

A large, stylized illustration of a horse in profile, facing left. The horse is rendered in various shades of blue, with a flowing mane and tail. It appears to be in a dynamic, possibly rearing or galloping pose. The background is a solid, medium blue.

# Kent Teenage Pregnancy

Strategy 2015 -2020

## Foreword

The reduction of teenage pregnancies is one of the success stories of the last decade in the public health field that I warmly welcome. The under 18 conception rate has fallen by a third. Nonetheless, more work is needed to bring it down to those seen in other western European countries. National government has called on local authorities to continue working with partners to 'keep the momentum going'. Kent County Council will continue to lead the effort to reduce rates further across Kent. In this context, Kent County Council has published the Kent teenage pregnancy strategy and we are looking forward continuing our collaboration with all our partners, building on our successes and becoming even more effective in tackling teenage pregnancy.

**Foreword by Councillor R Gough**  
**(Cabinet Member for Education & Health Reform)**



**Councillor G Gibbens**  
**(Cabinet Member for Adult Social Care & Public Health)**



## Introduction - what we want to achieve

- We want young people to thrive, to be resilient and lead fulfilled lives, able to become responsible and contribute positively to their communities and those around them now and in the future.
- We want to ensure that young people have access to the information, services and early help that they need to be able to take control of their lives, make positive choices for themselves in relation to the sexual relationships that they have and when they start a family.
- When young people make a positive choice to conceive and have a child, we want to make sure that they have access to the services that they need to ensure the best possible outcome for them and their children.

We recognise that teachers, parents, health and social care professionals and young people themselves will all need to be engaged and work together if we are going to achieve our aims.<sup>1</sup>

---

<sup>1</sup> In developing this strategy, we took into consideration the findings and recommendations of the Kent County Council Select Committee - PSHE/Children's health report (2007). These will also be used as the basis of developing local action plans.

## Local context

**Facing the Challenge** is a Kent County Council strategic document, which provides a framework for transforming the way in which services are delivered in Kent and a change in the interface between residents and the County Council. For children and young people's services, this includes the development of a Preventative Services Directorate within Kent County Council, which will progress the integrated commissioning and delivery through Early Help and Preventative Services.<sup>2|3</sup>

**Kent Joint Health and Wellbeing Strategy** is the guiding document for all health and care services across Kent. It identifies three approaches to ensure that services meet the needs of local people; namely integrated commissioning and provision to deliver person centred services. One of the strategy outcomes is that 'Every Child Has the Best Start in Life' that will be achieved by working on four priority areas; tackling issues where Kent is worse than England average, health inequalities, gaps in provision and transforming services to improve patient experience, outcomes and value for money.

## National context

The key national strategic drivers (see Annex 1) are identified by the Children and Young People's Health Outcomes Forum report.<sup>4</sup> This report introduces an integrated outcomes framework for children and young people. It recognises the need to take a more asset based approach to children and young people's health and wellbeing and ensure that children and young people health and wellbeing is embedded within health and wellbeing structures.

---

<sup>2</sup> Early Help and Preventative Services Prospectus Kent Integrated Family Support Service and Kent Integrated Adolescent Support Service (May 2014) [www.kent.gov.uk/data/assets/pdf\\_file/0006/13965/Early-help-preventative-services.pdf](http://www.kent.gov.uk/data/assets/pdf_file/0006/13965/Early-help-preventative-services.pdf)

<sup>3</sup> One year plan, Early Help and Preventative Services Kent Integrated Family Support Service and Kent Integrated Adolescent Support Service (July 2014)

<sup>4</sup> Children & Young People's Public Health Outcomes Forum: Report of the Public Health & Prevention Subgroup  
HYPERLINK [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216854/CYP-Public-Health.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216854/CYP-Public-Health.pdf)

A Framework for Sexual Health Improvement for England<sup>5</sup> prioritises the need to continue efforts to reduce the rates of under 18 and under 16 conceptions. It identifies that young people should receive appropriate information and education to make the right choices in their sex lives.

Positive for Youth - a new approach to cross-government policy for young people aged 13 to 19<sup>6</sup> introduces a new partnership approach to driving up participation in education and training and improve attainment of children and young people. It recognises the need to listen to the voice of the young people.

