

Kent Children and Young People's Framework:

Working Together to Improve Outcomes

2016 – 2019

DRAFT v0.5

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Foreword

As Chair of the 0-25 Health and Wellbeing Board (0-25 HWB) it is a pleasure to introduce our new Children and Young People's Framework: "Working Together to Improve Outcomes". This strategy sets out the outcomes that we aspire to for all children and young people growing up in Kent, and the way that we will work in partnership to achieve them.

We recognise that the best outcomes for children, young people and families can only be achieved through effective partnership working. The partners that make up the membership of the 0-25 HWB must co-operate - planning, problem solving and acting together – placing the needs of families at the core of our work. We have a history of effective partnership working in Kent; our intention is that this framework will help us make an even greater impact in the future.

Alongside the development of the framework, local partnership arrangements have been redesigned, with partners in each district coming together to form twelve Local Children's Partnership Groups (LCPGs). Using this framework for our collective efforts to improve the lives of local children, LCPGs will be an active driving force for continuous improvement. The Children and Young People's Framework itself is not written as a standard strategy document. Rather than set out a series of actions to be applied across the county, the strategy focuses on the outcomes that we wish to achieve and the indicators we will use to measure our progress. The actions that deliver this progress will be established by our multi-agency LCPGs; working in coordination with both the 0-25 HWB and the Kent Safeguarding Children's Board. We expect this framework, and these groups, to become the key reference point for all those working to support children and families in the county.

I hope that this document can be used by all. It is written in a style that is designed to be clear and accessible – without the need for prior professional knowledge or experience. We have engaged with children and young people in the development of the framework and you will see their comments throughout. The challenge now is to ensure that there is wider engagement at a local level as LCPGs take account of the voices of children and families in shaping their activity.

The Children and Young People's Framework is one part of the county's response to meeting the needs of children and young people locally. It is the partnership's strategy, setting out the areas in which we can have a collective impact by working together. It touches on almost all areas that are a priority for us and demonstrates where there are links between different issues; such as Child Sexual Exploitation and absence from school. Additionally, there is a great deal of work in the county with a dedicated focus on issues that represent significant priorities in the county. You will see that within each section there is reference to wider work which is taking place across Kent, and wider strategies that focus in more detail on specific issues.

I look forward to working with partners across the county as we strive to deliver the outcomes at the heart of this framework.

Andrew Ireland,
Corporate Director: Social Care, Health and Wellbeing, Kent County Council;
Chair, 0-25 Health and Wellbeing Board.

Part One

Understanding the Children and Young People's Framework

- The Children and Young People's Framework (CYPF) sets out the **shared ambition** of public and voluntary sector partners to improve the lives of children and young people growing up in Kent.
- The CYPF provides **clarity** for all partners about the most important overarching **outcomes** for children and young people.
- This document both acts as a **catalyst**, and provides a **framework** to be used by partnership groups in designing activity and planning actions which will drive improvement in those outcomes.
- It also provides a coherent and meaningful set of **indicators** to measure progress towards those outcomes.

PART ONE of this document aims to describe how the framework has been developed and explain how it will be delivered at district and county level.

PART TWO describes the overarching outcomes and details the corresponding indicators that partners will be working together to improve.

Working Together to Improve Outcomes

What is meant by “outcomes”?

- In coming together to produce the Children and Young People’s Framework (CYPF), partners wanted to ensure that they maintained a **shared, unrelenting focus on improving outcomes** for children and young people in Kent.
- To support this focus, a methodology called Outcomes Based Accountability (OBA) is being used for the CYPF. OBA offers a process which begins with the development of a set of **mutually agreed outcomes**.
- Outcomes are not about how well services perform, or about results achieved by specific individuals, they are what we aspire to for all children and young people.

OUTCOME

A condition of wellbeing we want for all children and young people in Kent

Children and Young People’s Framework Outcomes

- A set of four outcomes has been developed collaboratively by partners across Kent. They reflect a **shared ambition** for all children and young people in the county.

Children and Young People...

GROW UP IN SAFE
FAMILIES &
COMMUNITIES

HAVE GOOD
PHYSICAL, MENTAL
& EMOTIONAL
HEALTH

LEARN & HAVE
OPPORTUNITIES
TO ACHIEVE
THROUGHOUT
THEIR LIVES

MAKE SAFE &
POSITIVE
DECISIONS

- These four outcomes represent the priorities of partners across Kent working with children and families. This document provides a framework that will drive improvement across these outcomes.
- Part Two of this document sets out each of the four outcomes in more detail, and describes what they mean to children and young people in Kent.

How will improvement in outcomes be measured?

- In order to measure progress towards the achievement of these outcomes, a small number of **indicators** have been selected for each outcome. Indicators use **statistical data** to monitor specific aspects of the outcome.

INDICATOR

A measure which tells us something about the achievement of an outcome

- The indicators in the CYPF have been carefully selected because they use good quality, reliable data and because they meaningfully represent areas within each outcome which have been prioritised by partners across Kent.
- Part Two of this document sets out in detail the indicators which have been selected to represent each of the four CYPF outcomes.

Selecting CYPF Outcomes and Indicators

Who produced the CYPF?

- The CYPF has been developed by the 0-25 Health and Wellbeing Board (HWB) and Kent's twelve district-level Local Children's Partnership Groups (LCPGs).
- These groups of partners have been working together over a six month period; sharing their specialist knowledge and experience to develop to the four CYPF Outcomes for children, young people and families in Kent, and the most suitable indicators to measure them:

The 0-25 Health and Wellbeing Board

- The 0-25 HWB co-ordinated the development of the CYPF.
- The 0-25 HWB is Kent's **principal partnership group** bringing agencies together at county-level to improve outcomes for children and young people.
- **Senior managers and decision makers**, including elected members, form the membership of the 0-25 HWB. The 0-25 HWB reports to the Kent HWB whose remit includes adults and children.

Local Children's Partnership Groups

- LCPGs ensure a **consistent approach** to partnership working at district level across Kent. They provide a **connection** between countywide strategic bodies and those working with children and young people at a local level.
- A **wide range** of services are represented within LCPGs. These include District/Borough Councils, Children's Social Care, Early Help, schools, Public Health, CCGs and the Police.
- LCPGs meet six times a year and report to the 0-25 HWB.

What information went into the CYPF?

- Information from **three main sources** has been gathered, analysed and reviewed by the 0-25 HWB and LCPGs over the last six months.

Local Knowledge

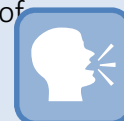
Views of Children, Young People & Families

Statistical Data

- This information has fed into an **iterative process** leading to the selection of the outcomes and indicators which make up the CYPF.
- **Local knowledge** has been contributed throughout the process by LCPG members, who have an in-depth understanding of issues and concerns of communities in their respective districts.
- Because LCPGs have a varied membership, the local expertise of **professionals from many fields**, including: health, social care, education, community safety, housing, early help and the voluntary sector; have informed this framework.

Views of Children, Young People and Families

- Views from **each district** have been gathered through informal engagement.
- **Over 200 responses** were collected from children aged 2 – 20 years, and their parents, expressing their views on a wide range of aspects of growing up in Kent.
- This information has been used to **inform the development** of this framework and will also be used by LCPGs to **inform its delivery**. LCPGs are committed to the **continued engagement** of children, young people and families in their work.
- The views that have been gathered are included throughout this document.



The Context of the CYPF

How does the CYPF fit in?

- The CYPF seeks to offer a guide to all partners collaborating to improve outcomes for children; highlighting in one place the **outcomes agreed as priorities** by the 0-25 HWB and LCPGs.
- The outcomes and indicators brought together here reflect what is important to all of the partners who have been involved in developing the CYPF, so naturally this is by no means the only place these priority issues are discussed.
- The 0-25 HWB and its constituent members work to a number of strategies and plans which seek to improve outcomes for children and young people. Some strategies may be focused on a particular aspect of wellbeing, or be specific to a particular population; some belong to just one partner whilst some belong to a partnership group. Some examples of these include:

Kent Health & Wellbeing Strategy sets outcomes for adults + children, including 'Every child has the best start in life'.

Kent Emotional Wellbeing Strategy: The Way Ahead sets a vision for a whole-system of support + a partnership approach

KCC Strategic Outcome Framework sets KCC's vision + outcomes, including 'children + young people in Kent get the best start in life'

Kent's Looked-after Children & Care Leavers Strategy focuses on effective corporate parenting to improve outcomes for those in or leaving care.

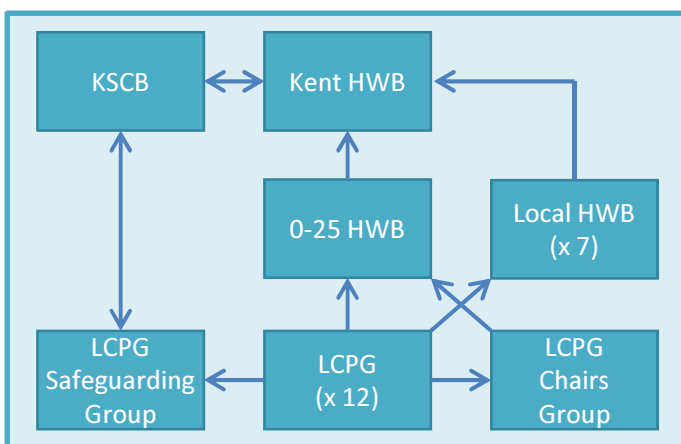
CCG Improvement and Assessment Framework sets clinical priorities for CCGs including health inequalities and child obesity.

KSCB Business Plan looks at areas of particular interest such as CSE, missing children and emotional wellbeing.

- The 0-25 HWB plays an important role in **understanding and co-ordinating the interaction of these different strategies and plans**, ensuring collaboration which maximises improvement in outcomes.
- The CYPF supports the 0-25 HWB in that role by establishing a clear and consistent way to **measure improvements in outcomes** across the partnership, using the agreed set of indicators and the dashboards which sit alongside this framework.

How do LCPGs fit in?

- At district level, LCPGs have the **primary role** in delivering the CYPF. The structure and processes around LCPGs have been specifically designed to enable them to effectively deliver improvements to the four CYPF Outcomes.
- The LCPGs report to the 0-25 HWB. Communication between the 0-25 HWB and the twelve district group is managed through the **LCPG Chairs Group**, which all twelve chairs attend.



