspects) • Girls (who would "like to" do certain things – to more actually doing) • SEN • Older young people's continuing engagement	

7. ENGAGEMENT& PARTICIPATION

To increase engagement and participation by young people in education, employment and society in order to prevent disaffection and improve security

Rationale

The wording of this Priority addresses young people's ability and interest to do their best in education (attendance and attainment) and continuing to engage in employment and

training. Of central importance here are those young people who are more at risk of disengaging from education, have limited aspirations for their lives, and/or are otherwise not able to find employment as they enter adulthood.

With the preventative aims of multi-agency working in the CYPP, the needs analysis will include indicators and information about younger children as well. As there are numerous indicators in education, following is a focused analysis of population indicators, broken out by different groups of children and young people.

Analysis and Interpretation

Beginning with the youngest children in school, the national indicator for the **foundation stage** is achievement of 78 points or more with at least 6 points in each of the foundation stage scales in Personal Social and Emotional Development, and Communication Language and Literacy (two key aspects of being ready for school).

	2005	**2006**	**2007**
Kent	41%	36%	43%
National	48%	45%	46%

The above table[89] shows that the proportion of children reaching this level in Kent has improved from 2006, though remains below the national figure. Significantly, many groups of children[90] perform less well than the overall Kent figure (43%): 13% who have **SEN**, 22% who are eligible for **FSM**, 30% who have **EAL** (likely reflecting English as a new language), 34% of **boys**, and 38% who are **BME** reach this level. Although figures for **LAC** are small, data suggest a substantial gap here as well.

The diversity of young children's development by this age is evident and suggests a need to improve these early outcomes for some groups.

By **Key Stage 1**[91], the trend by 2007 is a closing of the gap with national in attainment of Level 2 in Writing (Kent 79%) and Maths (Kent 90%). A gap persists in Reading of 2 percentage points (Kent 82%).

The **Kent KS1-KS2 value added score** (99.8) has remained below the median of local authorities in the past 3 years, and the gap increased in 2007[92]. Sizeable groups with lowest residual scores in 2007 were, pupils with **statements of SEN**, pupils of **Gypsy/Roma**, **Black Caribbean, Mixed White and Black African** ethnicity, all **SEN** pupils, pupils eligible for **FSM**, and **LAC**[93]**.**

By the end of Primary school, there is still a gap to national, as indicated by the achievement of **Level 4 or above at Key Stage 2**. While outcomes are improving year on year, so too are national (suggesting a gap of 2%-3% in English and 4% in Maths

[89] DCSF statistical releases: Note: Some concerns remain on the accuracy of data prior to 2007
[90] Management Information, CFE, KCC
[91] DCSF statistical releases
[92] ibid
[93] Management Information, CFE, KCC

over the last 4 years[94]). This table shows the trend in Kent, followed by sub-group analysis[95]:

Level 4+	2004	2005	2006	2007
English & Maths	63.2%	65.9%	65.9%	66.7%
English	73.8%	76.5%	76.4%	77%
Maths	69.6%	71.0%	71.6%	73%

- Girls continue to outperform **boys in English**, although progress has been narrowing this gap in Kent from 12% in 2004 to a 9% gap in 2007.
- There is no clear trend in narrowing the gap for pupils eligible for **FSM** (2005-2007), which for 2007 stands at 26% in English and 27% in Maths.
- Children with **SEN** have a significant gap between their achievement and that of non-SEN pupils of Level 4 or above in both English and Maths; for 2004-2007 the gap has been 58.4%, 57.8%, 56.6% and 57.8%. This shows there has been little change on this in the last few years.
- There has been a drop in achievement and widening gap between all pupils and those of **Gypsy/Roma** ethnicity in 2007 results. This is also true for **non-British white pupils**, which is a group growing in size, having doubled between 2005 and 2007 to over 400 pupils.
- Achievement by **LAC** (based on the OC2 return's calculation) shows improvement in recent years in attainment of Level 4 or above in English, but the trend in attainment of Maths is more varied and both remain below the Statistical Neighbour median and the overall National results (note: Kent has a lower rate of looked after children, and may therefore have a more challenging cohort).

LAC[96]	2005	2006	2007
English	25.5%	29.8%	38.1%
Maths	27.3%	17.5%	31.0%

A clear contributor to improving achievement is improving attendance; **persistent absence** (pupils missing 20% or more of their schooling) is therefore, a key outcome indicator. The 2006/07 academic year was the first year of DCSF published figures for maintained primary school pupils which show levels of persistent absence at 1.7% of pupils for Kent (higher than statistical neighbours median at 1.5% but lower than England at 1.8%.)

There are some sub-groups of Primary children who are over-represented in persistently absent figures[97]:

- **Travellers of Irish Heritage** (32% persistently absent) and **Gypsy/Roma** pupils (22% persistently absent) stand out as having high levels of persistent absence among BME groups.

[94] ibid
[95] ibid
[96] DCSF OC2 return. Please note this calculation is different than all LAC in Kent which shows 43% achieve level 4+ in English and 36% in Maths.
[97] Management Information, CFE, KCC

- Other groups have approximately twice the rate of all pupils in Kent, these being pupils of **any other white background** (3.5%), **white and black African** (3.2%), and **Bangladeshi** (3.8%). This is a particular issue with boys from these groups, and **boys** have slightly higher persistent absence levels overall.
- Pupils with **SEN** have higher levels of persistent absence, which increases with level of SEN. **Pupils with statements of SEN** are about 4 times more likely to be persistently absent with 8.4% being so in 2006/07.

When Primary children were asked what **they liked about school**[98] the most popular things were the social aspects, followed by cognitive and skills-based activities, and then other aspects related to learning processes. Almost all (92%) children liked **seeing their friends** and **going on school trips** (90%) and over one-third (38%) liked **lessons**.

- Children who speak **EAL** more often said they liked lessons than did their peers (54% compared to 37%), as did children eligible for **FSM** (46% compared to 37%) and **LAC** (52% compared to 38%). This is promising as efforts are to improve the outcomes of these groups.
- Looked after children more frequently said they liked after school clubs than their peers (78% compared to 63%), and were more likely to attend these clubs (see Priority 6).
- However, 14% of children with **SEN** said that they *did not* like lessons, compared with 8% of children without SEN.