No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages<sup>7</sup> prioritises preventing mental ill health and poor mental wellbeing across all ages.

You're Welcome Standards<sup>8</sup> sets out 10 criteria for the delivery of effective children and young people friendly services. It includes the need to provide comprehensive sexual health services, ensuring confidentiality and consent, making services accessible and ensuring children and young people participate in their design, delivery and review.

Chief Medical Officer's report 2012<sup>9</sup> focuses on the health and wellbeing of children and young people. Its recommendations include the need to focus on early help, to undertake research which links personal, health, social education (PSHE) to attainment, to take resilience based approach and to better understand how to build resilience in young people and to address gaps in attainment in education for young people as a means to reduce child poverty.

<sup>5</sup> A Framework for Sexual Health Improvement in England. DH & Cross Government, 2013  
[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW\\_ACCESSIBLE.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf)

<sup>6</sup> Positive for Youth: A new approach to cross-government policy for young people aged 13 to 19. Cabinet Office and Dept. for Education, 2010  
[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/175496/DFE-00133-2011.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175496/DFE-00133-2011.pdf)

<sup>7</sup> No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages. HMG/DH, 2011  
[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213761/dh\\_124058.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf)

<sup>8</sup> You're Welcome: Quality Criteria for Young People Friendly Health Services. DH 2011  
[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216350/dh\\_127632.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf)

<sup>9</sup> Our Children Deserve Better: Prevention Pays. Chief Medical Officer's annual report, 2012  
HYPERLINK "file:///C:/Users/LZ/Desktop/Alexis/Kent/Kent/TP/www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays" [www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays](http://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays)

## Teenage pregnancy nationally

The Social Exclusion Report on Teenage Pregnancy (1999) highlighted the health and social impact of teenage conception. This report, given the high rates of teenage conception in comparison to European neighbours, was the catalyst for the National Teenage Pregnancy Strategy 2001-2011.

The aim of the strategy was twofold:

- to reduce teenage pregnancy rates by 50% by 2011
- to increase the number of young parents engaged in education and training

The majority of local authorities have yet to achieve a 50% reduction.<sup>10</sup> However, according to 2012 data, England has the lowest teenage pregnancy rate for 30 years. Although this trend is promising and reflects a significant effort in reducing teenage pregnancies, there is clearly still further work to be undertaken to achieve the target of 50% reduction.

---

<sup>10</sup> Teenage Pregnancy Strategy: Beyond 2010. DfES and DH, 2010 [www.education.gov.uk/consultations/downloadableDocs/4287\\_Teenage%20pregnancy%20strategy\\_aw8.pdf](http://www.education.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf)

## Teenage Pregnancy - what has worked, barriers and further challenges

Localities that have had the greatest reductions in the rate of teenage conceptions have benefited from strong leadership and consistent effort by their Local Implementation Group (LIG). School nurses and outreach nurses have worked more successfully as a result of effective partnership working. For example, when schools/youth services were effectively engaged, youth workers felt more confident in delivery of Sex and Relationship Education (SRE) following information, advice and guidance from the sexual health outreach nurses.

Particularly successful SRE work involved peer led approaches including inviting very young mums and dads to talk about their experience. However, engaging secondary schools in delivery of good SRE has been a consistent challenge in Kent. Where it worked well, there was a supportive senior teacher involved, who was able to talk to the Head Teacher and Governors and address their concerns. Some schools refused to offer SRE apart beyond the basic requirements of the National Curriculum. Surveys of young people in Kent continue to reveal they do not have a good experience of SRE at school and they tell us that there needs to be more about relationships and less about sex.

Using local data and intelligence has worked effectively. The Public Health Department have provided information packs to each district on the numbers and rates of teenage pregnancy, the location of pharmacies in the CCard scheme, CCard access points and information on terminations.

Terminations need to be accessible to a young person in a friendly and confidential way. Expecting girls to travel to Maidstone where there were often demonstrations outside the Marie Stopes clinic was off putting for those who did not normally travel to Maidstone. More work is needed in exploring how to make terminations more accessible to under 18s in Kent.

