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## Glossary

<table>
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<th>Abbreviation</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>APHO</td>
<td>Association of Public Health Observatories</td>
</tr>
<tr>
<td>CT</td>
<td>Performance Indicator which is not a National Indicator</td>
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<tr>
<td>DCSF</td>
<td>Department for Children, Families and Education</td>
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<tr>
<td>DFE</td>
<td>Department for Education</td>
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<tr>
<td>EAL</td>
<td>English as an Additional Language</td>
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<tr>
<td>FSM</td>
<td>Free School Meals</td>
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<tr>
<td>JAR</td>
<td>Joint Area Review</td>
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<tr>
<td>JSNA</td>
<td>Joint Strategic Needs Assessment</td>
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<tr>
<td>KCA</td>
<td>Kent Council on Addiction</td>
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<tr>
<td>KDAAT</td>
<td>Kent Drugs and Alcohol Action Team</td>
</tr>
<tr>
<td>KSCB</td>
<td>Kent Safeguarding Children’s Board</td>
</tr>
<tr>
<td>NEET</td>
<td>Not in Education, Employment or Training</td>
</tr>
<tr>
<td>NI</td>
<td>National Indicator</td>
</tr>
<tr>
<td>PRU</td>
<td>Pupil Referral Unit</td>
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<tr>
<td>SEN</td>
<td>Special Educational Needs</td>
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<tr>
<td>SHA</td>
<td>Strategic Health Authority</td>
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<tr>
<td>YOS</td>
<td>Youth Offending Service</td>
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</tbody>
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## Report structure

The report is structured in the following way:

Main Heading: **Every Child Matters (ECM) Outcome**, e.g. Being Healthy. Key issues of concern are summarised under the main heading.

First Subheading: **Outcome Aim**, e.g. Health Start in Life

Second subheading: **Issues** arising under the Outcome Aim, e.g. Infant Mortality. Evidence appears under each issue with the source of the information as the title. Performance Indicators are taken from the Kent Children’s Trust Planning Toolkit: [www.kenttrustweb.org.uk/kct/kct_toolkit_indicator.cfm](http://www.kenttrustweb.org.uk/kct/kct_toolkit_indicator.cfm)
Being Healthy

Key issues of concern

- Increasing and above national rate of mothers smoking in pregnancy and at time of delivery, particularly in more deprived areas.
- Decline and below national rate of mothers breastfeeding.
- Immunisation rates for some vaccinations are too low.
- Rate of hospital admissions due to injury is high.
- Emotional and mental health of young people in Kent is poorer than expected, with particular concern for older girls, young people from low income families, and children in care.
- Teenage conceptions remain too high despite some progress.
- Excessive alcohol use by some young people, which not only impacts on health but also on a number of other outcomes.

Evidence by Outcome Aim

Healthy Start in Life

Infant mortality

CT 11: Infant mortality rate
Kent’s average rate through 2006-08 of 4 per 1,000 live births shows a reduction over previous years, and is below national and stat neighbour rates. There are district variations however, with some of these being above the national rate. In particular, Swale, Shepway, and Ashford.

Joint Strategic Needs Assessment, 2010
The overall rate of infant mortality in Kent has been consistently lower than the overall England and Wales rate. Nevertheless, it should be noted that there is a steady upward rise in infant deaths in Ashford.

Low birthweight

CT 13: Percentage of babies born with low birthweight
The percentage of babies born with low birth weight shows a reducing trend in Kent, to a level of 6.4% in 2008/09. This is below stat neighbours and national rates.

Joint Strategic Needs Assessment, 2010
There are no big differences in rates between mothers of different ages – teenage mothers do not have a higher rate of low birthweight than women aged 20-24 years.

Smoking during pregnancy

CT3: Smoking at time of delivery
Annual data shows an increase in 08/09 to 18% of mothers smoking at time of delivery; this rate is above the national figure, and means nearly 3,000 children are being born each year in Kent with increased risk to a variety of negative health outcomes.
Joint Strategic Needs Assessment, 2010
Nearly 3,000 Kent mothers were recorded as smokers at the time of their baby’s delivery in 2007/08. A higher proportion of mothers smoking during pregnancy is found amongst residents served by NHS Eastern and Coastal Kent. Smoking patterns are increasingly socio-economically related. The pattern in Kent therefore reflects the broad socio-economic differences across the county.

Kent Health Profile, ASPHO, 2010
Kent is rated as significantly worse than the England average for smoking in pregnancy. This is based on 2008/09 data.

Canterbury District CAA finding, 2009
Too many mothers smoke during pregnancy.

Breastfeeding

NI 53: Breastfeeding at 6-8 weeks from birth
There has been an annual decline in prevalence to 08/09, with the Kent rate still behind national. In Kent 4,500 mothers not breastfeeding at time of delivery, with this rising to over 5,800 at 6-8 weeks after birth.

Joint Strategic Needs Assessment, 2010
Currently, breastfeeding is not being sustained into the early months of infancy for a large number of children in both east and west Kent. Differences in breast feeding behaviour may be less indicative of knowledge deficiency than of cultural attitudes. A qualitative study examining expectations and experiences across transition to motherhood found that mothers’ pre-existing preferences as to infant feeding had been formed long before they became pregnant. Even women who acknowledged the health benefits of breast milk expressed firm intentions to bottle feed, in part because of cultural familiarity with infant formula, but also to a degree of embarrassment. As early as childhood girls can form opinions of breast feeding (Gregg 1989). The return to paid employment is another factor influencing breast feeding behaviour (Noble 2001; Galtry 2003). The UK’s policies regarding paid maternity leave are less generous than many countries elsewhere in the EU.

Immunisations

CT4: Uptake of MMR vaccination
Whilst Kent performance is close to the national rate, it 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.

Joint Strategic Needs Assessment, 2010
The percentage of children being immunised in accordance with the national vaccination and immunisation schedule by the age of one, is broadly lower than the national and indeed SHA figure. By the second birthday, the overall percentage of children immunised in Kent is better than the England average and the SHA average with the exception of Meningitis C.

Eastern and Coastal Kent PCT Integrated Performance Report January 2010
IMMUNISATIONS
KENT NEWS: POSTED: 06/03/2010 15:00:00
New figures from the Health Protection Agency (HPA) show that infections of measles, which can prove fatal, more than quadrupled in Kent, from 27 in 2008 to 111 last year. Cases of mumps similarly rose from 34 to 183 over the same period.
The increase has been blamed on families not protecting their children with the measles, mumps and rubella (MMR) vaccinations after Andrew Wakefield published his spurious research linking the jab to autism in 1998

Physical Health

Healthy weight and nutrition

NI 52: Take up of school lunches
Kent has a lower take up of school lunches in both primary and secondary schools than that found nationally, being 31% in Kent for both phases compared to 39% for primary schools nationally, and 35% for secondary schools.

NI 55: Obesity among primary school children in reception year
Kent’s rate is stable at 9.0%, and is lower than national figure, but slightly higher than statistical neighbours. Trend is on target in the Kent Agreement (LAA).

NI 56: Obesity among primary school children in Year 6
Kent’s rate has increased in 08/09 to 17.5%, which is above statistical neighbour average but below the national rate.

NI 198: Children travelling to school - mode of transport (car usage)
No national data is available so far for this indicator. Local data suggests the percentage of children travelling to school by car has dropped, from 34.0% in 2006/07 to 32.6% in 2007/08.

Children and young people of Kent survey, NFER
Between 2007 and 2009 there has been an increase (five percentage points) in the proportion of 11-16 year olds eating school meals. However, there has been a decrease (five percentage points) in the proportion of 11-16 year olds eating five or more portions of fruit or vegetables on most days.

Over half of children (aged 7-11) reported in 2009 that they eat crisps, sweets or chocolate and watch lots of television. The majority of 11-19 year olds also reported watching television or playing computer games for two hours or more.