At **Key Stage 3**, Kent has moved from a position of being above the maintained school national performance in all 3 subjects, to being below national in all 3 subjects[99], and in 2007 is at 73% in English (74% national); 74% in Maths (76% national) and 72% in Science (73% national).

However, **Kent's KS2-KS4 valued added score**[100] (1007.1) remains well above the national average (1000.9), indicating the progress young people make during their secondary years.

The evident achievement gap between young people in Kent and national at earlier key stages has closed by GCSEs and the percent achieving **5 or more GCSEs including English and Maths (or equivalent)** in Kent is greater than national and continues to get better.

5+ GCSE or equivalent (incl. English and Maths)[101]	**2006**	**2007**
Kent	46.8%	48.5%
National	44.1%	45.9%

However, there are groups of young people who are not achieving at the same rate as their peers in Kent[102]:

[98] Children and Young People of Kent survey, 2007
[99] DCSF statistical releases
[100] Ibid
[101] Ibid

- While there are decreasing numbers of **LAC**, a large gap exists between their achievement and non-LAC pupils with a gap of 43.5% in 2007.
- For **BME** groups, attainment of **Gypsy/Roma** pupils is well below that of all pupils, with no pupils achieving this benchmark in 2007.
- The SEN/non-SEN gap is currently 47%, with only 14% achieving this level.
- A gap is also evident between **FSM** and non-FSM young people, with a 33% in 2007, with only 19% achieving this level.

As stated previously, a key indicator of engagement and attainment is attendance. Kent has an improving rate of **persistent absence,** but this is higher than comparators. For maintained secondary school pupils there is now two years of DCSF data:

% persistently absent	2005/06	2006/07	Change
Kent	7.4%	6.8%	-0.6
Stat Neighbour Median	6.2%	5.9%	-0.3
England	7.1%	6.7%	-0.4

There are also clear differences between groups:[103]

- Whilst the same two **BME** groups stand out as having much higher rates as for primary pupils, the cohort of Irish Traveller pupils is very small. The **Gypsy/Roma** cohort is also small though still over 200 pupils and has a rate of 26.4%.
- Gender difference is less pronounced in secondary pupils, although persistent absence is higher in **White and Black Caribbean girls** with a level of 8.1%.
- As with Primary, there were again higher levels of persistent absence among pupils with **SEN;** however, the highest rate in secondary was among pupils who were SEN at "school action plus level" (16.2%). Pupils with statements had a level of 8.4%.

For Kent **looked after children** (for whom Kent is the "corporate parent") the performance assessment framework measure (PAF) has shown a high rate of pupils missing 25 days or more in the school year having risen to 21.9% in 2005/06 (academic year) against the national figure of 13.3%. For 2006/07 however, the rate in Kent has dropped to 15.6% at September 2007[104].

Kent has experienced the same rate of **permanent exclusions** for the last 3 years (2003/04 to 2005/06) as reported by DCSF and has not closed the gap on the national figure (0.17% in Kent 2003/04 to 2005/06, and nationally 0.13% declining to 0.12)[105]. Once again, variation is evident in certain groups[106]:

- **Gypsy/Roma** pupils were over-represented in figures with 0.6% permanently excluded in 2006/07.
- Evidence suggests **LAC** also have higher levels of permanent exclusion with a rate of 1.4% in 2006/07 (note: all LAC in Kent schools).

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[102] Management Information, CFE, KCC
[103] Management Information, CFE, KCC
[104] Looked After Children position statement, for JAR inspection.
[105] DCSF statistical release
[106] Management Information, CFE, KCC

- Pupils with **SEN** at "school action plus" level had higher rates at 0.9%, and pupils with statements of SEN had a rate of 0.4%.
- Permanent exclusions are **most common for pupils of secondary school age**, and peaked in **Year 9** in 2006/07 with a rate of 0.5%.

By age 19, there is an increasing proportion of young people **achieving full level 3 qualifications.** Most recent data for 2006/07, show Kent remains close to the national figure and there has been a reverse of the slightly widening of the gap in the previous 2 years[107]

Level 3	2003/04	2004/05	2005/06	2006/07
Kent	41.5%	44.5%	45.4%	47.2%
National	42.0%	45.4%	46.6%	48.0%

The gap in achieving full level 3 qualifications between all pupils and those eligible for **FSM** in Kent has persisted (32.1, 32.7, 31.8 for 2005-2007). This gap is larger than that nationally (26.2, 26.0, 25.4 for 2005-2007)[108].

Children aged 7-11 indicated that the following activities helped them learn either 'very much' or 'quite a lot'[109]:

- Making things/doing practical things – 74%
- Trips to places – 72%
- Using ICT – 67%
- Using my own ideas – 65%
- Working as part of a group – 66%
- Working on my own – 55%
- Doing projects that cover more than one subject – 50%
- Reading – 37%

Among sub-groups of young people:

- A somewhat larger proportion of pupils with **EAL** indicated reading helps them learn either 'very much' (25%) or 'quite a lot' (27%), when compared with their peers ('very much' = 16%, 'quite a lot' = 21%).
- A somewhat larger proportion of those eligible for **FSM** indicated using ICT helps them learn 'very much' (43%), compared with their peers (37%).
- A smaller proportion of **LAC** indicated working as part of a group helps them learn 'quite a lot' (27%) , when compared with their peers (37%).
- More pupils with **SEN** indicated using ICT helps them learn 'very much' (41%), when compared with non-SEN (36%).

Similar to the 7-11s, when 11-19s were asked what **they liked about school/ college**, the most popular things were the social aspects, followed by cognitive and skills-based activities, and then other aspects related to learning processes.

[107] Learning Skills Council
[108] DCSF statistical release
[109] Children and Young People of Kent Survey, 2007

- 10% of children with **EAL** liked lessons, compared with 5% of their peers; and 70% liked seeing their friends compared with 79% of their peers.
- 68% of **LAC** liked seeing their friends compared with 78%.
- 72% of children with **SEN** liked seeing their friends compared with 80% of those without SEN.

When asked what, if anything, was **making it difficult to learn**, many said "nothing" was making it difficult to learn (26% of 11-16s and 29% of post-16s). However, frequently identified obstacles to learning[110] were:

- Other pupils being disruptive (54% 11-16s and 43% of post-16s) – the most common answer
- Not getting feedback on how they are doing (24% and 28%)
- Not getting enough help at school (18% for both)
- Being bullied (10% and 3% - see Priority 8).