There needs to be a good balance between mainstreaming of sexual health services and maintaining outreach and young people specific services for those who are 'hard to reach' and at risk (e.g. Children in care and Care Leavers, youngsters in PRUs). Sexual health outreach nurses were successful in engaging populations that they had previously found hard to reach using drama, pantomimes and various other tools which grabbed their attention and interest.

Support to young parents is also a really important element. There is potential to work with Children's Centres on this agenda, learning from the Family Nurse Partnerships (FNP) and getting them to use their knowledge to train other members of the Children's Centre workforce.

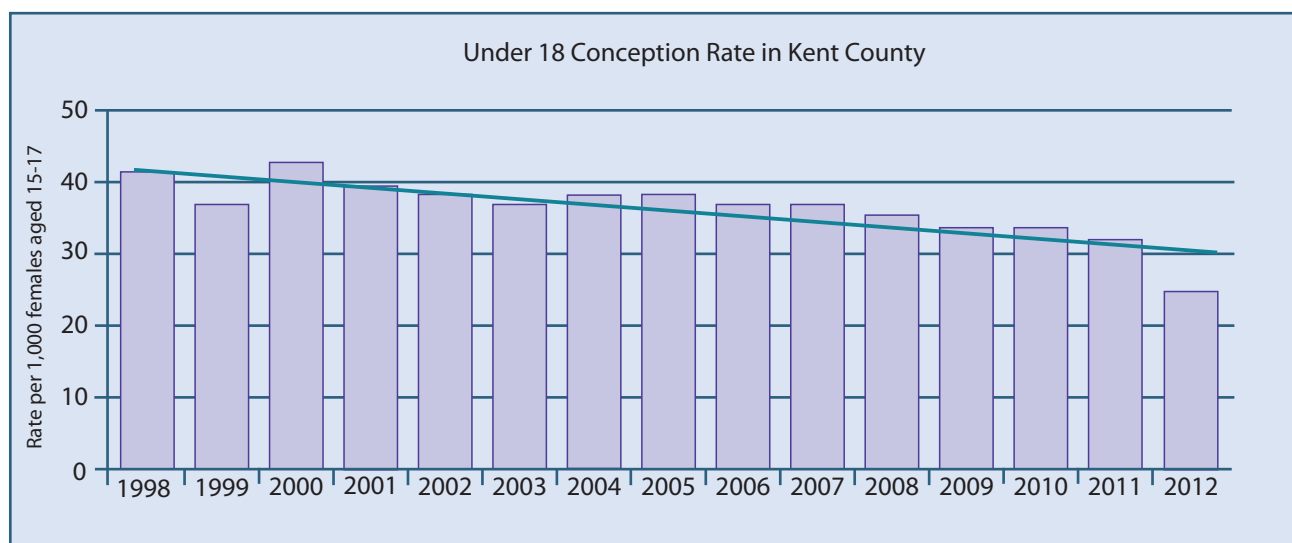
## What we are seeing in Kent – the facts

The under 18 conception rate in Kent (2012) is 25.9 per 1000 females aged 15-17, that is lower than the rate for England (27.7).

However, the rates and trends vary significantly across Kent.<sup>11</sup> There is clearly a need for continued efforts for reduction of teenage pregnancies in those areas where rates have not improved as much as it would have been expected. This is a key factor in addressing inequalities for young people across Kent.

As well as improving the information, advice and support, we provide to all young people and introducing measures so that sexually active young people can access contraception easily and use it effectively, our success in reducing teenage pregnancy rates will also depend on how effectively we tackle the underlying factors that increase the risk of teenage pregnancy – such as poverty, low educational attainment, poor attendance at school, non-participation in post-16 learning and low aspirations. Offering appropriate support to young people who are experiencing these underlying risk factors will help to build their resilience and raise their aspirations and so reduce the likelihood that they experience a range of poor outcomes, including teenage pregnancy.

Figure 1 Under 18 conception rates in Kent (1998-2012)



<sup>11</sup> District level information is available from Kent & Medway Public Health Observatory teenage pregnancy dashboard [www.kmpho.nhs.uk/EasysiteWeb/getresource.axd?AssetID=362914&type=Full&servicetype=Attachment](http://www.kmpho.nhs.uk/EasysiteWeb/getresource.axd?AssetID=362914&type=Full&servicetype=Attachment)

## Termination of pregnancy

Not all young women who become pregnant will complete the pregnancy. In Kent, in 2012, 45.8% of under 18 conceptions lead to a termination. This compares to a figure of 49.1% in England.