- LCPGs also report to their **Local HWB**, ensuring alignment with the work of the CCG in their area.
- The link with the KSCB is very important, regular updates are shared through the LCPG Safeguarding Group at which all twelve LCPGs are represented.
- The way LCPGs work, including their governance, is established and agreed by all partners within the Kent LCPG Blueprint,.

Delivering the CYPF

How will the CYPF be delivered?

- LCPGs will track progress across all of the CYPF indicators, they will co-ordinate and support activity locally which will drive improvement. They also play an important role in identifying challenges and barriers to progress which may require strategic input at county level.
- LCPGs will link in with existing groups and be actively aware of strategies and plans which are already making a difference to these outcomes. They will provide a local forum for the discussion and delivery of county-wide plans.
- The 0-25 HWB will maintain oversight of progress across the twelve districts, enabling partners at county-level to identify patterns and recurrent themes and to work together with LCPGs to address any common challenges.

How will indicators be tracked?

- The indicators identified in the CYPF have been collected into a set of CYPF Dashboards (12 District Dashboards and a County Dashboard) which will be used by the 0-25 HWB and LCPGs to plan and monitor progress.
- The Kent Dashboard will give the 0-25 HWB oversight and an increased understanding of the progress being made towards the CYPF Outcomes across the county.
- For each indicator, the District Dashboard will show:

District figure	Kent figure	Comparison to Kent	Rank amongst districts	Movement since last Dashboard
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- The data for each indicator in the will be updated every two months and the dashboards will be reviewed each time an LCPG meets so it easy to track progress towards achieving outcomes.
- This information will help each LCPG understand how well their district area is doing in each one of the indicators, and hence in the CYPF outcomes.

The work of Local Children's Partnership Groups

- LCPGs will use dashboards to understand the indicators in need of greatest attention in their district.
- LCPGs will utilise the OBA methodology to work together as partners and plan activity to deliver improvement in those indicators and therefore the CYPF Outcomes.
- OBA encourages partners to share their knowledge and understanding on the local context and background of each indicator, giving a strong, collective understanding of the specific issues which influence the indicator in their district.
- LCPGs will also be supported to further interrogate the data provided on the CYPF Dashboard in order to understand all they can about what lies beneath the indicator.
- Through the knowledge of its partner members and strong links with the 0-25 HWB, LCPGs will be actively aware of existing and planned strategies and partnership activity relating to CYPF Outcomes.
- This understanding of an indicator's local narrative will be used by the LCPG to help them problem-solve and identify opportunities to drive improvement in the indicator, resulting in agreed activities to be taken forward by the LCPG and its constituent members.
- The regular updates to the CYPF Dashboard will enable LCPGs to understand and track the impact of their activities on the CYPF indicators and hence make any necessary adjustments.

Population Groups and Overarching Issues

Population Groups

- The CYPF is for all children and young people living in Kent; the outcomes it contains encapsulate partners' priorities and aspirations for every child and young person in every district.
- This needs to be balanced with the fact that each individual child has unique needs and circumstances, and that some population groups may face particular challenges that others may not.
- Some important examples of population groups whose particular needs and vulnerabilities require special consideration and a tailored approach to improving outcomes are:

Disabled Children

Children in Care

Care Leavers

Young Carers

Gypsy & Traveller Families

Unaccompanied Asylum Seeking Children

- In delivering the CYPF, the 0-25 HWB and LCPGs will need to take account of the variety of needs faced by different population groups.

How will population groups be considered?

- The CYPF Dashboards include data on each indicator for all children and young people in the district (or county), it gives the overall figures including everyone in a particular age group (or school year).
- For many of the indicators included in the CYPF Dashboards, it is possible to further break down the data by different population groups, separating out figures for specific groups, including some of those above.
- As part of their work on a particular indicator, understanding in more detail how well different population groups are doing will enable LCPGs to target their activities and adapt their plans to support different groups. This will lead to an overall improvement in the indicator.
- As well as using information about different population groups to deepen understanding about particular indicators; information about indicators in the CYPF can be used to strengthen understanding of outcomes for different population groups or of key themes.

Overarching Issues

- There are a number of important issues that were identified across partners and across districts which are not directly measured by the indicators within the CYPF. This is because reliable data which provides a meaningful measure does not exist for every issue of importance.
- Examples of issues that fall into this category are Child Sexual Exploitation (CSE), gangs, radicalisation and bullying (which was highlighted repeatedly as a concern by children and young people themselves).
- Although these issues are not measured directly, they span a number of indicators in the CYPF which measure their risks or consequences and therefore do provide a useful understanding and the ability to track progress in relation to these issues.
- For example, going missing from home, or persistent school absence are strongly linked to CSE, so by understanding those indicators, a picture can be built up of the current situation around CSE.

Understanding the Difference Made by the CYPF

Regular Reviews

- The CYPF District Dashboards will be reviewed by their respective LCPGs at each two-monthly meeting. Similarly, the 0-25 HWB will review the Kent Dashboard each time it meets.
- Therefore, LCPGs and the 0-25 HWB should be continually up-to-date with current progress in relation to the CYPF Indicators.
- Every six months, the 0-25 HWB will oversee the production of a CYPF Progress Report for partners and stakeholders.
- The Progress Report will identify **progress made in each outcome** and include a summary of movement in each of the CYPF Indicators. LCPGs will have opportunity to contribute updates from their respective districts to add context to the statistical information included.
- At the **end of each year**, when all indicators (including those which are only reported annually) have been updated, the set of indicators will be reviewed by LCPGs and the 0-25 HWB.
- This will be an opportunity to examine if all of the indicators remain the most meaningful and relevant, and **refresh the list** with new indicators, or remove any which no longer add value. Any changes made would result in a new set of dashboards being produced.
- At the end of three years, the CYPF as a whole will be reviewed, giving an opportunity to evaluate progress in each of the four outcomes as well as to review the success of the CYPF as a framework for delivering improvement.

Thematic Reviews

- In addition to the regular reviews of the full set of indicators in the CYPF, the 0-25 HWB will oversee **thematic reviews** in relation to specific population groups, or specific overarching issues.
- These thematic reviews will involve analysis of data at both district and county level alongside contributions from LCPGs.
- For example, a thematic review around Children in Care examine progress in each of the indicators specifically for Children in Care (where possible) and alongside this, LCPGs would be asked to identify any specialised work for this population group or any particular challenges identified.
- The 0-25 HWB will be responsible for **identifying the themes and timing** of these special reviews based on their strategic understanding of issues facing children and young people in Kent, and where appropriate, in response to feedback from LCPGs about common issues or concerns.

Views of Children, Young People and Families

- LCPGs and the 0-25 HWB are committed to ensuring that the voices of children, young people and families are heard throughout the delivery and review of the CYPF.
- At district-level, LCPGs and their constituent members will take a lead on engaging and consulting with local children and young people, as they did with the production of this CYPF.
- It is recognised that the engagement and participation of children and young people is essential to the success of improving outcomes.

Part Two

CYPF Outcomes and Indicators

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Children and Young People Grow Up in Safe Families and Communities

- This outcome relates to children and young people being safe at home with their families, it also considers issues around safeguarding within the wider community.
- Key areas of concern relating to being safe at home which have been identified are domestic abuse, family breakdown, housing issues, parental mental health, parental substance misuse and parenting confidence.
- In the wider community, the keys issues identified in the development of the CYPF were child sexual exploitation, gangs and radicalisation. Road safety was also identified as a key issue in some districts.
- FIVE INDICATORS which demonstrate different aspects of this outcome have been identified :

CHILDREN ON A CHILD PROTECTION PLAN

CHILDREN IN CARE

MISSING CHILDREN

EARLY HELP NOTIFICATIONS

DOMESTIC ABUSE NOTIFICATIONS

Views of Children, Young People and Families



- Children and young people were asked to identify what might stop them feeling safe, and the most common response was **bullying**.
- **Gangs and groups of people hanging around** were also common themes. Female adolescents in particular identified concerns around personal safety out in the community.

Being alone when I'm out, especially when it's dark. 16 year old, Canterbury

Intimidating men usually out in the evenings, who won't leave you alone, or make you nervous or threatened. 17 year old, Swale
- Young people commonly expressed that they would feel more safe if there were more street lights and if there was greater and more visible police presence in the community.
- Parents' concerns included safe use of social media and road safety, in particular speed limits. They identified love as the most important protective factor to keep a child safe.

Existing activity relating to this Outcome

Some examples of existing projects and activities delivering improvements in this outcome are:

- Kent Safeguarding Children Board (KSCB) oversees and supports all agencies working with children and young people to ensure that required safeguarding services are in place.
- The KSCB includes a Multi-Agency Sexual Exploitation Group, and a group that focuses on gangs, radicalisation and missing children.
- Operation Willow, led by Kent Police and the KSCB, raises awareness of child sexual exploitation in the county. It ensures the public, and specific groups such as taxi drivers, hoteliers and shop keepers know how to identify and report concerns.
- A KSCB task-force is providing training to agencies across Kent to enable them to explain online safeguarding risks to parents, carers and young people.
- A partnership Delivery Board is in place to prevent radicalisation in the county. A monthly panel is in place to identify and support people vulnerable to being drawn into terrorism

Children and Young People Grow Up in Safe Families and Communities

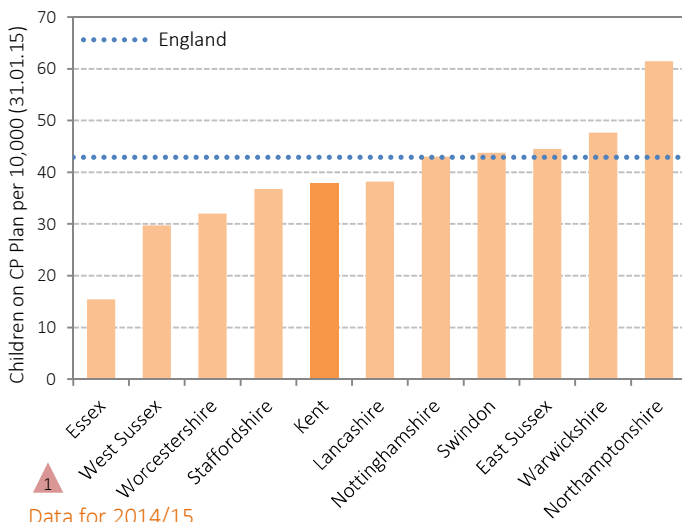
Indicator 1: CHILDREN ON A CHILD PROTECTION PLAN

What is a Child Protection Plan?