Another kind of barrier can be **young people's own perceptions and aspirations about learning and education**. Based on survey responses from young people 11-19[111], about **one in ten either strongly agreed or agreed with the statement "it is OK to miss school /college if you feel like it"** (11%). Responses varied across LCSP areas and:

- 13% of **LAC** strongly agreed, compared with 4% of non-LAC
- 9% of **SEN** strongly agreed, compared with 3% of non-SEN
- 7% of **FSM** strongly agreed, compared with 4% of non-FSM

A smaller proportion either strongly agreed or agreed that "qualifications are a waste of time" (7%). Those with **SEN** (7%) or who were **LAC** (7%) were somewhat more likely to strongly agree than their peers (3%, and 2% respectively). However, 5.3% of young people not only indicated qualifications were a waste of time but also felt they would be able to get the sort of job they wanted; **boys** and those with **SEN** were over-represented amongst this group.

On the other hand, almost two-thirds of young people 11-19 (65%) agreed or strongly agreed with the statement '**I know what sort of job I want when I grow up'**.

- **Looked after children** were more likely to indicate that they knew what job they wanted when they grow up (77%), compared to other children (66%).
- Young people eligible for **FSM** were also somewhat more likely to strongly agree than their peers (45% compared to 39%).
- Young people with **EAL** less often strongly agreed (32%) compared with 40% of non EAL.

When asked about their perceptions of any **barriers to achieving their future aspirations**[112], many young people indicated "nothing" (40% overall; 41% of 11-16s and

[110] Children and Young People of Kent Survey, 2007; see also Priority 4 barrier – not having a place to do homework,
[111] Children and Young People of Kent Survey, 2007
[112] ibid

32% of post-16s). Following are perceived barriers which young people 11-19 think may prevent them from achieving their plans for the future:

- Lack of money (26%, see Priority 1)
- Not having the right qualification (24%)
- Lack of information or advice (14%)
- Wanting to stay in the local area (14%)
- Lack of transport (12%, see Priority 1)
- Family responsibilities (7%)

The proportion of young people who indicated "nothing" was a barrier to their future aspirations differed in LCSP areas and somewhat fewer young people eligible for **FSM** said "nothing" (35%) compared with their peers (41%).

The rate of young people **16-18 not in education, employment or training (NEET**) in Kent remains below that of the national figure, and the latest 2007/08 figure shows a significant fall below the previous 3 years[113]:

Nov. to Jan. average	**2004/05**	**2005/06**	**2006/07**	**2007/08**
Kent	6.2%	6.3%	6.4%	5.3%
National	8.0%	8.2%	7.7%	Not available

Teenage parents, **pregnant teenagers** (see Priority 2), **LAC, and young people with LDD** are groups over–represented amongst NEETs[114].

No clear trend is apparent in the Kent rate of **18 – 24 year olds claiming Job Seekers Allowance**, which has been lower than national since May 2005; Any changes to the Kent figure are very much reflected across Great Britain (as shown in next table)[115].

	May 05	**Aug 05**	**Nov 05**	**Feb 06**	**May 06**	**Aug 06**	**Nov 06**	**Feb 07**	**May 07**
Kent	3.6%	4.0%	4.0%	4.8%	4.4%	4.4%	4.3%	4.6%	3.9%
GB	4.2%	4.7%	4.6%	5.3%	5.0%	5.2%	4.9%	5.2%	4.5%

Indicators presented thus far under this Priority are in regard to keeping children and young people engaged and participating in education, training and employment. The counter balancing statement of the priority is to prevent disaffection and, along with Priority 6, to prevent offending. A key consideration in this Priority is therefore, young people who become disengaged and who may re-offend.

Youth Re-offending rates (or recidivism)[116] in Kent have varied over the past 4 years. Kent Youth Offending Services data indicates that youth re-offending rates in the county

[113] Connexions CIS, 2007/08 from Connexions Kent & Medway

[114] KCC, Connexions, LSC 14-19 Data Group, sub-group analysis of NEETs, Autumn 2007.

[115] Department of Work and Pensions

are higher than the national levels although they have come down in recent years. The table below shows the overall rates of youth re-offending after 12 months:

Cohort:	**2002**	**2003**	**2004**	**2005**
Kent	45.9%	47.6%	35.7%	40.2%
National	38.3%	39.4%	38.1%	37.4%

There is significant variation in re-offending rates at the different levels of the youth justice system. The table below shows the rates of re-offending after 12 months at the pre-court, first tier, community and custodial stages of the system.

Tier	**Kent**	**National**
Pre-court	26.8%	24.6%
First tier penalties	49.8%	45.0%
Community Penalties	66.9%	63.8%
Custodial Penalties	68.8%	64.3%
Total	**40.2%**	**37.4%**

The most recent data suggest that boys are more likely to re-offend than girls. Those with more complex issues (including mental illness and/or substance misuse), persistent problems (including with family or with education), a greater offending history, and/or continue mixing with peers who are offenders are also at greater risk of re-offending.

Areas to improve

	Area of focus	**Indicator**
7.1	**Improving early childhood development by age 5** o Reflecting early years quality, parental interaction with young children (see Priority 3), as well as other factors in young children's lives. o Earlier intervention, identification of needs and support for young pre-school age children	o % scoring 78 points or more with at least 6 points in each of the scales in PSED, and CLL
	Narrowing the gap: • SEN • FSM • Boys • BME	

[116] Youth Offending Service, KCC; A cohort of young offenders are tracked for 12 months after their substantive outcome. The numbers who are reconvicted or receive a further pre-court outcomes within 12 months are identified to calculate a re-offending rate.