## Education, employment and training for young parents

Current data indicates that 66% of 16-19 year olds in a parenting cohort are not in education, employment or training (NEET). In January 2014, only 9% of young women under the age of 20 who were parents applied for 'Care to Learn' funding. This programme provides financial support for childcare to parents under the age of 20, who wish to take up training or return to education.

## Sexual activity amongst young people

We need to be aware and respond to new evidence about what is happening in young people's relationships, so the advice and support we provide is up to date and relevant. For example, an NSPCC survey<sup>12</sup> reported the levels of violence within teenage relationships; a quarter of girls aged 13 to 17 had experienced physical violence from a boyfriend and a third had been pressured into sexual acts they did not want. The Office of Children's Commissioner<sup>13</sup> highlighted the importance of addressing access to pornography in reducing violence in young relationships. The consequences of violence and coercion can be the early initiation of sexual activity without using contraception. There is also a better understanding of the prevalence of child sexual abuse and its impact on sexual and future emotional health.

---

<sup>12</sup> Partner exploitation and violence in teenage intimate relationships. NSPCC, 2009  
[http://www.nspcc.org.uk/Inform/research/findings/partner\\_exploitation\\_and\\_violence\\_report\\_wdf70129.pdf](http://www.nspcc.org.uk/Inform/research/findings/partner_exploitation_and_violence_report_wdf70129.pdf)

<sup>13</sup> "Basically...porn is everywhere" A Rapid Evidence Assessment on the Effects that Access and Exposure to Pornography has on Children and Young People. Office of Children's Commissioner, 2013  
[www.childrenscommissioner.gov.uk/content/publications/content\\_667](http://www.childrenscommissioner.gov.uk/content/publications/content_667)



## Vulnerable young people

Many adolescents experience significant life events and expose themselves to risks, but most of them will bounce back or find their way to the appropriate services. Vulnerable young people (particularly children in care or leaving care, children with learning difficulties and disabilities, young offenders, or those not engaged in education, employment or training) have an increased likelihood acquiring a sexually transmitted infection, becoming pregnant and as a result becoming young parents, having unhealthy relationships and low self-esteem or confidence. Among the most vulnerable girls, the risk of becoming a teenage mother before the age of 20 is nearly one in three. It is therefore critical that practitioners working with vulnerable young people – girls and boys – are aware of these issues, when promoting sexual health. This applies particularly to those supporting children in care and care leavers.

## AMBITION 1

### Reducing under 18 conceptions requires strong leadership and joined-up working

The development of a Kent Health and Wellbeing board, as well as local CCG Health and Wellbeing boards, provides the multi-agency leadership required. It is widely recognised that local strong leadership is critical for effective action.

The Health and Wellbeing strategy recognises the need for greater integration of the children and young people’s workforce around the needs of children and their families. It also recognises the need for greater joint commissioning, which is required to ensure that services are in place for the right young people at the right time, and that provision is not duplicated.

#### **AMBITION 1: Strong leadership and joined-up working**

Seek Health and Wellbeing board leadership and accountability for the strategy

Develop CCG level Health and Wellbeing board action plans, which are smart and their implementation is regularly monitored and evaluated

Develop CCG level and district level integrated performance framework for the strategy

## AMBITION 2

Building emotional health and resilience and providing universal access to high quality personal, social and health education (PSHE) to all children and young people

Emotional health and resilience is the foundation for positive health, social and education<sup>14</sup> outcomes for children and young people. Nationally, evidence is emerging as to how emotional health and wellbeing can be improved, but there is much to learn. The virtual world brings particular risks and challenges, which need to be understood and incorporated into learning opportunities for children and young people.

Underpinning our approach to emotional health and resilience must be an approach to working with children and young people and their families, which emphasises the strengths that they have and can build on. The HeadStart Kent programme<sup>15</sup> will promote a new approach to building resilience. Working with partners, we will develop a new strengths based model that will support vulnerable groups to better cope with life challenges. This programme has been developed using best available evidence and integrating techniques and methods of work that are responsive to the needs of young people and their families.