<table>
<thead>
<tr>
<th>Immunisation rate</th>
<th>Target</th>
<th>Latest Actual*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria. Tetanus. Polio. Pertussis. Haem. influenza type b at age 1</td>
<td>92.0%</td>
<td>94.2%</td>
</tr>
<tr>
<td>Pneumococcal infection (PCV) at age 2</td>
<td>70.0%</td>
<td>81.3%</td>
</tr>
<tr>
<td>Haemophilus influenza type b, meningitis at age 2</td>
<td>95.1%</td>
<td>93.5%</td>
</tr>
<tr>
<td>Measles, Mumps and Rubella (MMR) at age 2</td>
<td>90.0%</td>
<td>95.4%</td>
</tr>
<tr>
<td>Diphtheria. Tetanus. Polio. Pertussis at age 5</td>
<td>95.0%</td>
<td>95.4%</td>
</tr>
<tr>
<td>Measles, Mumps and Rubella (MMR) at age 5</td>
<td>95.0%</td>
<td>95.1%</td>
</tr>
<tr>
<td>Human Papilloma Virus (HPV) at age 12-13 (girls)</td>
<td>70.0%</td>
<td>58.8%</td>
</tr>
<tr>
<td>Booster dose of tetanus, diphtheria and polio at age 13-18</td>
<td>86.0%</td>
<td>No data</td>
</tr>
</tbody>
</table>

Figure 36
*note: figures relate to Q2 of 2009/10 with the exception of PCV and HPV which are 2008/09.
**Seldom heard children and young people, KCC, 2010**
Children and young people have a good understanding of healthy eating but, similar to other groups, a high percentage also have unhealthy foods in their diets.

**Evaluating the every child matters outcomes, Ipsos MORI, 2009**
Perceptions of health were closely tied with appearance, particularly with a person’s weight and whether they ‘looked’ unhealthy. Therefore, whilst young people may have a good understanding of healthy eating, few may feel the need to eat in a healthy way provided they do not put on weight.

**Joint Strategic Needs Assessment, 2010**
9% of Reception year children are obese, increasing to 16.9% of Year 6 children. Locally, Eastern and coastal Kent has seen a downward trend whereas west Kent has seen an increase in 2008/2009.

Summary of barriers to healthy living and healthy weight:
- People have poor perception of their own weight status.
- Public perception of the link between obesity and ill health is poor.
- Concerns about diet and activity may not be a priority, especially in communities of low socio-economic status.
- Time spent on preparing meals has been reduced from two hours in 1980 to 20 minutes in 2000.
- Nutritional goals are secondary to maintaining a pleasant atmosphere at meal times.
- Ensuring that food is available predominates over the nutritional quality of the food.
- The built environment is an important determinant of physical activity.
- Parents are important gatekeepers in the provision of food to children.
- External influences (child peer pressure) can contribute to a vicious cycle of poor food habits.
- Foods previously considered a ‘treat’ have been everyday options.
- There is a low level of parental awareness of habits that predispose to excessive intake.
- Parents need education and support to develop highly refined parenting skills in relation to food.
- Parents are important role models for attitudes and participation in physical activity.
- Active play is an undervalued component of physical activity.
- There has been a marked decline in walking and cycling over the last 20 years.
- Computer games and videos are among the most highly valued and preferred activities for children.
- Increases in television viewing are associated with developed weight gain.

National studies on the prevalence of obesity in children show a relationship between parental obesity and the probability of a child also being obese.

**Health Profile (Kent), APHO, 2010**
The proportion of children in Reception year classified as obese, and levels of tooth decay in 5 year olds, are low compared to the England average.

**Quality Care Commission Performance Assessments 2008/09**
ECK PCT underachieved in childhood obesity rate (48.6% of Trusts achieved)
Dartford District CAA findings, 2009
More young people are overweight that in other parts of Kent

Parents' and teenagers' conceptions on diet, weight and health: does class matter? Wills, Backett-Milburn, Lawton, etc all, 2008
Working-class practices are based on the need to ‘get by’ which impedes a future-orientated outlook. The middle-classes are able to prioritise future-relevant behaviours relating to diet, weight and health because of their more socially and economically secure family lives.

Exercise

NI 57: Children and young people's participation in high quality PE and sport
This indicator measures the percentage of pupils aged 5-16 years who participate in 2 hours or more of PE and sport at school each week. Kent improved to 81% in 2008/09, which was in line with national results.

NI 199: Children and young people's satisfaction with parks and play areas
In 2008/09 Kent had a slightly higher percentage of children and young people expressing satisfaction with parks and play areas, than the average of statistical neighbours and national average. 2008/09 is the only year of valid results for Kent.

Children and Young People of Kent survey, NFER
Between 2007 and 2009 there has been a four percentage point increase in the proportion of children aged 7-11 who report that they play outside.

During the same period there was a decrease in the proportion of 11-16 year olds travelling to school by car.

Kent CAA findings, 2009
Partners are making good progress in increasing the number of adults and young people taking part in regular sport or other leisure activities, in line with their priority. As a result, the target set by primary care trusts, police and county and district councils is likely to be met. Wide ranging programmes offer more quality opportunities for children and young people to play sport and be active. These are having success numbers are good and increasing. Partners working together at a local level are providing a range of activities and opportunities to encourage people to have more active and healthier lifestyle

PE and Sport survey, DCSF, 2008/09
46% of Kent pupils in Yrs 1-13 participated in three hours of high quality PE, compared with 50% of pupils nationally. Link to FSM, school IMD, and % pupils from EM background (inverse relationship).

Child fitness levels ‘declining even in affluent areas’, BBC, 2009 (national study)
Essex University (Dr Gavin Sandercock) staged fitness tests on 600 10-year-olds a decade apart in an area with low levels of obesity. They found significant falls in fitness levels, concluding the average 10-year-old in 1998 could beat 95% of youngsters in 2008 in running tests. The researchers said the focus on obesity was obscuring the health risks of wider declines in fitness levels.
Hospital Admissions

NI 70: Admission to hospital for injury (0-17 yr olds)
Increasing rate in Kent since 2004/05 has levelled off in 2008/09, but remains higher than national and statistical neighbour averages. Admissions are due to wide variety of reasons, with most common being falls, and most likely place for these to occur is in the home.

Boys are more likely to be admitted than girls, as are children from more deprived areas. Looking at age bands, 15-17 year olds are more likely to be admitted. Boys are most likely to be admitted due to fracture of the forearm, girls most likely due to poisoning. Girls are most likely to be admitted for this when aged 10-17, and particularly when aged 15-17 when this is the reason for 40% of all admissions for girls (160 admissions) (Note link to emotional / mental health).

JSNA, 2010
Highlighted relatively high levels of hospital admissions for children with long term conditions such as epilepsy, diabetes and asthma. Some of the highest levels of hospital admissions relate to children with diseases of the respiratory system (5,680 admissions in 2008-09) and 3,903 emergency admissions.

Over the financial years 2005-2008 the rate for children, as described in the age bands below, admitted to hospital is approximately ten per 100 other than for conditions originating at birth. This pattern is broadly replicated in both PCT areas though the rate of admission in west Kent is marginally higher than in eastern and coastal Kent. Admission rates are highest in the first year of life, reducing to a more constant pattern of approximately 7% by middle childhood and into adolescence. This pattern is consistent for both Kent PCTs.

Dental Health

CT 17: Percentage of children with decayed, missing or filled teeth
Kent showed a reducing rate between 2005/06 and 2007/08 when 23% of children had decayed, filled or missing teeth. This is better than the national average of 31%.

Limiting long-term illness

JSNA, 2010
According to most recent census data, Kent’s rate is close to the England average, though higher rates are reported in Thanet, Swale, Dover and Shepway. Rates of limiting long-term illness also vary by housing tenant; children living in socially rented accommodation being nearly twice as likely to have limiting long-term illnesses as those in owner-occupied housing. Children of families in private rented accommodation comprise a higher percentage than those residents in owner-occupation.
Emotional and Mental Health

Emotional Health

NI 50: Emotional Health of Children and Young people
This indicator is derived from a combination of questions from Tellus survey responses, and measures the percentage of young people who indicate they have good relationships. Kent’s result in 2008/09 was 58.2% which was in the lower quartile, and compared to a national result of 62.6%.