7.2	**Increasing engagement and attainment by age 11(end of Primary) – for specific groups and areas** o Learning environment of Primary schools o Broader environment in which children live supporting/not supporting learning o Persistent absenteeism o Readiness for transition to Secondary	o % attaining Level 4+ at Key Stage 2 including English, Maths.
	Narrowing the gap: • SEN • Boys • BME (Gypsy/Roma, Irish traveller, and non-British white) • FSM (NIS indicator) • LAC	
7.3	**Increasing engagement and attainment by age 16 – for specific groups** o Minimum necessary to move forward with education, employment, training o Broader environment in which children live supporting/not supporting learning o Addressing attitudes of minority about it being "OK to miss school", or that "qualifications are a waste of time" (those more likely to disengage) o Addressing factors making it difficult to learn (including disruptive pupils)	o % achieving 5+ A*-C GCSEs, or equivalents o % indicating things which are making it "difficult to learn" o Key Stage 3 (particularly boys' English),
	Narrowing the gap: • SEN – specific needs • FSM • BME – Gypsy Roma • LAC • Young offenders (aspirations)	
7.4	**Increasing engagement, participation and attainment by age 19** o Strong link to Priority 1 (poverty)	o % achieving full level 3 qualifications o % who are NEET
	Narrowing the gap: • FSM • Teenage parents and pregnant girls (NEET) • Young offenders • Care leavers	

8. BULLYING & COMMUNITY SAFETY

To take action to reduce the incidence and impact of bullying in school and the community

Rationale

Bullying can be defined as "Behaviour by an individual or a group, usually repeated over time, that intentionally hurts another individual or group either physically or emotionally"[117].

Bullying can impact on children and young people's feelings of safety, their emotional well-being, as well as their ability to do well at school. It can happen at schools, but it can also happen to young people on their way to/from school, electronically ("cyberbullying"), or in the areas where they live. Beyond the impact it has on individuals, bullying can impact on the broader culture of schools as well as the wider communities in which children and families live[118].

"For more than a decade (bullying) has been the main reason for children calling ChildLine, with around 3000 calls every month"[119].

As bullying can take place in communities, it too is a component of community safety. It is important to assess children and young people's experiences and perceptions of safety in their communities. Therefore, this analysis takes a broader approach to this Priority, incorporating other safety outcomes for children and young people. This includes a focus on unintentional injury and the impact it has on individuals, families and society, as outlined by the Audit Commission's "Better Safe than Sorry" (2007):

- *"Unintentional injury is a leading cause of death and illness among children aged 1-14 years, and causes more children to be admitted to hospital each year than any other reason."*
- *"Each year in the UK, unintentional injury results in more than six million visits to accident and emergency (A&E) departments. Approximately two million of these involve children. This costs the NHS approximately £146 million. Half of these injuries occur in the home. Unintentional injury therefore represents a significant burden to the NHS, to local government and to the families and individuals affected by it."*

Analysis and Interpretation

About 1 in 3 children and young people in Kent indicate they have been bullied[120].
Amongst Primary aged children:

- At school - 38% had been picked on or bullied (44% had not); a greater proportion of these are younger children.
- In the area they live - 27% had been picked on (58% had not).

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[117] *Safe to Learn: Embedding Anti-Bullying Work in Schools*, DCSF, 2007.
[118] Anti-Bullying Strategy to support schools and settings. 2006-2010. Kent County Council
[119] NSPCC, www.nspcc.org.uk/helpandadvice/whatchildabuse/bullying/bullying_page_wda55824.html
[120] Children and Young People of Kent Survey, 2007

- Going to or from school - 13% had been picked on (75% had not; note influence of the previously quoted proportion who come by car).

Half of children had been pushed or hit by other children (55%), were called names or talked about by other children (54%) and/or were left or stopped from joining in (49%). A third has had their possessions broken or stolen on purpose (33%).

- Children with **SEN**, were more likely to have been picked on *in the area where they lived* (35%) than their peers (25%).
- Children eligible for **FSM** were also more likely to report that they had been picked on *in the area they lived* (40%), compared to their peers (26%) and more reported that they had their things broken or stolen on purpose (43%) than their peers (32%).

Amongst 11-19 year olds, the incidence of bullying appears to decline with age. In the past year (2006/07):

- 31% of 11-16 year olds said they had been bullied (66% had not)
- 14% of post-16s said they had been bullied (84% had not).

As with Primary children, two groups of young people are over-represented in these bullying figures:

- Young people 11-16 with **SEN** (44%) were more likely to have been bullied in the last year, compared to their peers (29%) – they are more likely to be bullied *at school* (42% compared to 32% for their peers). Post-16s with SEN were also more likely to have been bullied (26% compared to 12%).
- Young people 11-16 who were eligible for **FSM** (42%) were more likely to have been bulled in the last year compared to their peers (31%) – they are more likely to have been bullied in their *local area* compared to their peers (48% compared to 32%).

The majority of young people who are bullied experienced this as **verbal bullying** (80% 11-16s and 89% post-16). This is followed by **being left out** (41% and 44%), **physical bullying**(38% and 29%), and **theft/damage to property** (16% and 17%). Some would rather not say (14% and 7%). Of the 10% who wrote some other form of bullying, the most common things were racism, being threatened, via internet/email/text messaging, or sexual harassment.

Of *only* those 11-19 who have been bullied in the last year, for some this happens frequently (particularly at school); that is, at least 1 or 2 times a week:

- Almost two of every three 11-16s were bullied **at school/college** at least 1 or 2 times a week (61%; 34% most days); this is 51% for post-16s (27% most days).
- One in five 11-16s was bullied **getting to/from school/college** at least 1 or 2 times a week (20%; 10% on most days); this is 16% for post-16s (6% most days).
- About one in six 11-16s was bullied **in the area they live** at least 1 or 2 times a week (16%; 8% most days); this is 19% for post-16s (6% most days).
- Over one in ten 11-16s was bullied **on-line** at least 1 or 2 times a week (12%; 6% most days); this is 11% for post-16s (7% most days).

- Almost one in ten 11-16s was bullied **by mobile phone** at least 1 or 2 times a week (9%; 5% most days); this is 8% for post-16s (2% most days).

One in ten 11-16s (10%) said that **being bullied was a factor making it difficult for them to learn** (the 4th most common factor). **Looked after children** more often reported this than their peers (11-19s, 41% compared to 26%), as did children with **SEN** (16% compared to 6%) and to a lesser degree, children eligible for **FSM** (14% compared to 9%).

There has been increasing attention to the safety concerns posed by social networking sites. In Kent, over half of 11-16s (56%) and just under two-fifths of post-16s (37%) reported that they ***never*** **shared information about themselves on the internet**. Over a quarter of 11-16s (27%) and over a third of post-16s (35%), however, reported sharing information about themselves on the internet *at least one or two times a week*. **About a quarter of 11-16s and post-16s felt they needed more information on internet safety** (24% and 25%).

Turning now to children and young people's feelings of safety in Kent - **most feel safe "most of the time"** at school or college, getting to/from school or college, and in the areas they live[121], as shown in the following tables (taken from the NFER report of the survey).