The Chief Medical Officer has identified that relationships and sex education (RSE) in the context of PSHE is critical. Provision of good quality PSHE is understood to be a key driver in the reduction of under 18 conceptions. Children and young people in Kent must have the information, support and be confident to make the right choices about relationships and when to become sexually active. They need to be given opportunities to develop the knowledge and the understanding of acceptable norms that will safeguard them if adults attempt to sexually exploit them.

---

<sup>14</sup> Childhood Wellbeing Research Centre (2012). 'The impact of Pupil Behaviour and Wellbeing On Educational Outcomes' [www.gov.uk/government/publications/the-impact-of-pupil-behaviour-and-wellbeing-on-educational-outcomes](http://www.gov.uk/government/publications/the-impact-of-pupil-behaviour-and-wellbeing-on-educational-outcomes)

<sup>15</sup> HeadStart Kent programme [www.kent.gov.uk/education-and-children/headstart](http://www.kent.gov.uk/education-and-children/headstart)

Ofsted has identified that PSHE in England is not ‘good enough’ in a third of the schools that were inspected.<sup>16</sup> The report identifies this as a concern as it may leave children and young people vulnerable to inappropriate sexual behaviours and sexual exploitation. This is because they have not been taught the appropriate language or developed the confidence to describe unwanted behaviours or know where to go to for help. The ambition is that delivery of PSHE becomes ‘outstanding’.<sup>17</sup> It is not only in schools<sup>18</sup> that PSHE can be delivered. Youth and faith settings, between peers and in the family, are places where PSHE messages can be delivered and reinforced.

Young people also want to contribute in the improvement of PSHE. Kent Youth County Council has made the delivery of PSHE one of their priorities. We plan to design together with young people, their parents, schools and the voluntary sector, a new curriculum for life.

We will use peer led social marketing (in collaboration with the PHE ‘Rise Above’) and target interventions to support young people to make better choices and develop coping strategies for improved positive relationships. We will utilise young health champions to deliver SRE in schools, in the community and through digital media, so that young people can become good parents in the future.

**AMBITION: 2 Building emotional health and resilience of the children and young people**

Apply whole school approaches to build emotional health and resilience through PSHE and HeadStart Kent

With the active involvement of young people, develop and implement a Kent framework for relationship and sex education

Develop a curriculum for life that builds upon the ‘Six Ways to Wellbeing’<sup>18</sup> and is a central component of early help

Develop and implement a workforce development strategy for emotional health and resilience

<sup>16</sup> OFSTED (2013). ‘Not Yet Good Enough’ [www.ofsted.gov.uk/resources/not-yet-good-enough-personal-social-health-and-economic-education-schools](http://www.ofsted.gov.uk/resources/not-yet-good-enough-personal-social-health-and-economic-education-schools)

<sup>17</sup> OFSTED (2013). ‘Supplementary Subject Specific Guidance for PHSE Education’ [www.ofsted.gov.uk/resources/generic-grade-descriptors-and-supplementary-subject-specific-guidance-for-inspectors-making-judgement](http://www.ofsted.gov.uk/resources/generic-grade-descriptors-and-supplementary-subject-specific-guidance-for-inspectors-making-judgement)

<sup>18</sup> ‘Schools’ denotes all education settings such as schools, colleges, pupil referral units and alternative curriculum settings

<sup>19</sup> Live it well. Six ways to wellbeing HYPERLINK [www.liveitwell.org.uk/ways-to-wellbeing/six-ways-to-wellbeing](http://www.liveitwell.org.uk/ways-to-wellbeing/six-ways-to-wellbeing)

## AMBITION 3

There is concern that some children and young people are not reaching their full potential and are not being proactively identified and supported early enough or at key transition stages.

For some cultures, communities and families, parenting at a young age is the social norm. Breaking this cycle requires the building of aspirations for communities and families alongside individual young people. Building on work with particular communities in Kent can be used to build effective interventions with children, young people and their parents; for example with gypsy traveller young people.

As children and young people build their aspirations, schools and colleges will need to offer innovative and accessible training programmes. For those young people who become young parents, we need to embed progression planning as part of the holistic plan early into the pregnancy to ensure that they become economically active citizens.