NI 58: Emotional and behavioural health of children in care
This is based on a strength and difficulties questionnaire (SDQ), with higher scores indicating poorer performance (271 questionnaires were returned). Kent at 16% is lower quartile, with a national figure of 13.8% and statistical neighbours 14.6%.

Analysis of hospital admission data (NI 70), KMPHO 2009
This indicator can be disaggregated to look at causes of injury. For example: For females (under 18), the most likely cause of admission in 08/09 was due to poisoning, making up 14.4% of all admissions (222 in total). When this is broken down further to 15-17 yr old females, the proportion increases to 46% (164 in total). Rather than being accidental, it is interpreted that the majority of poisonings are self-harm incidents (‘para-suicides’).

Children and Young People of Kent survey, NFER
Results from the Children and Young People of Kent survey, showed those aged 11-16 who said they felt sad or depressed most days, has improved from 11% in 06/07 to 8% in 09/10. Some groups of children are more likely to feel depressed however, with a higher incidence for those eligible for free school meals, and for looked after children.

Across Kent higher incidences occur in schools in the east of Dartford District, and in some schools in Thanet.

NI 51: Effectiveness of CAMHS
Kent’s self-assessment score of 14 out of 16 in 09/10 is improving and is in line with statistical neighbours, but is below median, being slightly behind national average of 15.

NI 51 is a target in the Kent Agreement (LAA), and is shown as being on target in Dec 09 monitoring

Kent Children’s Trust Reference Panel Meetings, BMG research, June 2010
There is a perception among some parents that it takes an average around 18 months for a young person to receive a mental health assessment (if they are indeed accepted onto the waiting list). This is a real concern for parents, and they worry that spending cuts may mean that the waiting lists for CAMHS become even longer.

When young people on the panel were asked whether there are any gaps in terms of the safeguarding issues that KSCB cover, it seems that self-harming is an area where 15-18 year olds would welcome more information.
Mental health and psychological wellbeing are fundamental to broader health and wellbeing. Studies have shown that of those with mental health problems at age 26, half had first met criteria that identified a psychiatric disorder by 15, and nearly 75% had done so by their late teens. Much more is now known about the factors that can positively impact upon psychological health and wellbeing, and what can be done to help children and young people. 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. Unless a person is feeling mentally healthy, it is difficult for them to have optimum physical health and wellbeing.

JSNA Executive Summary, 2010

Child and Adolescent Mental Health Services need to be invested in, adopting the detailing proposals of the 2006 Service Review for Kent. This requires significant financial investment and is one of the highest priorities for service commissioning.

A fully agreed dataset that can accurately assess child and adolescent mental health need should be finalised and populated during 2010.

JSNA Full report, 2010

Increases in the rate of psychological disorders among young people and growing concern as to the impact of mental health problems on poor educational attainment, limited employment prospects, insecure relationships, early parenting, involvement in crime and adult psychiatric disorders has drawn the spotlight onto mental health problems in childhood and youth. However regretfully there has been a pre-occupation with symptoms rather than causes, with crime, delinquency and drug use rather than mental health per se. This is unfortunate as evidence suggests that young people suffering from mental health problems are amongst the most vulnerable in society. The prevalence of the most common disorders in childhood and adolescence are strongly associated to social disadvantage, children who have experienced significant adversity in early life being at particularly increased risk.

Child poverty as measured by parental income increases the risk of mental health problems in children and young people with 15% of children at the lowest income levels experiencing mental health difficulties compared to 5% of children and young people at the higher end of income levels.

Over 15% of children and young people living with a single parent have a mental health problem compared to 8% of those living with two parents.

Adverse childhood experiences are clearly associated with higher incidence of childhood mental health problems. Growing up in households where there is a parent mis-using alcohol or drugs, experiencing mental illness, domestic violence, committing sexual abuse, divorce and separation are all risk significant factors and the higher the numbers of adverse events, the stronger the risk.

Vulnerable population groups include:
Looked After Children;
Youth Offenders;
Those with Learning Disabilities;
Young Carers;
Young Carers living with parents with mental health problems;
Young Carers living with parents with substance misuse problems;
Young people who are abused
Sexually inappropriate behaviours/young abusers;
Young people in transition to Adult Services.

One in five children is estimated to have a mental health problem with some 10% of 5-15 year olds having a diagnosable mental disorder. The overlap between the risk factors for psychiatric disorder and youth offending is particularly pronounced with other key vulnerable groups including looked after children and the homeless.

There is undoubtedly a higher demand for CAMHS in east Kent than west Kent; a pattern that accords with the higher levels of relative deprivation and concomitant social dysfunction. Secondly the pattern of gender referral is comparable in both parts of Kent with more boys than girls being referred, except at the age of 16 when there are higher female referral rates. Markedly high referrals can be noted for Thanet and to a lesser extent, both Dover and Canterbury.

March 2010 PCT performance reports
Reports from both PCTs have shown improved performance in CAMHS, although it is too early to see if this is now on a par with national performance.

Look after Children – Evidence from CFE SMT Monthly performance report, October 2009
Emotional Health – IROs have identified that access to CAMHS or Looked After Children Mental Health workers can be delayed up to 18 months particularly when children move placement or are placed for adoption and move to a new area. Referral criteria and high thresholds result in the emotional needs of many Looked After and Adopted Children going unmet unless the districts fund private therapy. Unmet emotional health needs was identified by KCC’s 1998 Matching Needs and Services Audit in East Kent as being one of two factors (the other being LAC not attending school) that lead to an increased likelihood of placement breakdown and ultimately the need for a residential/IFA placement.

APA 2008
Increased investment in CAMHS to improve access to vulnerable groups, including children with LDD was seen as a major strength.

Performance Assessments from Care Quality Commission
In 2008/09 Both Kent PCTs failed to meet the indicator for Commissioning of early intervention psychosis services. Only 3.3% of trusts failed to meet this nationally.

Kent and Medway NHS and Social Care Partnership Trust under achieved on the national priority of CAMHS (50% of Trusts achieved this priority).
Improving access to child and adolescent mental health services, DCSF/DoH, 2009 (National report)
There are concerns that swift access to services is not always being achieved in practice:
- Some CYP still have to wait too long to be seen by services and there is geographic variation
- Some families find the procedures for accessing services confusing

Young Adults Today, Young People in Focus, 2009 (national report)
Young adults in custody were eight to 10 times more likely than young adults in the general population to commit suicide. Young adult offenders were also three times more likely than the general population to have a mental health problem. And for all of those aged 15-24, suicide was the second most common cause of death after road traffic accidents.

Making Healthy Lifestyle Choices

Teenage conceptions

NI NI 112: Under 18 conception rate
The latest (2008) Kent rate of reduction as measured by NI 112 did improve on the previous year, and is much in line with the statistical neighbour average, however it now lags slightly behind the national rate of reduction. The overall conception rate is better than national and stat neighbour average, though over 1,000 Kent teenagers aged under 18 still become pregnant each year. In common with nearly all other LAs the reduction target of 50% will not be met in 2010.

Wide variation in rates between districts in Kent continues, and was commented on as an area of concern in the 2008 JAR. High rates remain in Thanet, Swale and Shepway.

Children and Young People of Kent survey, NFER
Between 2007 and 2009 there was an increase in the proportion of 11-16 year olds who report they receive enough information about how to access advice on relationships (four percentage points); however, the majority of young people still do not feel they know enough.

JSNA, 2010
Overall there are higher rates of termination in west Kent. Easy access to termination services continues to be a challenge, more particularly for some parts of east Kent. Teenage pregnancy is strongly associated with disadvantage. A significant proportion of the conceptions are less likely to be resolved in termination; in contrast to counterparts in wealthier areas. Pregnancy can be a calamity for those expected to become better educated, better skilled and to pursue a career. By contrast, motherhood can represent a rational and meaningful life option for young women with poor expectations.