Table 5.3 Whether children (aged 7-11) feel safe

Whether children and young people feel safe:	Yes %	Sometimes %	No %	No response %
Getting to/from school	75	18	5	2
In the area they live	67	22	9	2
At school	65	29	4	2
N=31,527				

Source: Primary survey: question 10
A series of single response items
Due to rounding, percentages may not always sum to 100

[121] ibid

Table 5.4 Whether children and young people (aged 11-19) feel safe

Whether children and young people feel safe:	Most of the time %		Sometimes %		Not very often %		Never %		No response %	
	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16	11-16	Post-16
In school/ college	67	86	24	11	5	1	2	1	2	2
In the area they live	67	70	23	22	5	5	2	1	2	2
Getting to and from school/ college	66	75	25	20	4	3	2	1	3	2
11-16 N= 10,344										
Post-16 N= 961										

Source: Secondary/college survey: question 7
A series of single response items
Due to rounding, percentages may not always sum to 100

However, there is a sizeable minority (about one-quarter) who only sometimes feel safe and a concerning few (under 10%) who feel safe not very often, or never.

- Of 11-19 year olds, it is **younger pupils** who do not feel as safe at school or getting to/from school.
- Young people aged 11-16 who were eligible for **FSM** were less likely to say that they felt safe *in the area they live* 'most of the time' (60%) compared to their peers (70%). (Links to Priorities 1 and 4.)

There are different patterns amongst young people about the **things in their local areas that make them feel unsafe**:

- **Younger children in Primary (Year 3s)** were more likely to be anxious about busy roads and broken glass. **Younger secondary-aged children** were more likely to feel unsafe about people drinking/getting drunk or about people carrying knives.
- **Girls of Primary age and post-16** were more likely than boys to identify several things that made them feel unsafe in their local area.
- Post-16s with **SEN** were more likely to say they felt unsafe *most of the time* being around people who were drinking/drunk and people on drugs compared to their peers.

Of *only* those children and young people who indicated they did not feel safe *in the areas where they lived* (less than 10%), the things of most concern to them were the following.

- For **7-11 year olds**, these things were people hanging around (56.6%) and broken glass on the ground (54.6%). Less than half said busy roads or speeding traffic (46.5%) and fewer said being on a bus or train (30.3%). Children eligible for **FSM** or with **SEN** are over-represented in these responses, as are **girls** to a lesser extent. A somewhat higher proportion of **BME** children said they worried about being on a bus or train. The vast majority (80.3%) also mentioned other things; some of which included getting run over/crossing the road, teenagers

hanging around, other people/strangers in the area, thieves/being mugged, bullying, or worried about if something could happen to friends/family.

- **For 11-19 year olds**, these things were: gangs (54.7%), people carrying knives (54.5%), and groups of people hanging around (51.8%). **Girls**, young people eligible for **FSM** and those with **SEN** are over-represented across a number of things identified as making them feel unsafe in their local areas.
  - **Girls** - this is particular so for being on a bus or train, dark or unlit places, and busy roads/speeding traffic.
  - **FSM** - this was particularly so for being on a bus or train, busy roads/speeding traffic, and people drinking/being drunk.
  - **SEN** - this was particularly so for busy roads/speeding traffic, things like broken glass/syringes lying around, and people drinking/being drunk.

  Some young people also wrote additional things, which included people around, being stalked/followed, people arguing/swearing/shouting at night, and being bullied.

In short, to improve perceptions of safety amongst those who currently do not feel safe, the above issues suggest the problems to tackle.

Ultimately, an indicator of lack of health and safety is of course the **mortality rate** (presented under Priority1). In 2005, deaths caused by accidents (including transport accidents), accounted for nearly 10% of all deaths[122] (consistent with perceived road safety fears).

The rate of **hospital admissions for injury** (previously raised under Priority 2) show that the overall trend is increasing in Kent[123]. It was 14.8 admissions per 1,000 aged 0-19 in 2006/07, accounting for over **5,100 admissions**; an increase of 7.4% on last year. Causes were:

- Falls (1,498) - the main cause (29% of all admissions); these often occur in the home.
- External mechanical forces (1,034, increasing); this varies by age of child to include things like a foreign body entering through eye or other orifice (for young children), to things like being hit/struck/kicked etc by another person, or striking or being struck by other objects (for older children).
- Transport accidents (570); a small increase over last year, mainly pedal cyclists (198 of total), followed by car occupants (109) pedestrians (103) and motorcycle riders (88).
- Intentional self-harm (395) – (See Priority 2), increasing each year for the last four years (from 278 in 2003/04)
- Accidental poisoning (352), mostly in the home.
- Assaults and undetermined events (257 admissions); a substantial increase on last year (173)

[122] Kent Children's Trust County Report card for Mortality Rate - based on Office of National Statistics.
[123] Ibid, report card for Hospitalisations for Injury 0-19, based on SHA Health Informatics data and KCC E&R population figures, calculated by KCC CFE.

Having a significant link to Priority 2, analysis of **hospitalisation admissions data for assaults** (Kent 2005-2007[124]) show that:

- Boys 15-19 and young men 20-24 make up the largest proportions of admissions for assaults of all age groups (17% and over 16% respectively). Boys 10-14 make up over 3%.
- Girls 15-19 make-up the largest proportion amongst age groups for women (over 3%).

A high level population outcome indicator for Kent is the **rate of children and young people who are victims of crime**. In 2005/06, 3.3% for of children and young people 0-18 (or about 10,654) were victims of crime[125]. The chance of being a young person who is a victim of crime tends to increase with age. Further, young people who offend often do so against other young people (link to Priority 6 and 7). **Violence against the person** was by far the most common type of crime reported making up **over 50% of these reported offences**.

Therefore, data suggest that bullying is of prime importance to young people. Objective data on hospitalisations and crime show that broader aspects of community safety are also key, particularly given different trends across the county. Further, there is a strong link to outcomes of community safety (including perceptions of safety where children and young people live) and healthy/safe choices under Priority 2 –drinking to excess.

