Appendix 3

Stage 1 discussion sheets

The following papers were produced as discussion documents, and were submitted to the Kent Children’s Trust Board in March 2010.

Please note that they were designed for printing on A3 sized paper.
Healthy Start in Life

KCT Imperative | Kent Partnership Imperative (LAA) | National Imperative
---|---|---
CYPP Priority 2 | No | Yes

Outcome Evidence

- **Specialist**
  - Nearly 3,000 Kent mothers were recorded as smokers at the time of their baby’s delivery in 2007/08. A higher proportion of these live in East Kent. (There is conclusive evidence that smoking in pregnancy can cause a range of negative outcomes for infants, including premature death).
  - It is estimated that half of all mothers who ceased smoking during pregnancy resumed within six weeks, with over 70% returning within six months.

- **Targeted**
  - MMR vaccination across the county is well below the 95% required to achieve immunity in the population, with nearly 4,000 Kent 5 year olds not receiving the required level of protection.
  - Breastfeeding is not being sustained into the early months of infancy with 4,500 mothers not breastfeeding at time of delivery and this rising to over 5,800 at 6-8 weeks after birth.

- **Universal**

**Indicators**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Direction of Travel</th>
<th>Performance vs National</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of mothers smoking at time of delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding at 6-8 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR vaccination rates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Direction of Travel**

- **Smoking at time of delivery**
  - Nearly 3,000 Kent mothers were recorded as smokers at the time of their baby’s delivery in 2007/08. A higher proportion of these live in East Kent. (There is conclusive evidence that smoking in pregnancy can cause a range of negative outcomes for infants, including premature death).
  - It is estimated that half of all mothers who ceased smoking during pregnancy resumed within six weeks, with over 70% returning within six months.

**Breastfeeding 6-8 weeks from birth**

Health outcomes in early years are closely linked to socio-economic factors. This means in broad terms East Kent tends to have worse outcomes than West Kent, and there are further differences between more deprived Districts and those that are less deprived.

**What can we do better?**

**What else do we need to know?**

**What resources are available?**

DRAFT for discussion
Emotional and Mental Health

- Emotional health of children
- Effectiveness of CAMHS
- Higher risk in vulnerable groups

Strategic Importance

<table>
<thead>
<tr>
<th>KCT Imperative</th>
<th>Kent Partnership Imperative (LAA)</th>
<th>National Imperative</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYPP Priority 2</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Outcome Evidence

Specialist
- National CAMHS review recommended reduction of waiting times for access to the service, particularly transition to adult services.
- CAMHS services found to need further development in both Kent PCTs.

Targeted
- Child poverty as measured by parental income increases the risk of mental health problems in children and young people.
- Adverse childhood experiences within the household are clearly associated with higher incidence of childhood mental health problems.
- Vulnerable groups include looked after children, young offenders, those with learning disabilities, and young carers.
- High incidence of admissions to hospital for poisonings in 15-17 year olds females. Over 160 such admissions in 2008/09, making up 40% of all admissions for this age group.

Universal
- Approximately 10% of 10-16 year olds have a diagnosable mental health disorder in the UK.
- 10% of Kent 11-19 year olds feel sad or depressed most days.

Emotional health of children (NI 50)
- 2008/09: 58.2, 62.1, 62.7
- Source: DCSF (re-weighted results published Feb 2010)

Emotional and behavioural health of looked after children (NI 58)
- 2008/09: 16.0, 14.6, 13.8
- Source: DCSF

Story behind evidence (causes / forces at work)
Mental health and psychological wellbeing is affected positively and negatively by a child's own make-up; the influence of their parents, carers, families and wider communities; and by their everyday experiences in places such as children’s centres, schools and youth services.

What can we do better?

What else do we need to know?

What resources are available?

DRAFT for discussion
Safeguarding

- Front line staff capacity
- Use and timing of Common Assessments
- Feelings of safety in the community
- Rate of hospital admissions due to injury

### KCT Imperative

<table>
<thead>
<tr>
<th>Strategic Importance</th>
<th>KCT Imperative</th>
<th>Kent Partnership Imperative (LAA)</th>
<th>National Imperative</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYPP Priorities 3, 6 &amp; 8</td>
<td>No</td>
<td>Yes</td>
<td></td>
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</tbody>
</table>

### Outcome Evidence

**Specialist**
- Child protection social work resources / capacity.

**Targeted**
- Common Assessments need to be undertaken by all partners, and those that are engaged in the process need to complete them early enough.
- Improved identification and holistic approach to families where parents have issues such as substance misuse, mental health problems, or where there is domestic abuse.
- Boys are more likely to be admitted to hospital due to injury.
- Children and young people with learning difficulties feel less safe (in the community and at school).
- Young people from low income families feel significantly less safe in the area they live than those from higher income families.