For young women under 16 years old, the Kent rate relative to England and Wales has been consistently lower, and there is a welcome downward trend which is greater than the somewhat marginal decline from an England and Wales perspective. There is a marginal reduction within the area served by NHS West Kent and quite a notable reduction in NHS Eastern and Coastal Kent. Despite this encouraging
pattern, the rates are still unacceptably high, notwithstanding that the incidence is low relative to the totality of young people.

**Chlamydia Screening / Sexual Health**

**NI 113: Prevalence of Chlamydia in under 25s (Screening)**

This indicator is relatively new, and initially good performance will see an increase in the percentage of young people being screened. Early indications are that Kent has a slightly lower percentage of young people being screened than is occurring nationally. Districts with low levels of screening include Dartford, Gravesham, and Sevenoaks. Thanet has the highest levels of screening in Kent.

**JSNA, 2010**

Nationally, sexual health has deteriorated in recent years – surveillance data indicated a rise in the prevalence of acute STIs since 1999, with a particularly steep increase being noted for those aged 24 years and under. Between 1997 and 2002, diagnoses of chlamydia, gonorrhoea and new HIV infections doubled and new diagnoses of syphilis have increased ninefold (data derived from the Health Protection Agency).

**West Kent, East Kent Performance Reports**

Much work in both PCTs at the moment involved increasing the number of young people being screened. Early data for 2009/10 showed West Kent in particular needs to increase the number of 15 to 24 year olds being screened to meet targets.

**APA 2008**

Sexual health provision being appropriately targeted at vulnerable groups was seen as a major strength.

**Substance Misuse**

**NI 115: Substance Misuse**

Revised results show a slightly higher rate in Kent than found nationally, though much in line with our statistical neighbour average. Misuse correlated very much with increase in age (e.g. misuse by Year 10 pupils is about four times more likely than for those in Year 8, and over ten times more likely than those in Year 6).

**CT 2: Percentage of young people getting drunk at least once or twice a week**

This indicator derived from the Children and Young People of Kent survey, has seen a reduction of 3 percentage points between 2007 and 2009, with a reduction from 10% to 7%. In 2009 there was no discernable difference between looked after children and their peers; this was also true for pupils eligible for free school meals. Pupils with SEN were slightly more likely to get drunk at least once or twice a week.

In localities, this came up as a particular issue for schools in the Canterbury Coastal area, and schools in Thanet and Shepway districts.

**Children and Young People of Kent survey, NFER**

Between 2007 and 2009 there has been an increase in the proportion of 11-16 year olds who report they never drink alcohol (15 percentage points), never get drunk (12 percentage points) and never smoke (four percentage points).
Although the proportion of young people drinking and getting drunk has reduced, a minority of young people continue to report that they regularly drink alcohol, get drunk and smoke. Those (aged 11-19) showing a lower score on the measure of attitudes towards smoking and alcohol included those in Year 8 and above, those with SEN, eligible for free school meals (FSM) and attending a boys’ school or special school/pupil referral unit (PRU).

Overall, the majority of young people feel they are getting enough information about the effects of alcohol, drugs and smoking.

**Vulnerable young people in Kent, Ipsos Mori, 2010**

Many parents did not recognise the definition of risk-taking behaviour used throughout the research. For example, smoking and drinking alcohol had become normalised and as such was considered low end risk-taking behaviour. However, when perceptions about the immediate risks caused by drinking were considered, such as, fighting or inappropriate sexual health activities then drinking became high-end risk-taking behaviour.

Amongst some young people with acute needs, the social kudos of appearing ‘not to care’ was prevalent. For example, some young people continued to take significant sexual health risks even when they had a good understanding of potential consequences. Similarly, some young people who were simultaneously involved in binge-drinking and substance misuse viewed it as a good thing to do in order to project a particular image.

Many parents and young people commented on the ready availability of drugs in their local area. As a result, many lacked confidence in the ability of local law enforcement to address drug-related anti-social behaviour and crime.

Many parents wanted more in-depth education on the effects of substance misuse, to discourage more young people from becoming involved. Such parents also wanted more information so that they have a better understanding of high-end risk-taking behaviours and an ability to identify signs in their children that could indicate risk-taking behaviour.

Parents wanted more regular and useful information from and communication with providers, so that needs are assessed and met and any preventative measures are implemented to address early indications of involvement in risk-taking behaviour.

**Young Person’s Substance Misuse Needs Assessment, KDAAT, 2009**

Analysis of various survey results show an increased likelihood of alcohol/drug use/smoking among young people based on certain characteristics including the following: older pupils; those reporting not eating fruit/vegetables; those reporting lower levels of exercise; those without one or more good friends; those who feel sad or depressed most days; those who do not enjoy school; those who feel their local area is not a good place to live. Much of this is consistent with national research, which also highlights the increased risk when any of these factors are combined with easy availability of cigarettes, alcohol and illicit drugs.

Analysis suggests young people from more affluent backgrounds start getting drunk at an older age than those from less affluent backgrounds. Hospital admission data show Thanet as having a significantly higher number of alcohol specific admissions for under 18s than other districts. This is also reflected in the number of referrals to
KCA Young People’s Specialist Treatment Service, with Thanet having the highest number, followed by Canterbury.

The National Drug Treatment Monitoring System recorded in 2008/09 that nearly 1600 clients in treatment were parents, though nearer 700 were actually living with their children. Just under 10% of these also had a housing problem, highlighting a group with an even higher level of vulnerability.

Previous studies have shown the link between substance misuse and youth offending; and this appears to be a particular link to those who receive more severe penalties.

Of those in specialist treatment, the majority are male. The majority of clients are presenting with cannabis as their primary substance, though alcohol has had an increasing share in recent years. For those in treatment the age of first use for cannabis peaks at age 12 in most recent years, and for alcohol, it is at age 13.

JSNA, 2010

Nationally, alcohol use overall amongst 11-15 year olds appears to have fallen but use amongst 11-13 year olds is increasing. An overall fall in prevalence has also been accompanied with an increase in consumption. Those who do consume alcohol are doing so more regularly and consuming higher levels of alcohol. These higher levels of alcohol consumption are associated with high risk behaviours including unprotected sex and offending (Home Office 2008).

Binge drinking is associated with increased risk of drug/alcohol dependence, excessive regular consumption, illicit drug use, psychiatric morbidity, homelessness, convictions, school exclusions, lack of qualifications and lower adult social class. In short, adolescent binge drinking is a risk behaviour associated with significant later adversity and social exclusion and may contribute to the development of health and social inequalities during the transition from adolescence to adulthood.

Evidence of socio-economic variations in alcohol and drug misuse varies according to the definition of substance use that is adopted. Many UK surveys suggest a positive relationship between alcohol consumption and social status, young men and women from higher income groups drinking more frequently and in larger amounts. Similarly the use of cannabis and amphetamines does not appear to be strongly associated with social deprivation although young people who leave school at 16 appear more likely to have tried drugs than those who stay on to achieve higher qualifications. Against this highly problematic drug and alcohol use appear to be strongly associated with social disadvantage.

Half of all 11-15 year olds who use alcohol at least once a week reported criminal or disorderly behaviour. Alcohol use amongst young people in public places also generates fears in the wider public of crime and disorder.

Drug and alcohol use is concentrated amongst groups of vulnerable young people. These vulnerable groups include looked after young people, young offenders, young people who are not in mainstream school, young people who are truanting, children of substance misusing parents, refugees and asylum seekers, young homeless people and young people who are sexually exploited.

In Kent around a quarter of adult drug users had started misusing by the age of 13.
Kent Council for Addiction 2008/09
The most indicated vulnerability of young people in treatment was that of “child of a substance misusing parent”, followed by “looked after child”, and “excluded from school”.

Young people’s alcohol consumption and its relationship to other outcomes and behaviour, DfE, 2010
This national research explored which factors are the most important drivers of alcohol consumption, as well as examining how drinking is related to other behaviours and what the causal links between these behaviours might be. The study also explored relationships between alcohol consumption and educational outcomes among young people at the age of 16/17.