- A Child Protection (CP) Plan is put in place when there are serious concerns that a child is at risk of **significant harm** as a result of neglect or abuse.
- The **multi-agency** plan sets out what support the family will receive from different services (such as social care, school, health visitors) as well expectations of parents.
- Children on a CP Plan are regularly visited by their social worker and progress is monitored by a group of professionals from different services.
- A child will remain on a CP Plan until the level of risk has reduced, or if the situation does not improve, further intervention may be required.
- There are **four categories** of CP Plan which identify the reason the child is at risk. The table (right) shows the initial category of all plans in Kent that were in place on 31 March 2015, compared to the overall proportions in England.

% of plans	Neglect	Physical Abuse	Sexual Abuse	Emotional Abuse	Multiple
England	44.7	8.8	4.7	33.5	8.3
Kent	60.1	7.6	3.8	17.5	11.0

1



1 Data for 2014/15

- Data on Child Protection Plans is collected and published nationally by the Government (DfE).
- This graph shows the rate of children who were the subject of a CP Plan on 31 March 2015 per 10,000 children.
- It benchmarks Kent against its *statistical neighbours* and England. The rate in Kent is lower than the England average.
- Nationally, there has been an **increase** in the rate of CP Plans each year for the last six years.

Improving Outcomes with this Indicator

- KCC Specialist Children's Services (SCS) regularly collect and publish data for each district about children on a CP Plan. This data will be shared with LCPGs every two months.
- The aim is to work together to **reduce the need** for CP Plans to be put in place by reducing risk and **intervening as early as possible** so that concerns **do not escalate** to a point where a CP Plan is necessary.
- It is important to understand that there will remain situations where CP Plans are needed in order to keep children safe, the aim is to **safely minimise** the number of these situations, not simply to cut the number of CP Plans.
- LCPGs will be supported to understand the figures for their area and what they mean so that partners can work together to address the **root causes** of situations which put children at risk.

Children and Young People Grow Up in Safe Families and Communities

Indicator 2: CHILDREN IN CARE

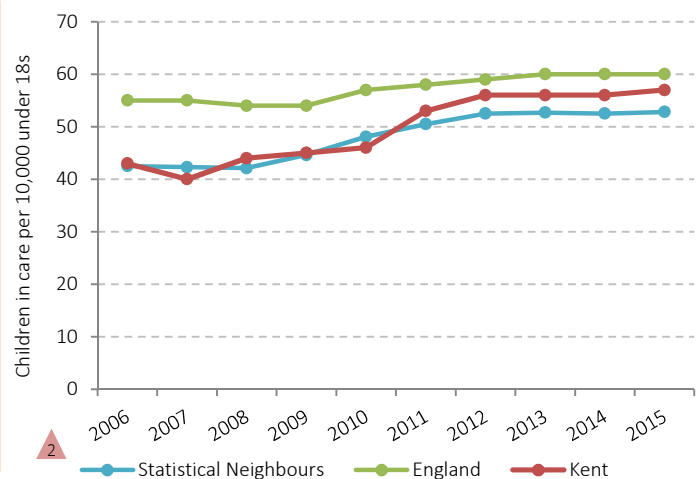
What does this Indicator tell us?

- A child or young person in care is one who is **looked after by the local authority** because it is no longer possible for them live at home safely.
- A child may be placed into care **voluntarily by parents** who are struggling to cope; or as a result of a **legal order** made by the court.
- Children in care may live with **foster carers** or in a **residential placement**, depending on their particular needs or circumstances.
- A child leaves care if they become adopted; if they are able to safely return home because of a change in the situation, or when they turn 18.
- KCC have responsibility for all children in care in Kent and maintain accurate data which is used for this indicator.

Unaccompanied Asylum Seeking Children

- Because of its geographical position, a larger number of people who enter the UK seeking asylum arrive in Kent than other areas.
- By law, unaccompanied children, and young people (under 18) seeking asylum **become Children in Care** at the place of their arrival.
- As a result, there is a **large number** of unaccompanied asylum seeking children in care in Kent. This is a significant challenge for KCC which is being actively addressed.
- Because of the unique circumstances of UASC, and because the issues leading to their becoming looked after cannot be addressed by local partners, **this indicator excludes figures for UASC.**

- Data on Children in Care is collected and published nationally by the Government (DfE).
- This graph shows the rate of Children in Care (on 31 March each year) for Kent, its *statistical neighbours*, and England.
- The rate of Children in Care gradually has increased nationally over the last 5 years.
- The rate in Kent is **lower than the England** figure, but is **higher than its statistical neighbours**.



Improving Outcomes with this Indicator

- As with Children on a CP Plan, it is important to understand that whilst partners seek at all times to enable children and young people to **safely remain at home with their families**, the **welfare of the child is paramount** and there will remain situations where taking a child into care is necessary.
- The aim is for partners to work together with families to enable them to provide a **safe and supportive home environment** where children and young people are able to remain.
- Remaining informed about the picture across the country, and statistical neighbours, will enable LCPGs to **contextualise local rates**.
- LCPGs will also be able to explore the **factors locally which lead to a child entering care** and work together to reduce their occurrence and hence the escalation of need.

Indicator 3: MISSING CHILDREN

What does this Indicator measure?

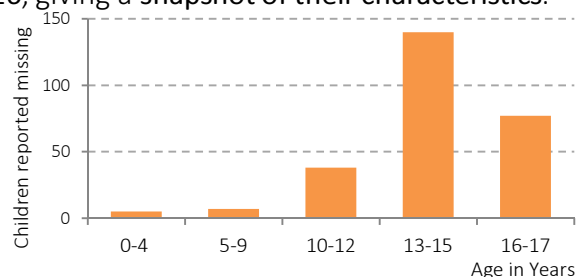
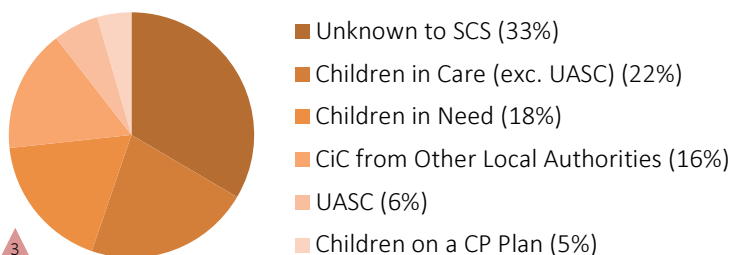
- The Government defines a **missing child** as a child reported as missing to the police by their family or carers.
- When a child is reported missing, the police inform the local authority, who share responsibility for safeguarding the child.
- Part of this responsibility is **collecting and analysing** data about children going missing, which is shared with partners and the KSCB.
- The data collected includes a range of information about children going missing, including the age and location of each child that is reported missing.
- This indicator counts the **number of missing episodes** (i.e. occasions when a child is reported missing) during a month, and will be reported at district-level to LCPGs.

Why is this Indicator important?

- As well as the **immediate risks to safety** of going missing, it can also be an indication of other serious concerns.
- Running away could be an indication of **problems at home** that are putting the child's safety at risk, for example, abuse or neglect, or challenging relationships amongst family members.
- There is evidence of a link between going missing and **Child Sexual Exploitation (CSE)**.
- Going missing has been identified as both a 'push' and 'pull' factor in relation to CSE. That is, children and young people who go missing are at **increased risk of being sexually exploited**; and those who are being sexually exploited are **more likely to run away**.
- There are also demonstrable links between going missing and **involvement in gangs**, which similarly can be a result or a cause of a child going missing.
- A further connection with **using and selling drugs** has been identified, with evidence of young people temporarily moving into different areas in order to sell drugs.
- Making an improvement on this indicator, therefore will also tell us that we are making an improvement in relation to these other areas of risk identified.

1 2

The charts show all missing children in Kent in January 2016, giving a snapshot of their characteristics.



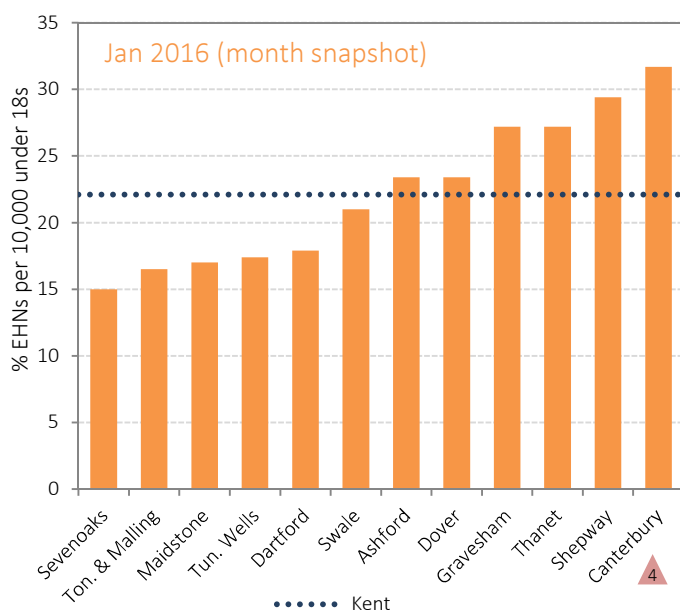
Improving Outcomes with this Indicator

- To keep and children and young people safe from the many risks associated with going missing, the aim is to **reduce this indicator as much as possible**.
- Most children who are reported missing are **already known to Specialist Children's Services**, including many children who are in care. But around a third (in Jan 16) are not known to SCS.
- LCPGs will use **local intelligence** to explore the specific issues in their local districts, including any specific areas in the community where missing children may go, to plan a **partnership approach** to reducing this indicator.

Indicator 4: EARLY HELP NOTIFICATIONS

What are Early Help Notifications?