### **AMBITION 3: Building the aspirations for young people**

Build the capacity of universal services to provide early help, ensuring that all young people are supported to make successful transition into adulthood

Identify the underlying causes of disengagement from education

Provide early help through the use of the early help assessment, targeted interventions, engagement on social action initiatives and positive activities

## AMBITION 4

### Children and young people playing an active role in shaping the world around them

Children and young people want to play an active role in shaping the world around them and their futures. Their participation is not only their right, but evidence also shows that it results in better service design and delivery. By being involved, their confidence increases. Furthermore, they welcome the increased responsibility and share their energy, enthusiasm and knowledge through their own friendship groups and networks.

We need to systematically and proactively engage young people by building on existing participation in Youth Health Champions, the County Youth Council and school councils, through social action, applying the 'You're Welcome standard' across children and young people services as well as primary and secondary health care. We need to draw this work together in a network and ensure that all children and young people are included, irrespective of age, gender, ethnicity, ability or sexuality. In this way we can maximise our contact with children and young people and ensure that they have access to information and can be actively engaged in shaping, delivering and reviewing services.

#### **AMBITION 4: Children and young people playing an active role in shaping the world around them**

Build on existing approaches to the participation of children and young people and extend them to make sure that all children have the chance to shape, deliver and review services

Implement 'You're Welcome Standards' in all children and young people's services

Implement a Kent wide peer to peer social marketing campaign around children and young people's emotional health and resilience which makes links with national campaigns to maximise effect

Link with Kent's programme of social action in order to increase their engagement with young people who require early help and to build capacity to enhance aspirations and emotional resilience

Build on and extend Youth Health Champions involvement in the delivery of PSHE

## AMBITION 5

### Improving sexual health for young people

Sexual health services are valued by the wider children and young people's workforce, but need to be more visible and take a more integrated approach. They are not equitable and it is not clear that they meet the needs of the most vulnerable young people. Young people have a great deal to contribute to achieve better sexual health outcomes. Young men, in particular, may not be accessing services as they could be.

We need to make sure there is effective communication with and by young people and the wider children and young people's workforce about where services are, what is available and when. This needs to include the full range of contraception available to young people.

#### **AMBITION 5: Improving sexual health for young people**

Implement a new model for the delivery of sexual health services for young people which is equitable in relation to geographical and vulnerable young people's needs

Ensure that the location and times of services are communicated to young people, their parents and carers and the professionals

Ensure the sexual health needs of young men are being met

## AMBITION 6

### Improving emotional, physical, educational and economic wellbeing for young parents

Young parents are vulnerable to poverty and poor emotional and physical health. Many young parents leave education or training to support their families and find hard to return to education or the workplace. We need to learn from resilient young parents and share that learning, so that all young parents can become resilient and keep themselves and their children safe.

There are programmes such as Family Nurse Partnership and Children's Centres already operating in Kent. However, the existing pathway for young parents to a range of services varies across Kent and is not always up to date.

#### **AMBITION 6: Improving emotional, educational and economic wellbeing for young parents**

Ensure that the needs and contribution of young parents is considered across all the ambitions of the strategy

Actively engage and learn from young parents and their families

Review and implement a pathway for young parents in Kent ensuring that they remain engaged in education and employment and become economically active citizens

## The way forward

Once the strategy is published, it is expected to come to life through the local health and wellbeing partnerships that will develop local action plans, continuing to build on their successes and becoming even more effective in tackling teenage pregnancy. These plans will be coordinated by Kent County Council.

### Annex 1 Children and Young People's Health Outcomes Forum

Current national policy drivers				
Teenage Pregnancy (DH)	Chlamydia (PHE)	HIV (NHS England and PHE)	STIs (DH and PHE)	Cross government Building Resilience
Sexual violence (Home Office and DH)	Child Sexual Exploitation (OCC, DH, LGA)	Sexualisation and commercialisation (No.10)	Online Porn (No.10/DCMS)	Homophobic bullying (DfE/GEO)
Body Image (GEO)	Evidence Base for PSHE/Contraception	You're Welcome (PHE/DH - CMO report)	Volunteering and social action (Cabinet Office)	PSHE/SRE (DfE)
Children & young people's health outcomes forum				