Key findings:

• 55% of young people had tried alcohol at age 14, rising to around 85% by the age of 17. Young People were more likely to have tried alcohol if they were female or if they had been bullied in the last year (the latter being particularly associated with frequent drinking).

• There was some evidence of a ‘drinking culture’ in certain schools with pupils more likely to drink in schools where there was a higher proportion of white pupils or pupils who were not eligible for free school meals (FSM), regardless of their own ethnicity or eligibility for FSM.

• Among young people who had not previously tried alcohol at ages 14 or 15, playing truant, shoplifting, going to parties or pubs and hanging around near home or in town, smoking and trying cannabis were all predictive of trying alcohol the following year. None of these behaviours predicted increased frequency of drinking among those who had already tried alcohol, however.

• These relationships tended to be stronger in reverse, so that trying alcohol was strongly predictive of increased truancy, smoking, trying cannabis and particularly criminal behaviour.

• Drinking was associated with a number of negative educational outcomes, including being not in employment, education or training (NEET), lower GCSE scores, and not remaining in full-time education beyond the age of 16. However, this was largely explained by links between drinking and other risky behaviours (in the case of being NEET and not remaining in full-time education) and more negative attitudes to education and aspirations for post-compulsory education (in the case of GCSE scores).

Illicit drug use has declined nationally since 2001.

Gambling
JSNA, 2010
Adolescent gambling is a cause for concern in the UK and is related to other delinquent behaviours. For instance, in one study of over 4,500 adolescents, gambling was highly correlated with other potentially addictive activities such as illicit drug taking and alcohol abuse (Griffiths and Sutherland, 1998). Another study by
Yeoman and Griffiths (1996) demonstrated that around 4% of all juvenile crime in one UK city was slot machine-related, based on over 1,850 arrests in a one year period. It has also been noted that adolescents may be more susceptible to problem gambling than adults.

A typical finding of many adolescent gambling studies has been that problem gambling appears to be a primarily male phenomenon. It also appears that adults may to some extent be fostering adolescent gambling. For example, a strong correlation has been found between adolescent gambling and parent gambling (Wood and Griffiths, 1998). Other factors that have been linked with adolescent problem gambling include working class youth culture, delinquency, alcohol and substance abuse, poor school performance, theft and truancy (Griffiths 1995; Yeoman and Griffiths 1996; Griffiths and Sutherland 1998).

A MORI survey also found that:

- 17% of adolescents are regular fruit machine players (playing at least once a week);
- 3.5% of adolescents are probably pathological gamblers and/or have severe gambling related difficulties.

It is clear that for some adolescents, gambling can cause many negative detrimental effects in their life. Education can be severely affected and they may acquire a criminal record as most problem gamblers have to resort to illegal behaviour to feed their addiction.

Whilst amusement arcades can be found in every town, they are a particular feature of coastal towns in Kent and it is likely that here the highest risks and incidence of adolescent gambling will be found.

**Cross-cutting**

**NI 54: Services for disabled children**
This indicator measures the satisfaction of parents of disabled children with local core services for their children. In 2009/10, Kent at 59% was slightly below its statistical neighbours’ average and the national average both of which were 61%. This was the first year data has been collected for all local authorities.

**JSNA, 2010**
Parental problems and alcohol use can frequently compromise children’s health and development and children of substance misusing parents are amongst the most vulnerable children in the UK.

**Healthy schools programme**
85% of schools achieved healthy schools status as at Dec 2009. Healthy schools Programme identified as a major strength in 2008 APA.
Staying Safe

Key issues of concern

- Safeguarding practice is good in Kent, but an increasing rate of referrals to children’s social services is causing some concern, though action is underway to address this.
- Partly linked to the increase in referrals, there have been increases in the number of child protection plans and looked after children. This reflects a national increase in child protection activity.
- Common Assessments need to be undertaken by all partners, and those that are engaged in the process need to complete them early enough.
- The perceptions and experiences of some vulnerable young people indicate they do not currently live in safe environments.
- The affect on children who live in households where substance misuse is common, and those who experience or witness domestic abuse.
- Some Districts in Kent experience a significantly higher rate of children and young people killed or seriously injured as a result of traffic accidents, when compared to other Districts.
- Admission rates to hospital for injuries to children and young people have increased in recent years and are higher than national or statistical neighbour rates.

Evidence by Outcome Aim

Children and young people are cared for

NI 59: Initial assessments for children’s social care carried out within 7 working days of referral
Kent’s rate dropped in 2008/09, but is on a par with the national rate and slightly above stat neighbours’ average, with 72% of initial assessments carried out within 7 working days.

NI 60: Core assessments for children’s social care that were carried out within 35 working days of their commencement
Kent’s rate dropped slightly in 2008/09 to 81%, but remains above stat neighbours’ average and national performance.

NI 61: Timeliness of placements of looked after children adopted following an agency decision that the child should be placed for adoption
Kent’s rate improved in 2008/09 to 86% and remains well above stat neighbours’ and national averages.

NI 62: Stability of placements of looked after children: number of placements
This indicator measures the number of looked after children who have had 3 or more placements in the year. Kent’s rate improved to 9.8% in 2008/09, which was close to our statistical neighbours’ average and better than national performance.
NI 63: Stability of placements of looked after children: length of placement
This indicator shows the percentage of looked after children who have stable placements. Kent performance improved in 2008/09 to 63.8%, but remains below stat neighbours’ average and national performance.

NI 64: Child protection plans lasting 2 years or more
Good performance is typified by lower figures, although it is recognised that some children will need to be on plans for longer than 2 years. There has been an upward trend in Kent - 2006/07 (5.5%), 2007/8 (8.0%), 2008/9 (10%). This is higher than stat neighbours’ average (7.1%) and national performance (6%).

NI 65: Children becoming the subject of a child protection plan for a second or subsequent time
There has been a reduction over the last three years - 2006/7 20%, 2007/8 19%, 2008/9 15%, but this is still higher that national at 13%, and is the same as stat neighbours (15%).

NI 66: Looked after children cases which were reviewed within required timescales
Kent’s performance dropped slightly in 2008/09 to 93.2%, but is close to stat neighbours’ average, and is above national performance.

NI 67: Child protection cases which were reviewed within required timescales
Performance remained high at 99% in 2008/09, with similar performance national and by stat neighbours.

NI 68: Referrals to children’s social care going on to initial assessment
There has been a steep decline in the rate in Kent since 2006/07 when the figure was 74.8%, dropping to 47.5% in 2008/09. This is now significantly lower than our stat neighbours’ average and the national rate.

The rate of referrals in Kent has been rising steeply over the past two years, and work is underway to establish reasons for this, with some change in practice among partners now being piloted.

NI 71: Children who have run away from home/care overnight
This indicator is self-assessment of to what extent Children’s Trusts or LSCBs (or a delegated body) have a picture of running patterns in their area; of how this information informs local service provision; and of what procedures are in place to respond to the needs of young runaways. Scored out of 16, higher scores show good performance.

Kent’s score of 5 out of 16 in 2008/09 was lower than either our stat neighbours’ (7) average or the national average (8).

JSNA, 2010
Parental substance misuse is highly significant in child protection registration.

JAR, 2008
Multi-agency use of the common assessment framework and monitoring arrangements not being fully embedded were identified as important weaknesses / areas for improvement.
Kent Hidden Harm Strategy, 2010-2013

Harms to children of drugs and alcohol misusing parents are significant. Current reporting indicates significant gaps in practice. There are still many children and young people whose experiences are not being heard, recorded or reported upon, hence the term “Hidden Harm”. It is associated with socio-economic deprivation and other environmental factors such as domestic violence.

The adverse consequences for children will vary according to age, stage of development and protective factors in the wider environment. These are likely to be multiple and cumulative in nature.

Nationally it is understood that around 3% of all children under 16 are affected by parental drug misuse, and 10% of all children are affected by parental alcohol misuse. In Kent, 56% of children on the child protection register are estimated to be affected by their parents’ substance misuse.