- When a practitioner or a member of the public has concerns about the welfare of a child, they should be reported to KCC so that an appropriate response can be made to safeguard and support the child.
- In Kent, the Central Referral Unit consists of the **Central Duty Team**, which deals with referrals meeting the threshold for a response from social care, and **Early Help Triage**.
- Early Help Triage receives notifications in relation to children needing additional support, which may relate to their **health, educational, or social development**, and are likely to be short term needs. This also includes children and families requiring intensive support.
- The most common source of Early Help Notifications (EHNs) is schools and academies. Health providers, including CAMHS, are also a common source.
- The most common reasons for an EHN are significant **behavioural difficulties**; significant school non-attendance; and a member of the household having emotional wellbeing or mental health needs.
- EHNS, which indicate a need for intensive support (but do not meet the threshold for referral to SCS), are passed to the relevant **Early Help and Preventative Services District Team** who assess a family's needs in more detail and provide and co-ordinate support required.



What does this Indicator measure?

- This indicator shows the number of EHNS received by Early Help Triage each month (excluding those which meet the threshold for SCS and Domestic Abuse Notifications – see *next page*) expressed as a rate per 10,000 under 18 year olds.
- The graph shows this EHN rate for each district (based on the child's home address) for January 2016. LCPGs will be provided with an update of this data every two months.
- There is considerable variation between districts, with the rate in Canterbury more than twice the rate in Sevenoaks in January.

Improving Outcomes with this Indicator

- EHNS exist so that concerns about families can be identified at an **early stage** and support can be given to **prevent the escalation of need**. Whilst an ideal outcome would be that there are no families in need of such support, and hence no need for EHNS, in reality EHNS will continue to be necessary and helpful so the aim is to **safely minimise** rather than **indiscriminately reduce** rates.
- Including this indicator will help partners at district-level better understand the reasons behind EHNS, enabling them to explore differences in **how need is identified and reported**, as well as in **need itself**. This will also help partners of the 0-25 HWB better understand the variation seen across the county.

Indicator 5: DOMESTIC ABUSE NOTIFICATIONS

Why is this Indicator important?

- In addition to the direct physical risk to children present during incidents of domestic violence, the impact of witnessing domestic abuse is well-documented. In 2002, the law was updated to include **witnessing domestic abuse within the legal definition of 'harm' to child**.
- Being present during domestic abuse can impact children of **all ages**, including **unborn children**.
- **Younger children** may become **anxious** and start to behave as much **younger than they are**, they may find it difficult to sleep, wet the bed or have frequent temper tantrums.
- The reaction of older children tends to be different for boys and girls. **Boys** are more likely to display their distress **outwardly**, for example by becoming **aggressive or violent**. They are more likely to use **drugs or alcohol** and more likely to miss school.
- In general, girls are more likely to deal with their distress **inwardly** and may become withdrawn, **anxious or depressed**. They are more likely to develop **eating disorders** and more likely to **self-harm**.
- The impact of witnessing domestic abuse can also extend into adulthood and effect **relationships in later life**, with girls more likely to choose an abusive partner.
- These **wide-ranging** and **long-lasting** impacts demonstrate the importance of keeping children and young people safe from the harm of witnessing domestic abuse.

3 4

What does this Indicator measure?

- This indicator measures Domestic Abuse Notifications (DANs).
- Every time Kent Police are called to an incident of domestic abuse or violence and a **child is present**, they notify Specialist Children's Services at KCC of the incident.
- The information is used by SCS to ensure that children and young people are safe, their response will vary based on the particular circumstances of each incident.
- This indicator gives the **total number of DANs received so far during the year 2015/16**. Figures are expressed as a rate per 10,000 under 18 year olds to allow comparison between districts.

Improving Outcomes with this Indicator

- As well the other indicators selected for this Outcome, **DANs exist as a way to keep children and young people safe**. Reporting of domestic abuse incidents to the Police and communication between the Police and social care are important to reducing the risk of harm to children.
- It is important to be clear that it is a reduction in **domestic abuse incidents themselves that is sought**.
- It is also possible that an understanding of the rate of DANs in some districts may lead LCPGs to discussions about **hidden incidents of domestic abuse** within their communities which go unreported.
- Reducing domestic abuse incidents calls for a response from **all partners** who work with children and parents to **educate, support and empower** parents who experience domestic abuse.
- There is an increase in young people who experience abuse in relationships, with **1 in 5 teenagers reporting physical violence**. This highlights the need for education from an early age in relation to **healthy relationships, gender equality and empowerment**.

Children and Young People Have Good Physical, Mental & Emotional Health

- This outcome relates to the physical, mental and emotional health of children and young people of all ages, including relating to maternal health.
- Key areas of concern relating to good health which have been identified are **smoking in pregnancy, breastfeeding, oral health, healthy weight, physical activity and childhood immunisations.**
- The most prominent issue consistently identified across all districts was that of **emotional and mental health** amongst children and young people, and associated concerns, such as **self-harm.**
- **FOUR INDICATORS** which demonstrate different aspects of this outcome have been identified :

EXCESS WEIGHT

BREASTFEEDING

SELF-HARM RELATED HOSPITAL ADMISSIONS

EARLY HELP NOTIFICATIONS ABOUT MENTAL HEALTH

Views of Children, Young People and Families

- Children and young people were asked to identify the most important things needed for good health, over half said **healthy diet** , the next most common answer was **exercise.**
- Some young people also identified concerns about the impact of a negative body image.



Stop obsessing over weight and appearance. Female, 15, Shepway
No negative body shaming. 15 year old, Maidstone.

More widely available mental health services, especially specialists for under 18s.
16 year old, Tunbridge Wells

- Young people were also concerned about emotional and mental health, in particular an **impact on mental health, or depression,** was identified by young people as a possible consequence of life decisions going wrong.
- Parents' views largely aligned with those of children and young people. A recurrent response in relation to changes they would like to see was about **more readily available GP appointments.**

Existing activity relating to this Outcome

Some examples of existing projects and activities delivering improvements in this outcome are:

- A new school-based service will support young people with **emotional health needs.** The service will also support the **recovery of young people in school who have more severe mental health needs** and are accessing specialist mental health services.
- KSCB are working with the Lullaby Trust to raise parents awareness of 'Safer Sleeping', highlighting the dangers of parents **co-sleeping** with their babies.
- **HeadStart** is a big lottery funded programme to **improve emotional wellbeing and increase resilience** in 10-16 year olds. This programme is trialling new approaches to see what works for Kent's young people.

Children and Young People Have Good Physical, Mental & Emotional Health

Indicator 6: EXCESS WEIGHT

Why is excess weight important?

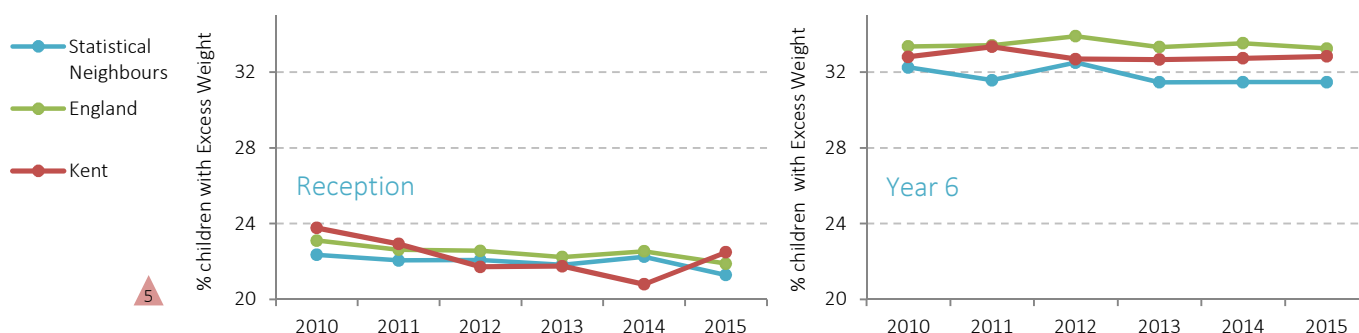
- Childhood obesity is considered to be one of the most serious public health challenges. The proportion of children who are overweight or obese has increased rapidly over the last 20 years.
- Children and young people who are obese are more likely to be ill, and more likely to be absent from school as a result.
- Childhood obesity has been linked to a range of health problems in children and young people, such as diabetes, asthma, mental health disorders and high blood pressure. It is also linked to health problems in adult life.

How is excess weight measured?

- The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception (aged 4 to 5 years) and Year 6 (aged 10 to 11 years) to assess overweight and obesity levels in children within primary schools. The NCMP has been in place since 2005.
- Children's heights and weights are measured and used to calculate a Body Mass Index (BMI) centile. Children with 'excess weight' include children whose BMI is categorised as 'overweight' or 'obese'.
- KCC is responsible for collecting data from all children in state-funded schools (with the exception of those whose parents opt out). The measurement process is overseen by trained healthcare professionals in schools.
- This data is used at a national level to support public health initiatives and locally to inform the planning and delivery of services for children.

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- The two graphs below show the percentage of children in Kent with excess weight in Reception and Year 6 over the last six years. Kent is compared to the national figure as well as its *statistical neighbours*.
- In 2015, the percentage of children with excess weight in Reception rose and is now higher than the England and statistical neighbour average. The percentage in Year 6 remains below the national average.



Improving Outcomes with this Indicator

- A forthcoming healthy weight strategy for Kent will set out actions to prevent children developing excess weight and a pathway to work with those who require support to achieve a healthy weight.
- Partners in LCPGs, including schools, are well placed to develop local responses to this strategy and influence this indicator through initiatives relating to healthy diet and physical activity.

Indicator 7: BREASTFEEDING

Why is breastfeeding important?

- The World Health Organization (WHO) and UNICEF recommend starting breastfeeding within the first hour after birth and exclusive breastfeeding for the **first six months**. Continued breastfeeding is recommended for two years or more (alongside complementary feeding starting from six months).
- Breastfeeding has a range of **health benefits for both mother and baby**. Babies who are breastfed are at **lower risk** of developing certain health problems in later life, such as diabetes, obesity and high blood pressure. Breastfeeding also lowers the risk of sudden infant death syndrome.
- There is evidence that breastfeeding has a positive impact on the **relationship between mother and baby**.

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How is breastfeeding measured?