**Universal**
- Many children and young people say they do not have safe places to play or take part in activities.
- Higher than national rate of hospital admissions for injury, total of 3,800 in 08/09 (with about half of all these caused by falls in the home).

### Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Direction of Travel</th>
<th>Performance vs National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of children and young people who say they feel safe most days (CT 7)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Rate of children and young people who are victims of crime (CT 6)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Children killed or seriously injured in road traffic accidents (NI 48)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Children who have experienced bullying (NI 59)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Children and young people’s satisfaction with parks and play areas (NI 199)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Hospital admissions caused by injuries to children and young people (NI 70)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Children who have run away from home/care overnight (NI 71)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Child protection plans lasting 2 years or more (NI 64)</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### Data

- **NI 70: Hospital Admissions Caused By Unintentional And Deliberate Injuries To CYP**

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004/05</td>
<td>120.0</td>
</tr>
<tr>
<td>2005/06</td>
<td>120.0</td>
</tr>
<tr>
<td>2006/07</td>
<td>120.0</td>
</tr>
<tr>
<td>2007/08</td>
<td>120.0</td>
</tr>
<tr>
<td>2008/09</td>
<td>120.0</td>
</tr>
</tbody>
</table>

- **NI 64: Child protection plans lasting 2 years or more**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005/06</td>
<td>10.0</td>
</tr>
<tr>
<td>2006/07</td>
<td>7.1</td>
</tr>
<tr>
<td>2007/08</td>
<td>6.0</td>
</tr>
<tr>
<td>2008/09</td>
<td>5.0</td>
</tr>
</tbody>
</table>

Source: Dept for Communities and Local Government

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**Discussion document**

What can we do better?

What else do we need to know?

What resources are available?
### Primary-aged children’s learning

**Strategic Importance**

<table>
<thead>
<tr>
<th>KCT Imperative</th>
<th>Kent Partnership Imperative (LAA)</th>
<th>National Imperative</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYPP Priorities 1, 5 &amp; 7</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Outcome Evidence**

- **Specialist**
- **Targeted**
  - 70 of Kent primary schools (18%) perform below the 55% floor target (for Key Stage 2 attainment in both English and Maths), compared with 11% Nationally and 9% for our Statistical Neighbours.
  - Lower proportions of Kent’s primary schools receive ‘good’ or ‘outstanding’ judgements in their Ofsted inspections than is the case Nationally.
  - Both Kent’s Free School Meal (FSM) achievement gap at Key Stage 2 and the absolute level of attainment amongst pupils from low income families is worse than is the case Nationally (and compared to our Statistical Neighbours).
  - Looked After Children’s attainment at Key Stage 2 is significantly below National for both English and Maths.
  - Attainment amongst pupils with special educational needs is marginally below National.

- **Universal**
  - Overall Key Stage 2 attainment remains below National and our Statistical Neighbours.

**Indicators**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Direction of Travel</th>
<th>Performance vs National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement at Level 4 in Eng and Maths at KS2 (NI73)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FSM achievement gap (KS2 &amp; KS4) (NI102)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEN achievement gap (KS2) (NI104)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children in care reaching Level 4 in English at KS2 (NI99)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Children in care reaching Level 4 in Maths at KS2 (NI100)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Schools with &lt; 55% ach Level 4 in Eng &amp; Maths (NI76)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Schools with &lt; 30% achieving 5+ A*-C GCSEs (NI78)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data shown is for 2008/09, except NI104, NI99, NI100 which are for 2007/08.

**Story behind evidence (causes / forces at work)**

Further analysis shows links between learning/achievement at the end of Primary with prior attainment, as well as coming from low income families. Absence and emotional health are also important. Improving learning for Primary-aged children is also expected to improve GCSE results, particularly for some groups of young people (as Primary prior attainment is linked to GCSE results).

**What can we do better?**

**What else do we need to know?**

**What resources are available?**

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**DRAFT for discussion**
Adolescent Engagement

- Permanent Exclusions from school
- Under 18 conceptions
- Substance misuse
- Lack of engagement in adult led activities

**KCT Imperative**
- Kent Partnership Imperative (LAA)

<table>
<thead>
<tr>
<th>Strategic Importance</th>
<th>CYPP Priority 2, 6, 8</th>
<th>National Imperative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Yes</td>
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</tbody>
</table>

**Outcome Evidence**
- **Specialist**
- **Targeted**
  - Over 1,000 Kent teenagers aged under 18 become pregnant each year. Kent’s rate of reduction in 2008 was slightly less than that for England overall.
  - Close to 20,000 (10%) of young people in Kent can be said to misuse substances (mostly alcohol).
  - 360 pupils in Kent were permanently excluded from school in 2007/08. Kent’s rate has remained persistently higher than the national figure.
  - Groups more likely to become disengaged include children and young people from low income families, those with learning difficulties, and those looked after.
  - Disengagement increases significantly around ages 14-15.
- **Universal**
  - Survey data suggests about 35% of young people in Kent do not take part in adult led activities outside of school.