Children feel safe and have safe environments in which to live, learn, play and work

Safe from crime

CT 8: Rate of children and young people who are victims of crime

This rate has reduced since 2005/06, from 27.9 incidents per 1,000 children, to 18.4 in 2009/10. Thanet and Shepway have consistently had the highest rates.

Kent Police data based on the period 1st October 2008 to 30th September 2009 compared to the same period in 2007/08, indicates that only Dover and Shepway have seen an increase in youths as victims during that period with approx. 17% increase in both CDRPs (49 and 44 offences respectively). However, overall the number of offences involving a youth as a victim in the county has fallen by 10.7% or 454 offences during that period.

Kent Police data for the same period (1st October to 30th September) also shows there has also been approx. 17% reduction in the number of youth on youth violence offences across the county, in fact this reduction has been seen in all CDRP areas with the biggest decreases seen in Ashford, Tunbridge Wells and Dartford. (Kent Police, 2009)

It is possible that the number of children and young people who are victims of crime is actually higher than that shown by Police recorded offences, as victims of crime and/or ASB often do not report the offence to anyone in authority (see below).

According to the Gravesham Young People’s Community Safety Survey in 2008, 43% of 1,223 young respondents (aged 11-18years) stated they had been victims of crime and/or ASB but had not reported the offence to anyone in authority including the Police. (Gravesham BC)

This is also reflected in the number of offences recorded by the Police nationally compared to respondents to the British Crime Survey which indicate that levels of crime are significantly higher than the actual recorded levels of crime, as people don’t always report being a victim.
Children and Young People of Kent survey, NFER
Between 2007 and 2009 there has been an increase, by 13 percentage points, in the proportion of 11-16 year olds who report they receive enough information about internet safety.

Vulnerable young people in Kent, Ipsos Mori, 2010
Many young people and parents mentioned gang violence as being a very real problem and there were examples of young people having previously been, or still being in gangs across the sample. It should be noted that the term ‘gangs’ was used loosely to mean both groups which hung around on the street but did not necessarily cause significant trouble or feelings of being at risk, and those involved in organised gangs known for extreme or severe violence. The latter was much less common.

Acute need groups seem to have a greater exposure in violent or anti-social behaviour. When they have very little else to attach to their identity and self-esteem to, this behaviour becomes almost permissive in a culture of low aspirations and apathy. There is a culture of violence that people attach their identity and status to, making a change in behaviour difficult. Being part of a ‘gang’ (in whatever form it takes) seems to provide a channel or focal point through which these individuals can vent and channel the frustration and anger they feel for their situation and circumstance. This is making those engaged in this behaviour feel unsafe, but also those in their immediate and peripheral local environment.

Young people and parents alike felt that police could not be relied upon to protect their safety, although there were calls for a greater police presence and the use of punitive measures. There was a general feeling though that when it comes down to it a young person is responsible for their own safety. Many young people felt that they are living in a culture of violence where they have no choice but to be violent as a defensive measure. Very often individuals noted that doing ‘what was right’ didn’t result in a positive or safe experience for them. On the contrary, because their social status would be damaged by withdrawing from violent behaviour; this would affect their safety in the long-term. Despondency to a change in behaviour was therefore extensive amongst acute needs groups.

CAA for Districts, 2009
Crime rates in many districts have reduced, with initiatives and falling rates, noted for Maidstone, Sevenoaks and Shepway amongst others. Some concerns were raised with regards increasing burglary and violent crime rates in Gravesham.

Crime rates, Home Office, 2009
The Home Office crime figures for April 2008 to March 2009 show that all crime in Kent and Medway fell by 7.8 per cent, a fall of 10,220 crimes, compared to the previous year. At the same time, detections increased by 4.5 per cent. At the same time 862 more offences were brought to justice. In total, 39,135 offences were brought to justice compared to 38,273 in 2007/08. (Kent Police) There has also been a reduction of 12,710 reported anti-social behaviour incidents. Recorded offences for 2008/09 were 75,554, 14.4% lower than the figure of 88,264 in 2007/08. However, there has been a rise in violent disorder and firearms offences. Violent disorder from 18 to 37 recorded offences. Violent disorder is where three or more people use or threaten violence, making a person fear for their safety. Firearms offences, which include both real and imitation weapons, increased by 10 offences, a rise of 12.2 per cent compared with April 2007 to March 2008.
Violence Against Women and Girls (VAWG) Advisory Group, DCSF, 2010

Children and young women are at risk of violence directly and also affected by adult violence, particularly within the home. A recent 2009 study by the NSPCC/Bristol University found the following:

- 33% of girls and 16% of boys responding to the survey reported some form of sexual partner violence.
- 25% of girls (same proportion as adult women) and 18% of boys reported some form of physical partner violence.
- Factors associated both with experiencing and perpetrating partner violence include: previous experience of child maltreatment; domestic violence in the family, and aggressive peer networks.

There is a range of evidence that young people do not feel that they are given sufficient information about sex, relationships, and violence. An ICM poll found that 77% of young people feel they do not have enough information and support to deal with physical or sexual violence.

The national British Crime Survey (BCS) suggests that 29% of those over 16 who had experienced domestic abuse in the previous year stated that their children had been aware of what was going on during the last incident of violence.

Children can be affected in many different ways; most will experience fear and disruption in their lives. Many will be affected physically and emotionally, in their learning and in their personal development. Research shows that children who have witnessed domestic violence often have similar symptoms and problems to those children who had been physically abused.

Domestic violence also raises concern about child protection. Research shows that in 40-70% of cases where women are being abused, the children are also being directly abused themselves (Stark and Flitcraft, 1996; Bowker at al. 1998). Domestic violence is present in two thirds of cases of child deaths and serious injury (2003-2005 Biennial Analysis of Serious Case Reviews).

Road safety and transportation

NI 48: Children killed or seriously injured in road traffic accidents

The numbers of children and young people killed or seriously injured in road traffic accidents has reduced since 2006, when there were 74, to 2008 when there were 58. However, due to the way the national indicator is calculated Kent’s most recent performance shows as poorer than national or stat neighbours. The indicator uses a rolling three year average for comparison which means the very low total in 2005 of 47 is included in the calculation.

Casualty reduction targets were set at a national level to reduce the number of children (under 16 years of age) killed or seriously injured in road traffic accidents by 50%, and all road users by 40%, compared with the average for 1994-1998.

In Kent the national reduction targets have been achieved with the number of child KSI casualties recorded in 2008 (58) 61% lower than the 1994-98 baseline (147) and for all road users 48% lower than the baseline.

Overall in 2008 there has been a decrease in the number of child casualties (including KSI and slight casualties) from 573 in 2007 to 541. Thanet recorded the
highest number of child casualties in 2008 (69), maintaining its high rate. Sevenoaks, again, recorded the lowest, 24.

When looking at both total and KSI child casualty figures, pedestrians remain the largest group, 42% and 58% respectively. This illustrates that child pedestrians continue to be vulnerable road users.

The largest proportions of child casualties are aged between 14 and 15 years. However, in the KSI category the peak is at 10 to 11 years with 13 casualties.


Kent Fire and Rescue Service, Safety on the Road (from website), 2010
Nearly 500 new drivers have been killed or seriously injured on the roads in Kent in the last 3 years, and KFRS is working hard with the police and other partners to reduce this figure. Kent Fire and Rescue Service is the lead agency in Kent for reducing road traffic collisions involving drivers under the age of 24 years. The facts about young drivers:
Roads are the biggest killer of teens worldwide
An 18-year-old driver is more than three times as likely to be involved in a crash as a 48 year-old.
One in five new drivers are involved in a crash in their first year of driving.
Young male drivers aged 17-20 are seven times more at risk than other male drivers, and between the hours of 2am and 5am their risk is 17 times higher.

Safe environments

NI 70: Hospital Admissions caused by unintentional and deliberate injuries to children and young people
In 2008/9 Kent had 127.1 admissions per 10,000 children, this rate is higher than national and stat neighbour figures. Although this is the same rate as the previous year, there had been an increasing trend up to that point. Swale (165.7), Tunbridge Wells (158.5) and Dartford (136.6) have the highest rate of admissions.