- NHS England collect and publish national data about breastfeeding at **two stages**:

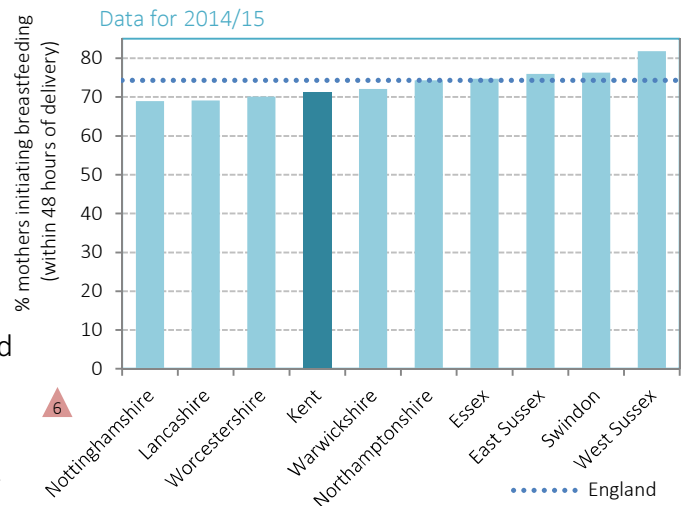
Breastfeeding Initiation

This is recorded within the **first 48 hours** after the birth of a baby. Data is recorded by **hospitals** for each baby delivered.

Breastfeeding Prevalence at 6-8 weeks

At each baby's **6-8 week check**, health visitors record whether the baby is **totally or partially breastfed** (or not at all) breastfed.

- The graph shows **breastfeeding initiation** rates for Kent compared to its *statistical neighbours*, and England for 2014/15.
- Kent's breastfeeding initiation rate falls **below the England rate**, and sits in the bottom half of its neighbours.
- 6-8 week prevalence data is **not currently published** for Kent. This is because NHS England require **95% data coverage** for this indicator.
- That means data must be recorded and submitted for 95% of babies who are due their 6-8 weeks check.
- Previously, NHS England have required 85% data coverage, and Kent is working towards this level. With continued improvement, it is expected that **local 6-8 week prevalence data** (at 85% coverage) will be available **within the next year**.



Improving Outcomes with this Indicator

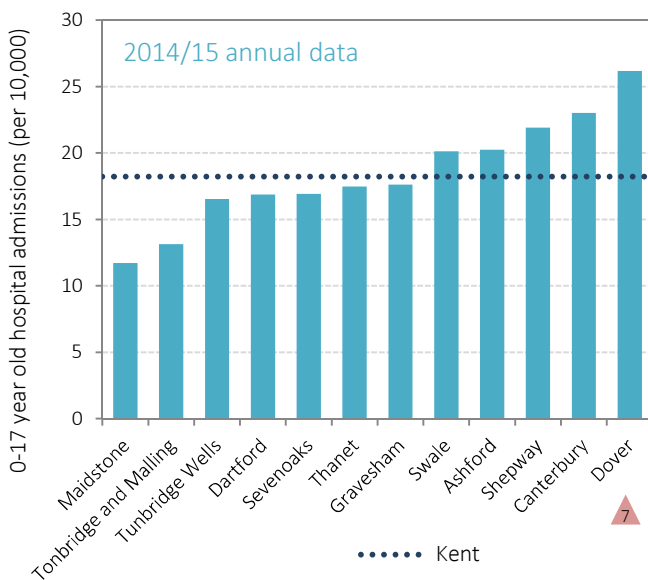
- Initially, only the **breastfeeding initiation** indicator will be available to use and will be shared with LCPGs at district level. Partners will continue to build on existing initiatives to **promote breastfeeding and support new mothers**.
- Additionally, continued efforts will be made to **increase data coverage**, ensuring there is support given and importance placed on recording this information for babies at 6-8 week.

Indicator 8: HOSPITAL ADMISSIONS FOR SELF-HARM

What do we know about self-harm?

- Self-harm is a term used when someone **injures or harms themselves on purpose** rather than by accident. Common examples include overdosing (self-poisoning), cutting, burning or pulling hair.
- Self-harm also includes **reckless or risk-taking behaviours** such as unsafe sex, drug use or binge eating. These behaviours are more difficult to identify as 'self-harm' as they may or may not be as a result of an intention to cause harm, or a disregard for personal safety.
- Research has shown that the experiences most closely linked to self-harm in young people are **mental health problems, family breakdown, being in care, and experiencing abuse**.
- There is an **important difference** between self-harm and risk of committing suicide. Although a proportion of young people who self-harm are at an increased risk, for many young people, self-harm is a way to cope with, or express, emotional distress and is not linked to a desire to end their own life.
- Overall, it is very difficult to identify how many young people self-harming, this is because very few young people disclose what is going on. It is thought that around 13% of young people may try to hurt themselves on purpose at some point between the ages of 11 and 16.
- In 2014, figures were published suggesting a **70% increase** in 10-14 year olds attending A&E for self-harm related reasons over the previous two years. This increase highlights the need for partners to work together to prevent self-harm and support young people who are experiencing it.

7 8



What does this Indicator measure?

- When someone is admitted to hospital, the main reason for their admission is recorded, as are any other health issues identified (these are referred to as **primary and secondary diagnoses**).
- This indicator shows all under 18 years olds who were admitted to hospital where **deliberate self-harm** was recorded as either a primary or a secondary diagnosis.
- The indicator for the CYPF will be updated monthly and will show a projected annual rate of admissions per 10,000 under 18 year olds.

Improving Outcomes with this Indicator

- The aim is to **reduce this indicator as far as possible**, with the ideal being that there are no young people who require admission to hospital as a result of self-harm.
- Partners will need to work together to **understand and address the underlying risk factors** of self-harm, **educate and raise awareness** around the issue and provide support to young people already **experiencing self-harm** to minimise its effects and develop safer mechanisms for coping with emotional distress and difficulty.

Indicator 9: EARLY HELP NOTIFICATIONS ABOUT MENTAL HEALTH

What does this Indicator measure?

- Indicator 4 uses overall Early Help Notifications (EHNs) to help measure the safety of a child growing up in Kent.
- This indicator measures a specific subset of EHNs, that is, those where the **primary reason for making contact with Early Help Triage is mental and emotional health of the child/young person.**
- As with Indicator 4, this indicator will be reported as a **rate per 10,000 under 18s** and reported at district level every two months.
- National comparison for this dataset is not possible as it relates to Kent-specific systems and processes.

Why was this Indicator chosen?

- Emotional and mental health of children and young people, is **consistently identified** as a priority across all partners and all districts, as well as by young people themselves.
- Unlike many of the issues in the CYPF where there exists reliable and regular indicators collected and reported nationally, there is not currently an equivalent indicator relating to the mental health of young people.
- This measure gives an indication of the level of mental health concern identified amongst children and young people including where intervention from specialist health services or hospitals is required.

Mental and Emotional Health in Kent

- The Good Childhood Report (2013) found that around **20% of children now experience below average levels of wellbeing**, and 10% have a diagnosable mental health condition.
- The Kent Joint Strategic Needs Assessment (2015) estimates that **nearly 21,000 children and young people aged 5 to 16 years in Kent have a mental health disorder.** Emotional disorders are more common in girls whilst conduct disorders, hyperkinetic disorders and Autistic Spectrum Conditions are more common boys.
- Kent's emotional wellbeing strategy for children and young people, 'The Way Ahead', was published in May 2015. It sets out a whole-system approach for improving **early help**; creating better access to additional support; strengthening the **whole-family approach** and improved support with **transition and recovery.**
- The Way Ahead also identifies key areas of need, including the high predicted number of children with **Autistic Spectrum Conditions (ASC)**, young people who have a **'dual diagnosis'** and need support with substance misuse and emotional wellbeing difficulties, and children and young people affected by **family poverty** – which may be the subject of EHNs about mental health.
- LCPGs have a key role to play at a local level in supporting the delivery of the aims set out in The Way Ahead. For example; to **develop self-esteem and resilience** among children and young people, particularly those who are most at risk of poor outcomes due to circumstances in their lives; to **support schools and early years settings** in improving the emotional resilience of children and young people; and to **support parents** who are experiencing mental health issues.
- This indicator will offer partners at district-level further insight into the current levels of **identification of need** relating to mental health and emotional wellbeing amongst children and young people.

Children and Young People Learn & Have Opportunities to Achieve Throughout Their Lives

- This outcome relates to **learning and achievement** for children of all ages, including development of pre-school children, achievement and progress of school-aged children and aspirations of school-leavers.
- Key areas of concern relating to learning and achievement which have been identified are **literacy, speech and language, school readiness and the achievement gap**.
- A recurrent theme raised by every LCPG was **skills and aspirations amongst young people**.
- **FIVE INDICATORS** have been identified which demonstrate different aspects of this outcome:

EARLY YEARS FOUNDATION STAGE

READING, WRITING & MATHS AT KS2

GCSE RESULTS

YP NOT IN EDUCATION, TRAINING OR EMPLOYMENT

PERSISTENT SCHOOL ABSENCE

Views of Children, Young People and Families



- Children and young people were asked what they would like to learn or achieve before reaching adulthood, the most common answers (each given by 25% of young people) were getting **good grades** (in particular GCSEs) and learning **finance skills** (in particular **paying taxes**).
- A fifth of young people said they want to **learn to drive**, other common answers were getting into **college or university** and getting a **job**.

How to pay taxes, how to get a job, how to pay rent. 17 year old, Maidstone.

Good exam results, meaningful friendships, help others around me. 16 year old, Thanet.

- Nearly two thirds of children and young people said that **secondary school** was the stage when young people need **more support** than they currently receive. Parents identified **teenage years** as the time young people need the most support.

Existing activity relating to this Outcome

Some examples of existing projects and activities delivering improvements in this outcome are:

- Additional places have been commissioned within Kent Schools to support Primary and Secondary aged pupils with **speech, language and communication needs**.
- Special Schools are being funded to provide **bespoke training and advice** to mainstream schools on more specialist aspects of Special Educational Needs (SEN), including **autism and speech and language needs**.
- The 'Sound Progress' programme has been developed for teaching *phonemic skills* which are linked to **reading**, in particular to children in primary schools.
- The **Skills and Employability Service** support all young people aged 14 to 24, including disadvantaged young people, who are at risk of becoming NEET (Not in Education, Employment or Training).

Children and Young People Learn & Have Opportunities to Achieve Throughout Their Lives

Indicator 10: EARLY YEARS FOUNDATION STAGE

What is the Early Years Foundation Stage?

- The Early Years Foundation Stage (EYFS) is the standard for the learning and development of all children from birth to age five years.
- It provides professionals with a set of common standards to deliver quality education to ensure children's 'school readiness', giving children **knowledge and skills** for good future progress.
- The EYFS sets out **what and how children must learn** through "Prime" and "Specific" areas of learning and through "Characteristics of Effective learning".