Areas to Improve

	Area of focus	**Indicator**
8.1	**Decrease incidence of bullying at 1) school; 2) in local areas; and 3) getting to/from school** o Prevalence of children and young people experiencing bullying, particularly at school. o Support children & young people in how to help stop bullying (Priority 6) o Improve resilience/coping strategies (Priority 2)	o % who have been bullied, (by place). o % who help someone who is bullied (from Priority6).
	Narrowing the gap: • SEN – especially in area where they live (younger) and at school (older) • FSM – especially in area they live (community safety) • LAC (making it difficult to learn)	

[124] Crime & Disorder Reduction Partnership Strategic Assessment, Hospital Admissions Data; prepared by Kent & Medway Public Health Information Team, Nov/2007.

[125] Kent Police data on offences; rate calculated by KCC CFE. Note that some double counting may occur as one may be a victim more than once in the year,

8.2	**Reduce the rate of young people who are victims of crime and addressing concerns of those who do not feel safe in areas they live** o Further understanding, and address, factors of young people as victims of crime (not just as offenders) & specific safety concerns of young people where they live o For each gender, 15-19 year olds make up substantial proportion for hospitalisations for assaults	o % who are victims or crime (particularly violence against the person) o % who do not feel safe in the areas where they live (sub-groups) o % who need more information about internet safety
	Narrowing the gap: • SEN - feelings of safety where they live • FSM - feelings of safety where they live (link Priority 4 Housing) • Girls – feelings of safety where they live (and, amongst women – 15-19 admissions for assaults) • Boys 15-19 (admissions for assaults)	
8.3	**Reverse the increasing rate of injuries leading to hospital admission, including unintentional injuries as locally identified** o Unintentional injuries - Determined by LCSPs given trends and issues which may be present in locality.	o Rate of hospital admissions for injury 0-19
	Narrowing the gap: • Sub-group analysis not available (data development)	

Next steps

This strategic needs analysis of outcomes uses available data, based on Kent Children's Trust agreed population indicators, to identify where outcomes can be improved and where there are gaps for some vulnerable groups. Finalised in May 2008, it is being used to inform the new CYPP. Indicators for the CYPP are being identified by the Kent Children's Trust, and will be largely based on the new National Indicator Set and link into the new Local Area Agreement. Next steps to create an indicator and performance framework for the CYPP include:

- Aligning the KCT's existing CYPP population indicators framework to the new National Indicator Set.
- Establishing baselines to monitor progress; some of which may be drawn from this analysis while others will be from the new National Indicators.
- Setting a KCT data development agenda, as a part of this framework to fill gaps in data and/or the disaggregation of data to target actions (e.g. vulnerable groups).
- Linking analysis in to the KCT commissioning cycle.

Appendix 1

Children & Young People's Plan – "Positive about our future"
Population Indicators Framework 2007

This indicators framework identifies population level indicators about outcomes for Kent's children and young people. This is intended to inform multi-agency planning and evaluation in improving outcomes across Kent and /or within localities. There are additional organisation, agency, program, or project "performance measures" which contribute to achieving these outcomes.

Each indictor is (as much as possible) to be reported by county, sub-area, gender and specific sub-populations (e.g. LAC, LDD, ethnic group). Sub-analyses within Kent would identify local issues where planning and services could be focused to close gaps.

Children & Young People's Plan				
Being Healthy	**Staying Safe**	**Enjoying & Achieving**	**Making a Positive Contribution**	**Achieving Economic Well-being**
This means *Children and Young People are: physically, mentally, emotionally and sexually healthy, have healthy lifestyles, and choose not to take illegal drugs.*	***This means*** *Children and Young People are: safe from maltreatment, neglect, violence and sexual exploitation; safe from accidental injury and death; safe from bullying and discrimination; safe from crime and anti-social behaviour in and out of schools; have security and stability and are cared for.*	***This means*** *Children and Young People are: ready for school, attend and enjoy school, achieve stretching national targets at Primary and Secondary School, achieve personal and social development and enjoy recreation.*	***This means*** *Children and Young People: Engage in decision making and support the community and environment, engage in law abiding and positive behaviour in and out of school, develop positive relationships and choose not to bully or discriminate, develop self confidence and successfully deal with significant life change and challenge, develop enterprising behaviour.*	***This means*** *Children and Young People: engage in further education, employment or training on leaving school, are ready for employment, live in decent homes and sustainable communities, have access to transport and material goods and live in households free from low income.*

Appendix 1

High-level Population Indicators				
Being Healthy	**Staying Safe**	**Enjoying & Achieving**	**Making a Positive Contribution**	**Achieving Economic Well-being**
2) Mortality rate (Health)		9) % reaching 6+ points at Foundation Stage (PSED, CLL) (DFES/KCC-CFE)	13) Rate of first time offending (KCC-Communities)	15) % achieving full level 3 qualifications (KCC-CFE/LSC)
3) Rate of Hospital admission due to injury & illness (Health)		10) % achieving Level 4+ at Key Stage 2 (DFES/KCC-CFE)	*14) % making positive contribution (based on survey examples)* (CYP Survey)	16) % of 16-18 year old NEET (Connexions)
4) Rate of low birth weight babies (Health)	7) Rate victims of crime (Kent Police)	11) % achieving 5+ A* to C GCSEs (or equivalent) (DFES/KCC-CFE)		17) % of(18-24) claiming Job Seekers Benefit
5) Rate of STIs/ Rate of teenage conceptions (Health)	*8) % who feel safe (by place)* (CYP Survey)	*12) % who enjoy their life/ usually feel happy* (CYP Survey)		18) % of CYP living in decent housing
6) % Reception & Year6 pupils who are overweight/obese (BMI > 85th or 95th percentiles) (Health)				19) Rate of CYP living in temporary accommodation
1) % missing 20% or more days of school (Sec; Pri) (interpret with children not in school) (KCC-CFE)				
Index of multiple deprivation score				

Blue = Data Development (see page 4)