Early indications are that the rate may have declined in Kent overall in 2009/10, with lower rates in most Districts.

CT7: Percentage of children and young people who say they feel safe most days
This indicator is based on responses of 11-19 year olds to the Children and Young People of Kent survey. There has been a slight improvement between 2007 and 2009, with the latest figure showing 70% of young people feel safe most days in the area where they live. There has also been an increase in the percentage who feel safe getting to and from school most days, which now stands at 71%.

Looked after children tend to feel safer than other young people in the area they live and getting to and from school. Young people with SEN tended to feel less safe where they lived, with a gap of six percentage points between them and their peers in 2009; they also felt less safe getting to and from school. Young people eligible for
free school meals felt significantly less safe than their peers in the areas they lived, with a gap of 11 percentage points in 2009; they also felt less safe getting to and from school. Girls feel slightly less safe than boys in the areas they live, and even less safe getting to and from school with a gap of six percentage points.

The areas in which young people lived where they felt significantly less safe were Thanet, Swale, and Dartford. Young people felt less safe getting to and from schools in urban Shepway, Thanet, and parts of Swale.

**Children and Young People of Kent survey, NFER**

**2007 to 2009 comparison for 7-11 year olds**

There has been an increase in the proportion of children aged 7-11 who feel safe at school (five percentage points) and feel safe going to school (four percentage points).

There has been a decrease in the proportion of children who worry about people hanging around (five percentage points) and who worry about being on a bus or train (four percentage points).

There has been an increase (five percentage points) in the proportion of children who would talk to an adult at school if they needed help.

**2007 to 2009 comparison for 11-16 year olds**

There has been an increase (five percentage points) in the proportion of young people who report they feel safe in school.

There has been an increase (five percentage points) in the proportion of young people who feel there is an adult at school who can help them when they can’t deal with issues on their own.

There has been an increase in the proportion of young people who report that the following concerns are not a problem in the area they live: people on drugs (seven percentage points), people carrying knives (six percentage points) and travelling on a bus or train (five percentage points).

**2009 results**

From a pre-determined list, the most common safety-related worried for children (aged 7-11) were broken glass, people hanging around, and busy roads and traffic. For young people (aged 11-19), knives, drugs and dark places were the most common worries.

**Vulnerable young people in Kent, Ipsos Mori, 2010**

Even in areas with particularly high levels of violence, there was often a feeling that there were familiar areas where young people could feel a certain level of safety (often being related to being surrounded by people they knew and being close to home). However, it was evident that for some people to venture out of these constrained ‘safe zones’ was to expose themselves to high levels of risk and violence.

Alcohol was felt to be a key factor in creating dangerous situations that could end up in violence. Many parents set controls on their child’s drinking (such as allowing them to drink in the house rather than out on the streets) to protect their child.
Difficult home-lives meant that for some children and young people there is/was no safe place in their lives. This had a vastly negative impact on their self-esteem and general outlook.

**Kent Children’s Trust Reference Panel Meetings, BMG research, June 2010**

One of the youngest panel members (12-14 years) is concerned about internet safety; she is regularly on MSN and her and her group of friends are sometimes unsure of who they are communicating with.

Parents feel that they need information on internet safety as this is an area where they feel that their teenager knows so much more than them and is much more confident with technology than they are. However, they are not always sure where they would go for information. This is a priority area for parents, and one that they say they would focus upon if they were on the Board of the KSCB.

**Safe from bullying and discrimination**

**NI 69: Children who have experienced bullying**

The only valid data for this indicator for Kent comes from 2008/09 when Kent had a slightly higher level reported than was the case nationally, but was slightly below stat neighbours. Some concern has been raised on the validity of results for this year, so they should be treated with caution.

**CT 10: Children who have been bullied in the past year**

Between 2007 and 2009 the proportion of 11-19 year olds who said they’d been bullied in the past year dropped from 30% to 26%. Looked after children were more likely to have been bullied, with 36% saying they had in 2009. Young people with SEN were also significantly more likely to have been bullied with a gap of 15 percentage points between them and their peers. Young people eligible for free school meals were also much more likely to be bullied (13 percentage point gap).

Bullying appears highest for young people living in Thanet, but also for those in urban Shepway, and in Cranbrook and Paddock Wood.

Bullying was more often verbal than physical.

**Children and Young People of Kent survey, NFER**

Around a third of 7-11 year olds have been picked on or bullied at school (36 per cent) or had their things broken or stolen on purpose (31 per cent). Over a half had been pushed or hit, and half had been called names or been talked about. Children eligible for FSM are more likely to report that they have had their things broken or stolen on purpose (41 per cent), compared to other children (31 per cent).

Between 2007 and 2009 there has been a decrease (four percentage points) in the proportion of children aged 7-11 who report that they have been called names or talked about by other children.

**Vulnerable young people in Kent, Ipsos Mori, 2010**

There were examples across the sample of children and young people being bullied, which was often compounded (and possibly caused) by the individual having Special Educational Needs or learning difficulties.
It was a common perception that doing well in school could make a young person vulnerable to bullying.
Enjoy and Achieve

Key issues of concern

- Children aged 11 do not achieve as well as their peers nationally or in similar authorities.
- Kent has a high percentage of primary schools not achieving the floor targets for educational attainment for children aged 11.
- Looked after children do not achieve as well in education as their peers nationally and in statistical neighbour authorities when aged 11.
- Low attainment for pupils of Gypsy, Roma or Traveller of Irish Heritage ethnicity persists as a concern in Kent, as is also the case nationally.
- Persistent absence in Kent remains higher than in comparator groups, particularly for children from lower income families and those with SEN.
- The rate of pupils permanently excluded has not improved for several years, and remains above national and statistical neighbour rates.
- The gap in attainment at key stage 4 (GCSE or equivalent), between pupils from low income families and their peers is significantly higher in Kent than is found nationally. This gap is also evident in attainment by age 19, and in those who progress to higher education.

Evidence by Outcome Aim

Enjoy life

Enjoyment of school

Children and Young People of Kent Survey, NFER

7-11 year olds

Between 2007 and 2009 there has been an increase in the proportion of children who report that they enjoy going to school (by seven percentage points to 50%), like lessons (by seven percentage points to 45%), and like reading (by five percentage points to 63%).

Most primary children enjoy going to school (50 per cent) or ‘sometimes’ enjoy going to school (35 per cent). Only 13 per cent of primary children in Kent do not like going to school.

Overall, children were positive about their teachers in relation to helping them understand but were more circumspect about how far teachers listened to them or helped children who are good at something to improve, as a notable minority did not agree that this was the case.

Just over two-thirds of primary children feel that they are doing well at school (68 per cent). Only a relatively small percentage (6%) feel that they are not doing well. About a quarter of primary children are not sure.

There was an association between scoring lower on the enjoy and achieve learning measure and being on School Action and School Action Plus register of SEN, having
above average attainment as measured by Foundation Stage Profile score, and attending a larger school.

11-19 year olds
Over half 11-16 year olds and post-16s strongly agreed or agreed that they liked being at school / college (55% and 70% respectively); a small proportion strongly disagreed or disagreed (17% and nine per cent respectively). They particularly liked the social aspect of being with friends and going on trips, but many also valued the cognitive and skills-based elements and, although to a lesser extent, the majority enjoyed the academic aspects of school.

Eighty per cent of secondary young people and 83 per cent of post-16 young people feel that they are either doing very well or quite well at school or college. Nine per cent of secondary young people and eight per cent of post 16 young people feel that they are not doing well.

While about a quarter of 11-16 year olds and two-fifths of post-16s said that they experienced no barriers to learning, the most common barrier identified by those who did, related to other pupils disrupting their lessons. To a lesser extent other barriers related to their relationship with teachers and the amount of feedback and support received.

Overall, the evidence suggests that among young people (aged 11-19) there was an association between feeling less positive on the enjoying and achieving in learning measure and being female, eligible for free school meals, or having SEN.