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Prime Learning Areas:

- Communication and Language;
- Physical Development;
- Personal, Social and Emotional Development.

Specific Learning Areas:

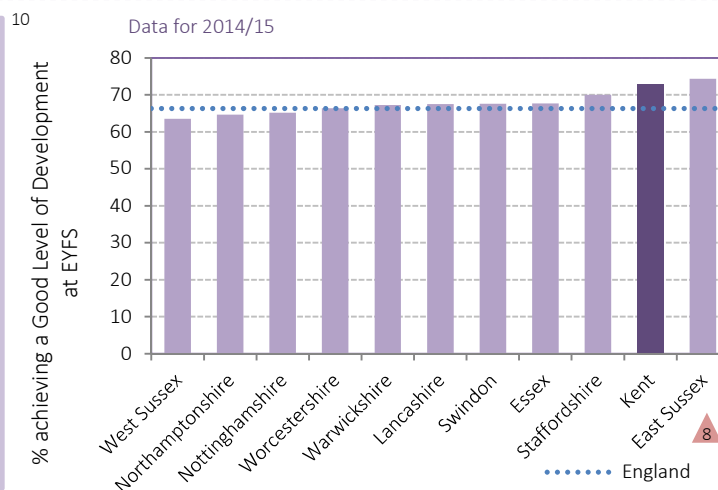
- Literacy;
- Mathematics;
- Understanding the World;
- Expressive Arts and Design.

Characteristics of Learning

- **Playing and exploring**
- **Active learning**
- **Creating and thinking critically**

What is measured at EYFS?

- Until this year (2016), there has been a **statutory EYFS Profile** for each child at the end of reception year.
- A child's EYFS Profile provides data on the **Good Level of Development** – the level each child would be expected to reach.
- Data on EYFS Profiles has been collected from every local authority, allowing for **national benchmarking**.



Definition: Children achieving a Good Level of Development are those achieving at least the expected level within the early learning goals in Prime Learning areas and in the Specific Areas of mathematics and literacy

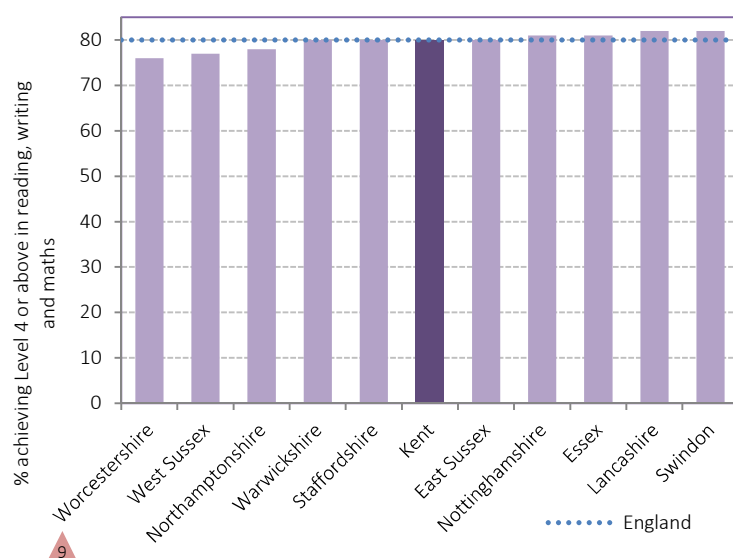
What is changing at EYFS?

- This year, the Government are introducing **significant changes** in the way they measure and track attainment and progress throughout primary school, from EYFS to Key Stage 2.
- EYFS Profiles will no longer be compulsory and instead early years providers will be expected to complete a **Reception Baseline Assessment** for each child which will be the starting point for measuring progress through primary school.
- Because this is a brand new system, and because unlike the EYFS Profile, completing the Reception Baseline Assessment will **not be mandatory**, it is not yet clear what the impact will be on the data that is available nationally for this indicator.
- Learning and development at EYFS remain of **vital importance**, as these changes become clearer, LCPGs and the 0-25 HWB will be provided with the **best available data to track progress**.

Indicator 11: READING, WRITING & MATHS AT KEY STAGE 2

What does this Indicator measure ?

- At the age of eleven, during the last year of Primary School (end of Key Stage 2), the attainment of school pupils in reading, writing, grammar, punctuation, spelling and mathematics is tested.
- Up until 2015, Standard Assessment Tests (SATs) measured attainment using numbered Levels 3 – 5, with Level 4 being the expected level of achievement. An additional Level 6 exam was offered to children expected to exceed the requirements of the standard paper.
- Children sitting Key Stage 2 tests this year were the first to be taught and assessed under a new national curriculum.
- The new system will no longer use the numbered levels, instead a scaling system is used which sets a 'national standard' as a score of 100. Every child's raw score is converted into a scaled score, spanning 100, with scores above exceeding the national standard.
- A new indicator has been introduced which is the percentage of pupils reaching the expected standard in reading, writing and mathematics. Because SATs only take place once a year, this indicator is updated annually.
- The new indicator is not directly comparable with the old indicator, and therefore it is not meaningful to track progress compared to previous years when the indicator looked at the percentage of pupils achieving Level 4 or above.



- The graph shows Kent compared to England and its *statistical neighbours* in 2015 for the previous indicator (percentage of pupils achieving Level 4 or more).
- Like three of its neighbours, Kent was in line with the England average with 80% of children achieving Level 4 or above.
- Last year, in Kent, 62% of children eligible for free school meals achieved Level 4 compared to 66% nationally.

Improving Outcomes with this Indicator

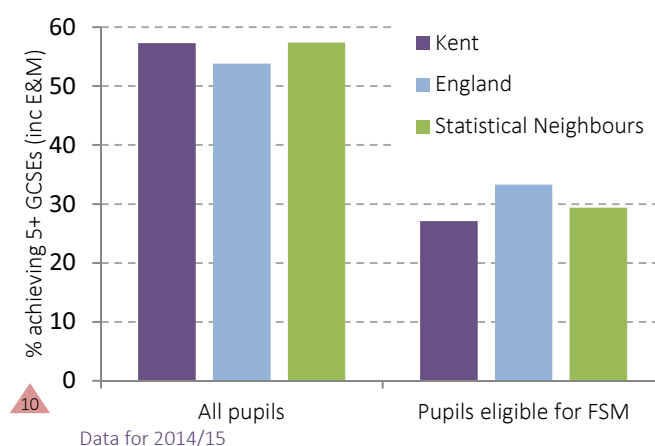
- Attainment in Primary School is influenced by a wide range of factors outside of school including parents' aspirations for their children, home learning environment, and emotional wellbeing.
- Whilst schools themselves are a natural contributor to improving this indicator, the wide ranging factors at play demonstrate the need for a partnership approach to working with families.
- Schools' involvement with LCPGs to work jointly to understand and influence the local picture will be essential for improving this indicator.

Indicator 12: GCSE RESULTS

What does the GCSE indicator show?

- Pupils undertake GCSE exams at the end of Key Stage 4 (during the school year they turn 16) in a range of subject areas.
- A new system has been developed for measuring results at GCSE level which will be in place from 2016 onwards and will apply to local authority-maintained schools, free schools and academies.
- There are two main measures, **Attainment 8 (A8)** which is an average point score based on attainment across eight subjects and **Progress 8 (P8)** 'value added' or progress made across the same eight subjects. Because GCSEs are completed once a year, these indicators will be **updated annually**.
- Results for **English and maths** receive a double-weighting when calculating A8 and P8 scores.
- As well as English and maths, three other subjects from the **English Baccalaureate** (the sciences, geography, history and languages) must be included in the eight subjects used for these scores.
- Prior to 2016, the most commonly used indicator used to look at GCSEs was the **percentage of pupils who achieve five or more GCSEs grade A*-C including English and Maths**.
- It is not possible to make a meaningful comparison between the previous indicator and the new A8 and P8 measures, so analysis of a trend back over time is not possible.
- In addition to A8 and P8, the percentage of pupils achieving a Grade C or above in English and maths, and The English Baccalaureate (EBacc).

- As in indication of previous performance this graph shows the outgoing measure, percentage of pupils achieving 5 A*-C (including English and maths).
- Overall, Kent performed **better than England** and in line with its statistical neighbours last year.
- Amongst pupils eligible for FSM, Kent's figures were **lower** than the national and statistical neighbour average with 27.1% achieving the level for this indicator.



Improving Outcomes with this Indicator

- As with attainment at KS2, there are many factors that impact young people's attainment at GCSE level. Bullying, health needs, risk-taking behaviours such as drug and alcohol use and frequent arguments with parents have been shown to have a negative impact. Believing in their own ability and having high aspiration increase the likelihood of achievement.
- These inter-linked issues call for a **partnership approach** in order to raise this indicator in Kent. Understanding the particular challenges for **vulnerable groups** in local areas will also enable LCPGs and the 0-25 HWB to drive improvement.

Indicator 13: YOUNG PEOPLE NOT IN EDUCATION, EMPLOYMENT OR TRAINING

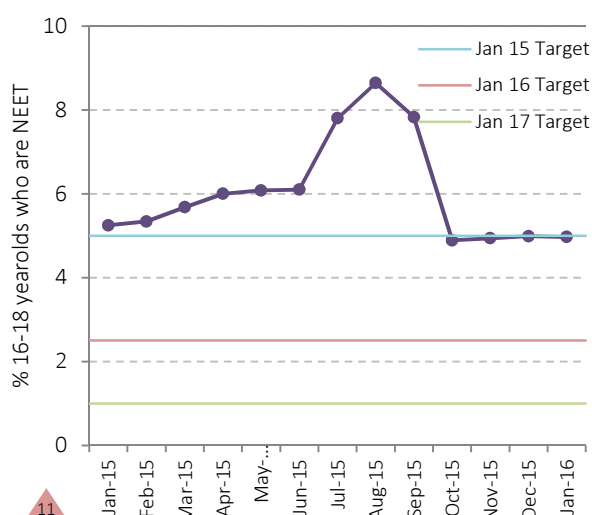
Why is this Indicator important?