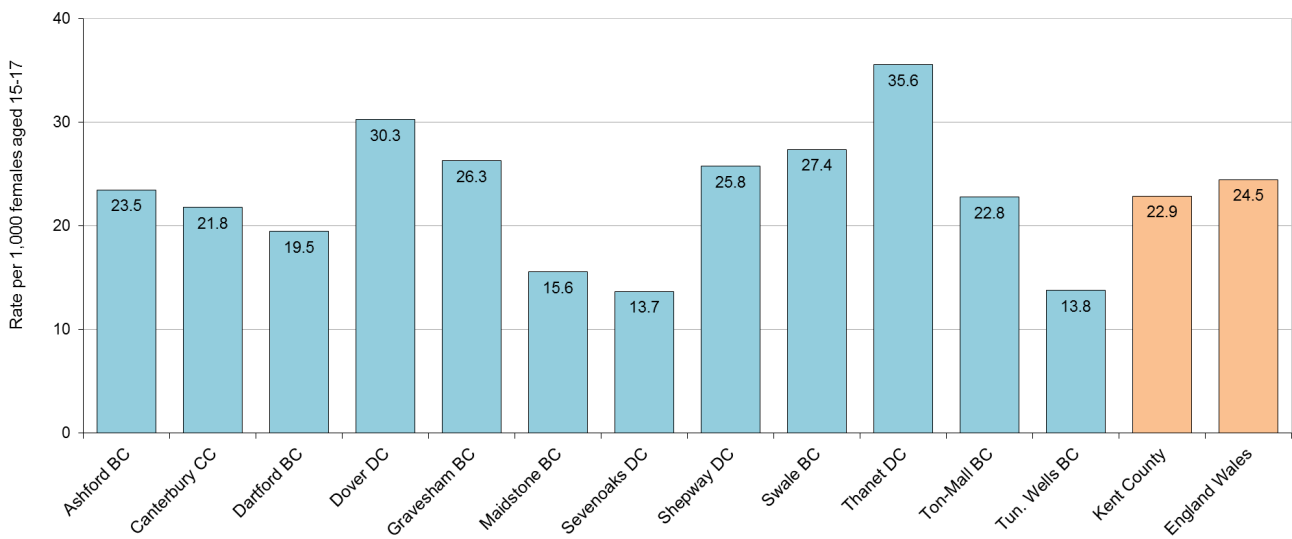
# Appendices

# Under 18 Conception Rates

per 1,000 females aged 15-17, 2013.

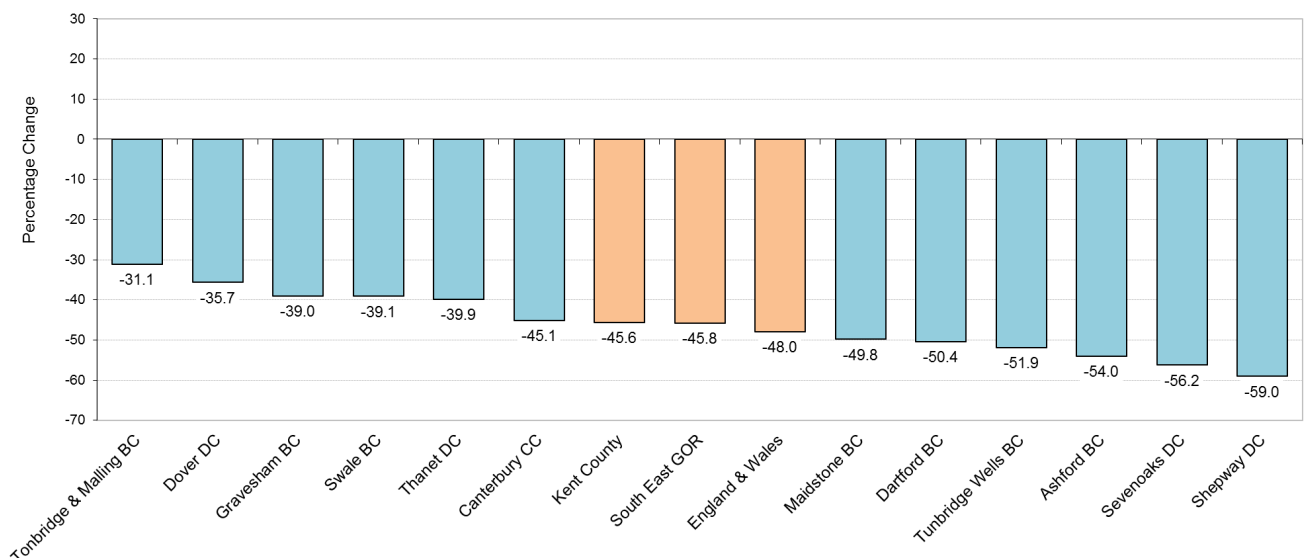
District authorities in Kent county and comparators