Appendix 1

Intermediate Population Indicators				
Being Healthy	**Staying Safe**	**Enjoying & Achieving**	**Making a Positive Contribution**	**Achieving Economic Well-being**
Rate of immunisations	*% who have been bullied in past year (nature/place)*		*% 11-19 "would like to" making positive contribution (based on survey examples)*	*% who know what sort of job they want in future*
Rate of domestic violence (households with children)		*Prevalence of things CYP do outside of school/college (after school – Primary)*		
% mothers breastfeeding (initial/duration)	Rate of CP Registrations	*Prevalence of things CYP like about school/college*	Rates of recidivism	*Prevalence of barriers to 11-19 y.o.'s plans for their future*
% mothers smoking during pregnancy	*Prevalence of things making CYP feel unsafe in the areas where they live*	*% who like being at/going to school/college*		*% 11-19 who think that "qualifications are a waste of time"*
Prevalence of 11-19 year olds indicating they smoke	Rate of missing children	*Prevalence of things that stop 11-19 y.o. from learning*		% of 16-18 in employment with no training (from NEET+)
Prevalence of 11-19 year olds indicating they get drunk		*% indicating they have the chance to have their say on school or issues in area where they live*		
% eating 5 or more portions fruit/veg a day "most days"		% achieving Level 2+ at Key Stage 1		
% exercising" for 1 hour or more/playing outside or sports "most days"		% achieving Level 5+ at Key Stage 3		
% with someone who can help/talk to at home & school when can't deal with issues on own		Contextual value-added KS1-KS2 and KS2-KS4 (pupil-based, not school-based)		
% 11-19 who feel very sad or depressed "most days"		*Prevalence of things helping pupils learn (Pri-like about)*		
Change in (SDQ) score Tier 2 and 3 at 6-months				
Self-efficacy indicator				
% 11-19 who think it is "OK to miss school/college if they feel like it"				
Prevalence of barriers to activities that 11-19 y.o. would like to do				
% pupils excluded (by reason)				
% sitting down for a meal with family "most days"				

Appendix 1

Data Development Agenda

Outcome specific:

- Sexual Health (STI's & by gender) – getting population indicators and maintaining confidentiality of patients. Health contact is looking into availability of this data (Health - SHA)
- Body Mass Index (BMI) – representativeness, and availability issues. (Health - SHA)
- Rate of Breastfeeding – while initial is available, duration is not. (Health – SHA)
- Rate of Domestic Violence (in homes with children) – data available on domestic violence, need to confirm if/how available separately for homes with children (Kent Police)
- Rate of Missing Children – informed that data on "missing persons" not broken out by age ; determine if this can be resolved. (Kent Police)
- Decent Housing – indicators exist only for public social housing stock/RSL based on older audit. No indicator about the quality of housing in which CYP reside; although housing affects range of outcomes. (Audit Commission, and/or Kent Housing JPPB and/or Kent Housing Group)
- Temporary Housing – existing are performance measures and not capturing complete situation/outcome for young people (for example, those "sofa surfing") (Audit Commission, and/or Kent Housing JPPB, and/or Kent Housing Group)
- 16 to 18 year olds who are employed, but with no training; subset of NEET+ (Connexions)

Cross-cutting

- Creating data at meaningful, accurate sub-group levels (LAC, LDD, SEN/LDD, and useful reporting of ethnic groups)
- Confirming where data reporting best done by CYP home community or school attended.
- Adequately reflecting under 5's across outcomes (incl. family/parents); incl. strategic links with Every Parent Matters
- Consistent reporting boundaries among partner group datasets.
- Information or data about parents/carers or family outcomes.
- Specific information to inform interpretation, on specific groups not adequately reflected in statistics due to small numbers; may entail qualitative methodology.

Additional Interpretative Sources:

- Teenage birth and termination figures
- Police/PCT data on injuries (hospital or other sources) by causes, to fill unreported gaps in identified indicators for injury and victims of crime.

Appendix 2

Top 20 deprived Lower Super Output Areas (LSOAs) in Kent, 2007

Source:
The Pattern of Deprivation in Kent based on The Indices of Deprivation 2007 (page 15).
Analysis and Information Team, Environment & Regeneration, Kent County Council (January 2008)

Table 5: Top 20 deprived LSOAs in Kent based on the IMD 2007 overall score

LSOA	LA Name	Ward Code*	Ward Name*	2007 Score	National Rank (out of 32,482)	KCC rank (out of 883)	KCC Rank in 2004 (out of 883)
E01024678	Thanet	29UNGS	Margate Central	72.00	167	1	3
E01024676	Thanet	29UNGS	Margate Central	71.30	192	2	1
E01024657	Thanet	29UNGM	Cliftonville West	66.49	399	3	2
E01024658	Thanet	29UNGM	Cliftonville West	62.96	631	4	5
E01024660	Thanet	29UNGM	Cliftonville West	62.53	670	5	6
E01024667	Thanet	29UNGP	Eastcliff	60.41	871	6	7
E01024609	Swale	29UMGX	Sheerness East	60.12	899	7	8
E01024580	Swale	29UMGN	Leysdown and Warden	58.66	1,040	8	9
E01024504	Shepway	29ULGH	Folkestone Harbour	57.74	1,141	9	17
E01024506	Shepway	29ULGJ	Folkestone Harvey Central	57.19	1,209	10	4
E01024507	Shepway	29ULGJ	Folkestone Harvey Central	55.26	1,442	11	11
E01024590	Swale	29UMGR	Murston	55.20	1,451	12	21
E01024614	Swale	29UMGY	Sheerness West	54.26	1,576	13	10
E01024663	Thanet	29UNGN	Dane Valley	53.00	1,781	14	14
E01024683	Thanet	29UNGU	Newington	52.97	1,789	15	15
E01024682	Thanet	29UNGU	Newington	52.56	1,847	16	13
E01024306	Gravesham	29UGGL	Singlewell	52.36	1,875	17	26
E01024687	Thanet	29UNGW	Northwood	52.16	1,914	18	16
E01024389	Maidstone	29UHHC	Park Wood	51.01	2,117	19	19
E01024615	Swale	29UMGY	Sheerness West	49.62	2,345	20	12

Note: The higher the score the more deprived an area is. A rank of 1 is the most deprived.
* The ward code and name in which the LSOA sits has been provided for information. Data does not relate to the ward.

Source: Index of Multiple Deprivation 2007, Communities and Local Government (CLG)

Appendix 3

Income Deprivation Affecting Children Index (IDACI)
Maps

Appendix C

Organisations/Partners

The Kent Partnership and all Sub Group Members
Local Strategic Partnerships (9)
Districts (12)
Strategic Health Authority / Primary Care Trusts
Police
Fire
Learning Skills Council
Connexions
Youth Offending Service
Kent Probation Service
Multi Agency Briefings

KCC/CFE

Use of internal mechanisms for consultation – general email box, KCTB newsletter, CFE briefings, Knet news item, schools/Governors circulation, Clusterweb, SNAP on line survey, Senior Management Team , Divisional Management Teams .