- Engagement in learning and educational attainment amongst young people has a demonstrable impact on outcomes throughout adult life.
- Evidence shows that not being in education, employment or training (NEET) between the ages of 16 and 18 is a major predictor of later unemployment, lower job security and lower rates of pay. National research suggests that 1 in 6 young people who are NEET will never secure long-term employment.
- The wider impact of being NEET is also significant, with an increased likelihood of poor mental and physical health, teenage conception, risk-taking behaviours and insecure housing or homelessness.
- Like many indicators, the causes and effects of being NEET are wide-ranging and link to all of the outcomes identified in the CYPF.

Kent NEET Strategy

- The approach to increasing the number of young people engaged in education, employment or training is set out in KCC's Education and Young People's Services (EYPS) NEET Strategy 2015-16.
- The strategy includes specific targets for reducing this indicator, with the ambitious aim to reduce the percentage of young people who are NEET to 1% by January 2017.
- There are three strands of work identified in the NEET strategy: integrated and high quality data systems; collaborative working across all KCC services and, high quality personalised pathways with positive destinations across all districts.
- Including NEET figures as an indicator within the CYPF and ensuring it is a focus of LCPGs will support collaborative working across partners at district levels. LCPGs are well-placed to engage with local schools and providers of post-16 education.

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*Targets shown are those identified in the Kent NEET Strategy

How is this Indicator measured?

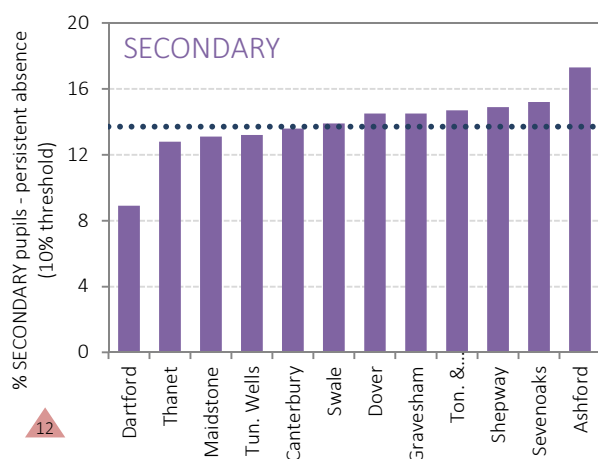
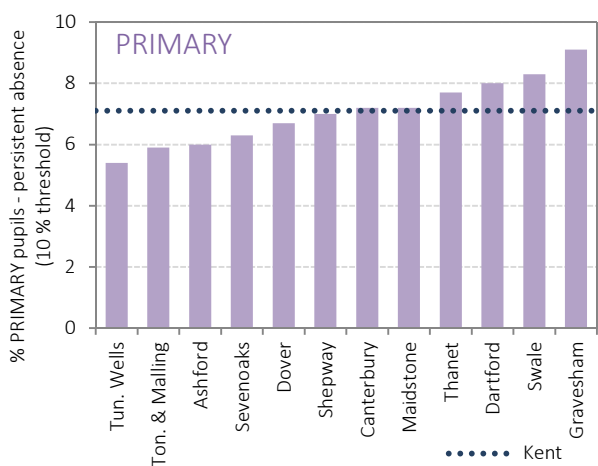
- Data on the percentage of young people who are NEET is published by KCC's EYPS every month.
- The overall percentage is the indicator used in the CYPF. Data is also published about 'not knowns' i.e. young people whose destination after leaving school is not recorded.
- Data is also reported by vulnerable group, including children in care and care leavers, young people who are pregnant or are parents and UASC.
- The richness of this data will support LCPGs and the 0-25 HWB to understand local variation and develop local partnership responses.

Indicator 14: PERSISTENT SCHOOL ABSENCE

Why is this Indicator important?

- Like many indicators, school absence is important because of both its effects and its causes. Persistent absence from school has an effect on a child or young person's learning and development, and will impact on all of the other indicators within this outcome.
- The impact of missing school is wide-ranging; as well as academic attainment, school plays a key part in a child's social development, communication, access to healthy food and physical activity.
- Understanding school absence is also important because of its causes. For young children reliant on their parents to take them to school, ongoing absence may indicate difficulties at home and a need for additional family support. Factors could, for example, include financial concerns, parental mental health issues, domestic abuse and, parental drug or alcohol use.
- The same issues may also be behind persistent absence at Secondary School. It may also be a result of other issues in a young person's life such as, lack of aspiration, poor emotional wellbeing, bullying, drug or alcohol misuse, involvement with gangs or child sexual exploitation.
- It is also the case that even if school absence was not initially caused by any of those issues, being out of school increases a young person's vulnerability to many of the concerns throughout the CYPF.
- The complexity and variety of causes and effects behind this indicator call for a partnership response to drive improvement.

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How is this Indicator measured?

- School attendance data from all Kent maintained schools and academies is collected by KCC and is used to calculate a range of indicators, which are published nationally by DfE.
- In previous years, the threshold for 'persistent absence' has been 15%. This academic year, the definition is changing and the threshold is now 10%.
- Any pupil missing 10% or more of school sessions will be counted as 'persistently absent'. The indicator is reported separately for Primary and Secondary school, both will be included in the CYPF.
- Under the old definition (15% threshold) the percentage of 'persistently absent' pupils increased in Kent between 2013/14 and 2014/15.
- The graphs here shows persistent absence across districts (using the new 10% threshold) in 2014/15.
- The variation in districts demonstrates the benefits of a localised approach led by LCPGs.

Children and Young People Make Safe & Positive Decisions

- Issues surrounding **risk-taking behaviour** and its consequences for children and young people's **safety, relationships and health**.
- Key areas of concern relating to making **safe and positive decisions** which have been identified are **drug and alcohol misuse, sexual health, healthy relationships, anti-social behaviour and offending**.
- **THREE INDICATORS** have been identified which demonstrate different aspects of this outcome:

DRUG & ALCOHOL RELATED HOSPITAL ADMISSIONS

FIRST TIME ENTRY TO THE YOUTH JUSTICE SYSTEM

TEENAGE CONCEPTION

Views of Children, Young People and Families



- Children and young people were asked to think of things children or young people might need help making decisions about. The most common answers related to school, with over a quarter saying either **GCSE options** or **which secondary school** to go to.
- Sex was also a common theme, 1 in 8 answers referred to **sexual relationships** or **starting a family**. The issue of **consent** was also identified, in particular by teenage girls.

Having a baby. 12 year old, Thanet.

Sexual health, unawareness and the REAL facts. 15 year old, Swale.

Not doing drugs or causing trouble on the streets. 18 year old, Gravesham.

- Young people also identified that they might need help making decisions about **smoking, alcohol and drug use**. Parents also identified **drugs** as an important issue, it was the most common answer amongst parents who are asked about which issues to include in the CYPF.

Existing activity relating to this Outcome

Some examples of existing projects and activities delivering improvements in this outcome are:

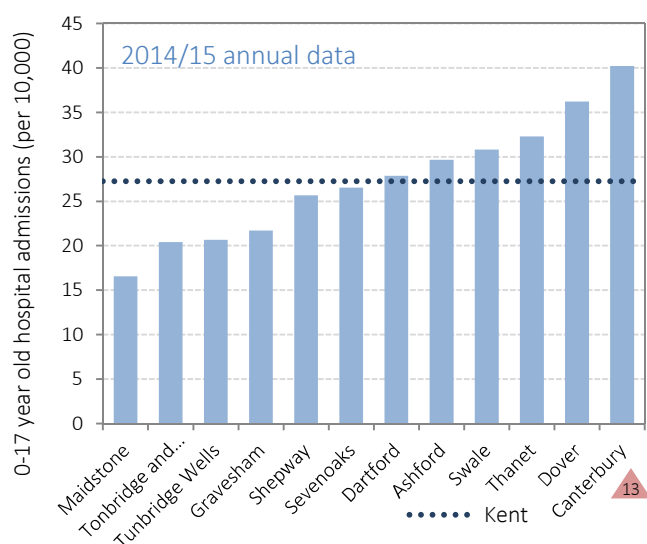
- **Community alcohol partnerships** are led within local communities to tackle **anti-social behaviour** in local areas which is related to alcohol or drug use.
- The number of **community pharmacies** providing young people with emergency hormonal contraception, chlamydia screening, and free condoms has increased to **facilitate easier access** to these services.
- There are **dedicated sexual health services** for young people across the County. Young people can also access an all age service.
- **RisKit** is a **specialist programme** targeting young people in schools who have been identified as vulnerable, or who are involved in **risk-taking behaviour**, such as drug and alcohol use, or unprotected sex. This is delivered by Addaction, the children and young people's service provider for substance misuse.
- KSCB deliver **multi-agency training** to professionals working with children and young people who **self-harm**. This training provides staff with knowledge and understanding to support young people who self-harm.

Indicator 15: DRUG & ALCOHOL RELATED HOSPITAL ADMISSIONS

What do we know about drug and alcohol misuse?

- Results from national research in 2014 conclude that 38% of pupils between 11 and 15 years old nationally reported that they had drunk alcohol, boys and girls were equally likely to have done so. 15% of pupils said they had ever taken drugs and 10% had taken drugs in the last year.
- As with many of the indicators in the CYPF, drug and alcohol use is of concern because of both its effect on children and young people and because it may point towards other underlying issues.
- Drug and alcohol use can create significant challenges for young people by damaging their mental and physical health, educational attainment and leading to further risk-taking behaviour (including risks to personal safety which may lead to hospital admission).
- Drug and alcohol use can be a consequence of family breakdown, mental health issues or behavioural problems. It is also related to school absence, going missing and involvement in gangs.
- The nature of young people's drug and alcohol problems is different to that of adults, young people are rarely dependent as there has not been enough time for use to become entrenched, therefore young people affected by drug or alcohol misuse need access to specialist services.
- Informing and educating children and young people at early enough stage, and repeating those messages has been shown to have an impact on drug and alcohol misuse as children grow up. The attitudes and behaviours of parents also have an impact on the likelihood of a young person engaging in substance misuse.

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What does this Indicator measure?

- When someone is admitted to hospital, the main reason for their admission is recorded, as are any other health issues identified (these are referred to as primary and secondary diagnoses).
- This indicator shows all under 18 years olds who were admitted to hospital where drug or alcohol use was recorded as either a primary or a secondary diagnosis.
- The indicator for the CYPF will be updated monthly and will show a projected annual rate of admissions per 10,000 under 18 year olds.