Source: Office of National Statistics



Percentage reduction in under 18 conception rates between 1998 and 2013. District authorities within Kent county plus comparators

Source: Office of National Statistics



## Percentage leading to abortion

Area	1998	1999	2000	2001	2002	2003	2004	2005
Ashford Borough	36.8	34.6	36.6	43.8	26.0	49.3	45.2	44.6
Canterbury City Council	29.6	42.5	34.8	49.4	49.0	42.0	43.7	50.6
Dartford Borough Council	48.2	41.7	34.7	50.7	50.0	45.3	46.2	45.5
Dover District Council	36.3	28.0	48.3	48.6	37.1	46.3	40.2	31.9
Gravesham Borough Council	50.0	53.7	50.0	51.5	44.4	47.3	47.7	45.0
Maidstone Borough Council	55.6	42.7	39.1	50.6	43.7	46.9	47.5	54.8
Sevenoaks District Council	52.3	62.3	72.0	53.7	56.3	62.0	66.0	52.9
Shepway District Council	38.5	32.6	35.0	44.9	39.0	36.4	48.8	45.3
Swale Borough Council	35.0	37.6	41.0	44.9	26.6	39.0	43.3	43.8
Thanet District Council	24.2	31.2	35.6	36.4	36.8	32.8	35.8	43.2
Tonbridge and Malling Borough Council	57.6	38.5	47.9	53.7	53.8	54.7	50.7	56.7
Tunbridge Wells Borough Council	46.0	48.9	36.7	53.6	57.8	56.9	40.4	59.0
Kent County Council	40.2	39.5	41.0	47.1	41.8	44.7	45.1	47.0
SE GOR	44.5	45.6	47.3	49.1	47.4	48.3	48.7	50.3
England and Wales	42.0	43.0	44.2	45.7	45.3	45.7	45.6	46.3

Area	2006	2007	2008	2009	2010	2011	2012	2013
Ashford Borough	50.5	57.7	34.6	45.6	50.6	52.2	43.6	53.6
Canterbury City Council	51.9	50.5	53.9	43.4	55.7	48.5	50.0	50.0
Dartford Borough Council	40.3	54.8	49.1	55.1	57.4	53.8	47.5	66.7
Dover District Council	33.7	54.1	38.3	48.2	50.6	31.3	38.5	46.0
Gravesham Borough Council	44.9	45.7	52.1	42.0	53.2	45.7	49.2	50.0
Maidstone Borough Council	48.6	63.4	55.6	48.3	58.3	47.3	50.0	59.1
Sevenoaks District Council	70.2	61.1	60.4	61.2	61.0	38.0	52.8	56.7
Shepway District Council	48.6	44.4	48.9	50.0	41.1	37.9	41.5	51.0
Swale Borough Council	39.2	44.9	42.1	45.3	45.2	50.0	44.3	38.7
Thanet District Council	35.9	41.1	36.3	36.8	37.8	52.7	37.4	35.1
Tonbridge and Malling Borough Council	49.1	62.7	45.2	56.2	48.2	41.8	56.3	47.4
Tunbridge Wells Borough Council	45.9	64.5	51.5	48.9	60.5	53.1	47.1	42.9
Kent County Council	44.9	52.6	46.3	47.2	49.6	46.3	45.8	47.8
SE GOR	51.2	52.7	51.0	50.0	51.8	51.7	52.1	52.9
England and Wales	48.4	50.0	49.4	48.8	49.9	48.8	48.7	50.7