**Indicators**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Direction of Travel</th>
<th>Performance vs National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dealing with anti-social behaviour by local council and Police (NI 21)</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Parents taking responsibility for their children (NI 22)</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Under 18 conception rate (NI 112)</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>% of pupils persistently absent from school (NI 87)</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Rate of permanent exclusions from school (NI 114)</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Young people’s participation in positive activities (NI 110)</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Substance misuse by young people (NI 115)</td>
<td></td>
<td>-</td>
</tr>
</tbody>
</table>

**Story behind evidence (causes / forces at work)**

DCSF research has found that young people not participating in positive activities share certain characteristics which make it possible to divide them into different categories. These categories include those who can’t be bothered to engage, those who reject authority, those shy and lacking in confidence, and those who put friends before anything else.

**What can we do better?**

**What else do we need to know?**

**What resources are available?**

DRAFT for discussion
**Housing / Accommodation**

- **KCT Imperative**
  - Yes (though not targeted at young people)
- **Kent Partnership Imperative (LAA)**
  - Yes
- **National Imperative**
  - Yes

### Outcome Evidence

#### Specialist
- **Targeted**
  - Amongst those receiving services through Supporting People, around half are aged 16-24 themselves, with many of the remainder either pregnant women or families with dependent children
  - There is a county-wide need for more move-on accommodation from supported housing, particularly for homeless people with mental health problems, young people at risk, people who misuse substances and ex-offenders
  - A need was also identified for accommodation-based services specifically for homeless young people at risk aged 16 and 17
  - National indicator data for access to suitable accommodation for both young offenders and care leavers shows Kent performing below the national level in these areas
  - The 2009 CYPP review identified a need to do more to ensure plans are in place to respond to the needs of certain groups of vulnerable children and young people
  - Housing adaptations for families of disabled children.

#### Universal
- In Kent, people in receipt of income-based benefits are much more likely to live in homes with a low energy efficiency rating than is the case Nationally, which can be taken to imply issues for the housing stock overall

### Indicators

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Direction of Travel</th>
<th>Performance vs National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low incomes in home with low energy efficiency ratings (NI187)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young offenders access to suitable accommodation (NI46)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care leavers in suitable accommodation (NI147)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data shown is for 2008/09

**Discussion document**

**Proportion of people in receipt of income based benefits living in homes with a low and high energy efficiency rating**

**Access to suitable accommodation**

**Story behind evidence (causes / forces at work)**

**What can we do better?**

**What else do we need to know?**

**What resources are available?**

DRAFT for discussion
Family Poverty

- Tackling root causes of poverty
- Reducing attainment inequalities
- Reducing health inequalities

Strategic Importance

<table>
<thead>
<tr>
<th>KCT Imperative</th>
<th>Kent Partnership Imperative</th>
<th>National Imperative</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYPP Priority 1</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Outcome Evidence

Specialist

- Children from low income families have poorer health outcomes, including lower life expectancy and higher obesity levels. They are more at risk of developing psychological and behavioural problems and are more likely to suffer from illness generally.
- The educational attainment of children from low income families is far lower than their peers, with the gap larger in Kent than is the case Nationally right from the Early Years Foundation Stage, through to Key Stage 2, Key Stage 4, achievement of Level 3 qualifications by age 19 and going on to Higher Education.
- Children aged 0-4 are particularly at risk of living in poverty, as are children living in households where there is a disabled adult.
- Take-up of childcare by low-income families is lower in Kent than is the case nationally.

Universal

- In 2007, 53,385 children in Kent were living in poverty. This figure is increasing, with the largest increase amongst working families.
- Practitioners tend not to engage with the term ‘child poverty’, but better recognise their role when terms such as ‘deprived families’ and ‘children and families in need’ are used.

Story behind evidence (causes / forces at work)

What can we do better?

What else do we need to know?

What resources are available?

Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Direction of Travel</th>
<th>Performance vs National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of children in poverty (NI116)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FSM achievement gap (KS2 &amp; KS4) (NI102)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inequality gap – Level 3 qualification by age 19 (NI81)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inequality gap – Level 2 qualification by age 19 (NI82)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low income backgrounds progressing to HE (NI106)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take-up of childcare by low-income working families (NI118)</td>
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</tr>
</tbody>
</table>

Data shown is for 2008/09, except NI116 (2007), NI81, NI82, NI118 (2007/08) and NI106 (2006/07).

DRAFT for discussion