Improving Outcomes with this Indicator

- The aim is to reduce this indicator as far as possible, so that no young people require admission to hospital as a consequence of substance misuse.
- The variation between districts shown in the graph above shows the importance of a local approach to addressing this issue, and provides an opportunity for LCPGs to work together across districts, with the support of the 0-25 HWB, to share best practice and ideas for addressing this issue.
- All partners have a role to play in preventing substance misuse by working together to educate and raise awareness amongst young people and their families.

Indicator 16: FIRST TIME ENTRY TO THE YOUTH JUSTICE SYSTEM

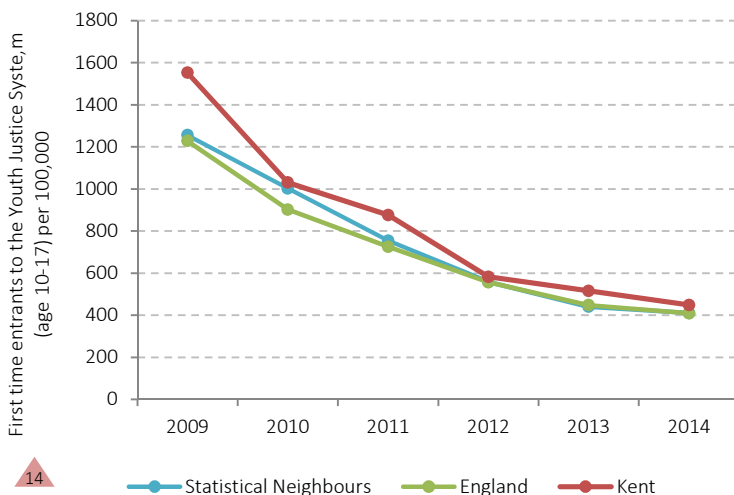
What does this Indicator measure?

- The number of first time entrants to the youth justice system (YJS) is a figure provided by Kent Police giving the number of children and young people aged 10 to 17 years (inclusive) who have received a formal caution or court disposal for the first time each month.
- This data is also collected and reported nationally by the Youth Justice Board and Ministry of Justice.

What do we know about this Indicator?

- Nationally, the number of first time entrants has fallen each year since 2007. This trend is reflected in Kent.
- The number of females entering the YJS for the first time is falling at a faster rate than the number of males, and the average age nationally has increased over time.
- The most common offence nationally in 2014/15 was 'summary non-motoring offences' (less serious crimes which are dealt with in magistrates' court), followed by theft and then drug offences.

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- The graph shows the annual rate of first time entrants to the YJS per 100,000 10-17 year olds.
- The rate has declined each year nationally, amongst statistical neighbours and in Kent.
- The rate in Kent has been above England and statistical neighbours each year and remained above average in 2014.

Improving Outcomes with this Indicator

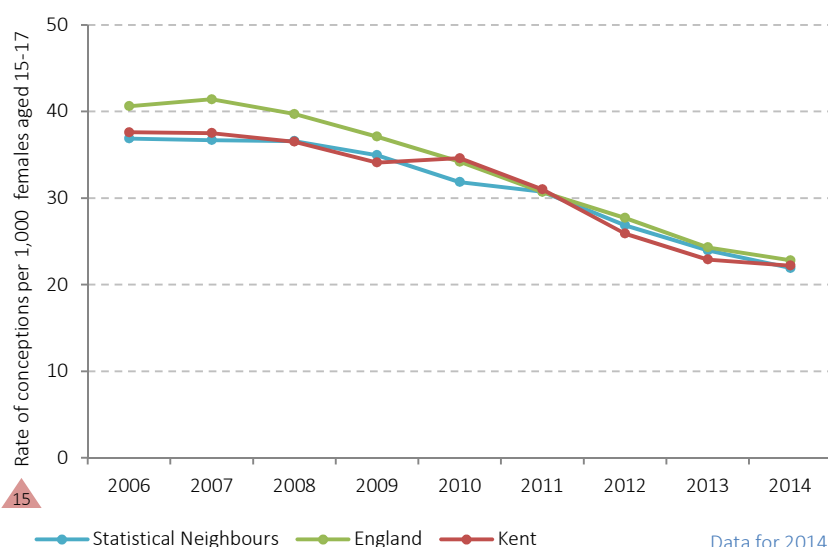
- Youth offending links to a range of other issues for young people, with evidence of links between offending and school exclusion, drug use, gang-involvement and going missing.
- There is a strong association between rates of young offenders and deprivation. Family risk factors include worklessness, substance misuse, criminality, domestic violence, financial stress, teenage parenting and overcrowding. Children in care are also more likely to offend.
- Working across partnerships to reduce the risk factors present in a young person's life will help to reduce the likelihood of entering the YJS.
- The rate of young people aged 10-14 years in the YJS is considerably higher in Kent than the national average, pointing towards a need for education and prevention at a younger age.
- LCPGs are well-placed to work towards the continuing reduction of this indicator in their districts. The membership of Police within LCPGs will support groups to develop further local intelligence and understanding.

Indicator 17: TEENAGE CONCEPTION

Why is Teenage Conception important?

- Reducing teenage conceptions (under-18 conceptions) has been a long-standing national and local priority and remains a key indicator.
- Teenage pregnancy has an impact on a range of outcomes for young people. Teenage parents are more likely than their peers to live in poverty and to be without education, employment or training. There is also an association with emotional health and wellbeing problems.
- The infant mortality rate for babies of teenage mothers is 60% higher than for babies of older mothers. There is also an increased likelihood of low birth weight, childhood accidents and admission to hospital.
- Teenage pregnancy is also associated with other risk-taking behaviours such as youth offending, disengagement from education, and drug and alcohol misuse.
- Children in care and care leavers, children born to teenage parents and children growing up in economically deprived areas are particularly vulnerable to teenage conception.

- The graph to the right shows teenage conception rates amongst 15-17 year olds in Kent compared to England, and statistical neighbours.
- Over the last 9 years, teenage conception rates have reduced locally and nationally.
- The most recent data (2014) shows the rate in Kent is now just lower than the England figure (22.2 per 1,000 15-17 year olds compared to 22.8).



Improving Outcomes with this Indicator

- The National Teenage Pregnancy Strategy (2001) sought to halve the rate of teenage conception nationally by 2011. England now has its lowest teenage conception rate for 30 years.
- In Kent, there is significant disparity in rates between districts and there remains a need to work together to address the factors which lead to teenage conception.
- Last year, Kent County Council published the Kent Teenage Pregnancy Strategy 2015-20 which sets out six ambitions. These include building aspirations amongst young people and increasing emotional health and resilience.
- LCPGs are ideally situated to understand the specific situation in their district and work in partnership at a local level to deliver these ambitions, ensuring young people are empowered to make safe and positive decisions.

Data Sources and References

Table 1: DATA SOURCES

Ref ▲	Page No.	Data Source	Published by	Date
1	4	SFR/2015 Characteristics of Children In Need, 2014 to 2015	Department for Education	22-Oct-15
2	5	Local Authority Interactive Tool	Department for Education	11-Mar-16
3	6	Kent SCS: Missing Children: Monthly Summary Report, Jan 2016	(KCC) SCS Management Information	15-Feb-16
4	7	KCC Education and Young People's Services Performance Management: Early Help and Preventative Services Scorecard	(KCC) EYPS Management Information	Feb-16
5	10	Local Authority Interactive Tool	Department for Education	11-Mar-16
6	11	Children and Young People's Health Benchmarking Tool (online resource)	Public Health England	Accessed 10/03/2016
7	12	Secondary Uses System via HISBi	Compiled by Kent Public Health Observatory	Compiled 14/03/16
8	15	SFR36/2015 Early years foundation stage profile (EYFSP) results: 2015	Department for Education	19-Nov-15
9	16	SFR47/2015 National curriculum assessments at key stage 2: 2015 (Revised)	Department for Education	10-Dec-15
10	17	SFR01/2016 GCSE and equivalent results in England 2014/15 (Revised)	Department for Education	21-Jan-16
11	18	Education and Young People's Services Young People Not in Education, Employment or Training (NEET) Monthly Report	KCC Management Information	16-Feb-16
12	19	Education and Young People's Services Directorate Scorecard; January 2016 Release	KCC Management Information	05-Feb-16
13	21	Secondary Uses System via HISBi	Compiled by Kent Public Health Observatory	Compiled 14/03/16
14	22	Local Authority Interactive Tool	Department for Education	11-Mar-16
15	23	Local Authority Interactive Tool	Department for Education	11-Mar-16

Data Sources and References

Table 2: REFERENCES

Ref	Page No.	Data Source	Published by	Date
1	6	Still Hidden? Going missing as an indicator of child sexual exploitation	Missing People	2012
2	6	Running the Risks: the links between gang involvement and going missing	Catch 22/ Missing People	Jul-15
3	8	Adoption and Children Act 2002 (Section 120)	The Stationery Office	2002
4	8	Mental Health and Growing Up: Domestic violence and abuse - its effects on children (Factsheet)	Royal College of Psychiatrists	Apr-14
5	10	National Child Measurement Programme: England, 2014/15 school year	Health and Social Care Information Centre	Nov-15
6	11, 13	Kent Joint Strategic Needs Assessment (JSNA) Summary for Children and Young People	Kent County Council	Autumn 2015
7	12	Mental Health and Growing Up: Self-harm in young people (Factsheet)	Royal College of Psychiatrists	Mar-12
8	12	selfharmUK website	selfharmUK (YouthScape)	Accessed Feb 2016
9	13	The Way Ahead: Kent's Emotional Wellbeing Strategy for children, young people and adults; Part One: Strategic Framework	Kent Health and Wellbeing Board	May-15
10	15	Statutory framework for the early years foundation stage	DfE	Mar-14
11	17	Your qualification, our regulation: GCSE, AS and A level reforms	Ofqual	Sep-15
12	18	Education and Young People's Services NEET Strategy and Action Plan 2015-16	Kent County Council	Dec-15
13	19	Poorer children's educational attainment: how important are attitudes and behaviour?	Joseph Rowntree Foundation	2010
14	21	Smoking, drinking and drug use among young people in England in 2014	Health and Social Care Information Centre	2015
15	22	Youth Justice Statistics 2014/15 England and Wales	Youth Justice Board / Ministry of Justice	Jan-16
16	23	Kent Teenage Pregnancy Strategy 2015-20	Kent County Council	Oct-15