Specific lead officers

Members through members newsletter/briefing

Community liaison managers

Cabinet Member Approval - Chris Wells and Mark Dance

CFE Policy Overview Committee -to be notified for information at September 2008 Meeting

Groups to be consulted with reference to specific KCTB priorities

CYPP Priority	Group to be Consulted
Priority 1: To reduce the impact of poverty (generational and situational) on children's lives by tackling the underlying causes and mitigating the effects.	All Partnerships/Groups to be consulted for this overarching priority

CYPP Priority	Group to be Consulted
Priority 2: To draw on and improve resilience in C&YP to help then make informed and healthy/safe choices and develop coping strategies. To include a focus on Children & Young People with emotional and/or mental health problems	Health and Wellbeing Group (Kent Partnership Sub Group) CAMHs Commissioning Strategy Group Kent Teenage Pregnancy Partnership KDAAT/ Bullying working group
Priority 3: To improve parenting by implementing every Parent Matters and developing more effective multi agency support and early intervention for families experiencing problems.	**Safer and Stronger Communities Sub** Group (Kent Partnership Sub Group) Parenting Strategy Group The Kent Early Years, Childcare and Extended Services Board (EYCESB) KDAAT
Priority 4: To improve the quality and stability of housing provision for vulnerable Children & Young People through to early adulthood.	Economic Development and Sustainable Communities (Kent Partnership Sub Group) Joint Policy and Planning Board Kent Housing Group Supporting People Commissioning Body
Priority 5: Supporting Vulnerable Children to improve their life chances including improving the achievement and quality of life for young carers by implementing the Kent Young Carers Strategy.	Health and well-being Group (Kent Partnership Sub Group) Young Carers Strategy Implementation Group Teenage Pregnancy Partnership CFHE LDD Steering Group Kent Transition Partnership LAC Steering Group
Priority 6: To ensure more young people have things to do and safe places to go in their leisure time and improve outcomes for adolescence at risk to themselves and potentially others, through for example implementation of the Integrated Youth Strategy.	Safer and Stronger Communities Sub Group (Kent Partnership Sub Group) Integrated Youth Strategy Group

CYPP Priority	Group to be Consulted
Priority 7: To increase engagement and participation by young people in education, employment and society in order to prevent disaffection and improve security	Economic Development and Sustainable Communities (Kent Partnership Sub Group) Post 14 Kent Strategic Forum The Kent Early Years, Childcare and Extended Services Board (EYCESB)
Priority 8: Children and Young People are safe and feel safe in the communities where they live, go to school, play, and work (Including CTB priority: To take action to reduce the incidence and impact of bullying in school and the community.)	Safer and Stronger Communities Sub Group (Kent Partnership Sub Group) Health and Wellbeing Group (Kent Partnership Sub Group) Anti-Bullying Strategy group Kent Safeguarding Children Board CDRPs

Children and Young people – Additional specific consultation work undertaken with under represented groups to ensure maximum coverage of all children and young people

Children and Young People Survey.	Information from NFER survey.	Second survey, over 43,000 Children and Young People involved

Groups	Interviewers/facilitators	Comments
Young People	Connexions	Consultation took place on 20 June in Sittingbourne. Connexions. Age 16 –19. Group included some LAC and young people from minority communities.
Young Offenders.	YOS	Consultation completed – feedback report produced.
Queenborough First School Sheppey	A. Mort	Consultation took place with 8-year-old children.
Looked After Children	16+ /Rainer	Ashford group of LAC provided comments following discussion of CYPP
BME	Participate By Right.	Consultation with 15 young people.
Disabled Children	Participate By Right.	7 disabled children in Whitstable.
Group of children	Participate By Right.	15 children age 5 to 11
Young Carers	Crossroads	Shepway youth centre Maidstone.

Appendix D

Impact of Consultation on Positive About our Future: the Children and Young People's Plan 2008-11

The following changes were made to the Children and Young People's Plan following consultation:

Priority One: Reducing the impact of poverty:

- Ensure parents are enabled to take up work was extended to include enabling parents to take up learning opportunities in recognition that further education is also a route out of poverty.

Priority 2: Resilience, well being and healthy lifestyle;

- New activities have been included focusing on the way services can work in partnership with parents to promote self esteem and self confidence and engaging whole families in lifestyle changes to help and support children who are an unhealthy weight.
- An additional activity was included to ensure all steps are taken to avoid young people being admitted to adult psychiatric wards.

Priority 3: Parenting

- There was some remodelling of this section to ensure that services recognise the whole range of challenges parents might face, they offer what parents want, help them in their role and are easily accessible.
- The specific needs of fathers were highlighted to ensure that male carers are recognised and involved in decisions about their children.
- Family learning was included as another opportunity to help families out of the cycle of poverty, to raise self-esteem of parents and to inspire children to learn through the example of their parents.
- Concern over the drop in MMR immunisations in Kent by the age of 2 led to this being included as a focus for activity.

Priority 4: Housing

- The housing section was strengthened to highlight the problems of hidden homelessness and to ensure support is made available to help resolve disputes and tenancy problems.
- Also an additional action to improve the timeliness of housing adaptations for children with disabilities was included.
- Improving the supply and affordability of housing for young people was a theme throughout consultation and has now been included.

Priority 5: Vulnerable children

- There was specific recognition made of those children who may have an autistic spectrum disorder and ensuring early diagnosis and support is available.

Priority 6: Things to do and places to go:

- Recreation and leisure activities were separated out to reflect the needs of different age groups- young people were asking for places to go and be together, younger children wanted play areas
- The needs of young people who are at risk of reoffending were recognised rather than focusing purely on prevention of first time offending.

Priority 7: Participating and engaging in learning and society

- **The outcome for early years changed from a focus on attainment to improving more general outcomes for children from birth to 5 so that the importance of learning through**

play and the role early years settings have in preparing children for school were included.

- **Ensuring young people were engaged in learning and prepared for work was a key area that was strengthened following consultation. Ensuring that an accessible and appropriate curriculum was available, careers advice and guidance, enterprise and creativity and skills to make young people employable were all added.**

Priority 8: Children and young people are safe and free from bullying and harassment

- The responsibility of providers to provide a safe environment for all, but especially for vulnerable CYP was strengthened.

Enabling sections: How we will deliver the plan

- Strategic or organisational activity was moved to the enabling sections so that all activity relating to delivery structures, workforce planning, integrated processes and participation has been grouped rather than scattered across the different priorities.