Vulnerable young people in Kent, Ipsos Mori, 2010
Most young people acknowledged the functional role of school and education and saw school as being geared towards gaining qualifications, but also recognised other benefits to school such as mixing with friends. Those exhibiting risk taking behaviour were less inclined to see the purpose of school and many admitted to having a low level of respect for school authority.

Enjoyment of life outside of school

CT14: Percentage of children and young people who enjoy their life/usually feel happy
Around three-quarters of primary children say that they usually feel happy. Some are unsure, and a small percentage said that they do not usually feel happy.

A similar proportion of young people aged 11-19 indicate that they enjoy their life, in contrast with only five per cent who say they do not. Post-16 young people are slightly more positive about their lives than secondary young people - 81 per cent of post-16 young people strongly agree or agree that they enjoy their life compared to 76 per cent of 11-16s

Young people in key stage 3 are more likely to say that they enjoy their life than those in post-16 education.

Around a quarter of secondary young people and a fifth of post-16 young people indicate that they feel very sad or depressed at least one or two times a week. 11 – 16 year old girls are more likely to feel depressed at least one or two times a week (31 per cent) than boys (20 per cent). Similarly post-16 girls are more likely to feel
sad or depressed *at least once or twice a month* compared to boys (62 per cent and 40 per cent respectively).

**Children and Young People of Kent survey, NFER**
Between 2007 and 2009 there has been an increase (six percentage points) in the proportion of 7-11 year olds who like living in Kent.

Across the same period there has been an increase (four percentage points) in the proportion of 11-16 year olds who like the area where they live.

**Able to do activities that interest them**

**Participation of children and young people**

**Children and Young People of Kent survey, NFER**

7-11 year olds
Between 2007 and 2009 there has been an increase (four percentage points) of children who play with their friends after school, do things will their family (four percentage points), and use the internet (four percentage points).

The most commonly cited activities that children took part in outside of school included doing homework (62%), spending time with their family (56%), and playing with friends (55%).

11-19 year olds
This is covered within the Making a Positive Contribution section.

**Seldom heard children and young people, KCC, 2010**
From a list of options the activity that most children and young people liked to do was listening to music. Participants with EAL, and in particular disabled young people had highest participation in sporting activities.

When looking at activities they would like to do, the most popular overall was playing computer games more. Disabled young people expressed an interest in using the internet and listening to music more, as well as more soft play and having access to a sensory room. For EAL children and young people more sports was most popular.

**Reach their personal and educational potential aged 0-7**

**Early Years Foundation Stage Profile**

NI 72 (PSA 10) Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal Social and Emotional Development and Communication, Language and Literacy:

Kent performance in the Early Years Foundation Stage Profile has significantly improved from 2006 when 36% of children were attaining the expected level has risen to 51% of children in 2009. This 15% increase equates to at least 2,250 children in Kent now working at the expected level. The LA is now only 1 percentage point below national results and the gap has significantly narrowed.
NI 92 (PSA 11) Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest:
From 2006 the gap has reduced from 35.1% to 30.5% which is a 4.6% reduction and the gap in Kent is smaller than the national gap and statistical neighbours.

Development of Children’s Centres

NI 109: Delivery of Sure Start Children’s Centres
No national data has been reported on this indicator, but local data shows Kent has designated all the children’s centres required, totalling 97 centres.

‘Review of Children’s Centres in Kent’, Report to Resources and Infrastructure POSC, 19 November 2009
The Children’s Centre programme has been delivered nationally in three phases or ‘rounds’: Round One (2004-2006); Round Two (2006-2008) and Round Three (2008-2010). The range and extent of services offered by children’s centres delivered in each phase varies according to need. In Kent:

In Round One, 20 Children’s Centres were developed where the need was greatest. In Round Two, KCC had a target to deliver an additional 52 centres, ensuring that all children living in the 30% most disadvantaged Super Output Areas had access to the full level of children’s centres services.
In Round Three, local authorities are asked to continue the roll out of Children’s Centres to areas not served by Rounds One and Two, thereby ensuring that all under fives and their families have access to an appropriate level of services. To achieve this, KCC was given an original target of 30 Round Three centres.

A review of Kent’s Children’s Centres has taken place over recent months in order to explore how best Round 3 can be delivered within a climate of diminishing resources.

The objectives of this review include:

a) minimising the number of new builds as far as possible;
b) maximising of the number of centres delivered in existing facilities;
c) further exploration as to whether some centres might be delivered and managed through contractual arrangements with relevant voluntary or private organisations;
d) identifying the potential to provide universal coverage for the children and families of Kent through fewer centres

Achievement of expected education standard when aged 7

Achievement of Level 2+ at key stage 1
Trend has been for a slow improvement in pupils achieving the expected standard in Reading over the last few years to 2009, and gap with national has closed completely, and has closed with stat neighbours to some extent. For Writing there has been little if any improvement, though this is also true nationally and for stat neighbours. Kent remains behind national and stat neighbour performance by 2-3 percentage points. Maths achievement seems to have reached a ceiling, but this is also true for national and stat neighbour performance, with Kent largely in line with both.
Reach their personal and educational potential aged 8 - 13

Key Stage 2

NI 73: Achievement at key stage 2 (Level 4+ in English and Maths)
Trend has been for slight improvement over last few years, though this stopped last year, as was the case nationally. Gap with national has persisted at about 4 percentage points over several years, and closer to 5 points behind stat neighbours. Kent remains lower quartile nationally for this indicator.

The majority of Districts perform below national average, but particularly low rates are found in schools in Thanet, parts of Swale, in and around Dover, Folkestone, and Canterbury.

Boys perform significantly below girls (6 point gap), and SEN pupils significantly below their peers (55 point gap). For pupils claiming free school meals (FSM) there is a 30 point gap, which is larger than found nationally.

NI 76: The number of schools where less than 55% of pupils achieve level 4 in both English and mathematics at KS2
In 2008/09 Kent had 70 schools which is 18% of all our primary schools not achieving this standard, this was an increase on the previous year. It compares to 9% among stat neighbours and 11% nationally.

Research into factors correlated with Kent schools failing the floor target has shown the key predictor is key stage 1 attainment; this combined with high absence levels and then a high percentage of pupils reporting they do not feel safe at school could predict over 85% of schools that do not meet the target. If attainment related characteristics are excluded, the three characteristics which together provide the best predictor are, percentage of FSM pupils, high absence levels, and high percentage of EAL pupils (from new entrant countries).

NI 93: Progression by 2 levels in English between Key Stage 1 and Key Stage 2
There is no clear trend on this indicator, with the latest Kent position of 81% being in line with stat neighbours, and slightly behind national.

NI 94: Progression by 2 levels in Maths between Key Stage 1 and Key Stage 2
Performance in Kent has been on an improving trend, with a provisional result of 78% in 2008/09. However, the provisional averages for statistical neighbours and national exceed the Kent performance, being 80% and 81% respectively.

NI 99-100 (PSA 11): Looked after children reaching level 4 in each of English and maths at Key Stage 2
Kent performance for both indicators has lagged behind stat neighbours and national. Gap was closing in English up to 2007, but progress has since halted. Both indicators rated lower quartile against latest comparator data.

NI 104 SEN / non-SEN gap: achieving Key Stage 2 English and maths threshold
Kent gap appears to have increased in 2008/09 although this is based on provisional information. The latest comparative data shows Kent with a slightly higher gap than found nationally or among stat neighbours.
**NI 107: Key Stage 2 attainment for Black and minority ethnic groups**

Attainment by pupils of white ethnicity is the same as for all pupils. The other four ethnic groups with data published for this indicator (Black, Mixed, Asian, Chinese & other) tend to perform better than the average of all pupils.

Apart from the groups identified by the indicator there has historically been a very big gap in performance for pupils of traveller / gypsy heritage; the size of this cohort in each year group tends to be around 30 pupils.

**School inspections, Ofsted**

Lower proportions of Kent’s primary schools receive ‘good’ or ‘outstanding’ judgements in their Ofsted inspections than is the case Nationally.

**Children and Young People of Kent survey, NFER**

Between 2007 and 2009 there has been an increase (five percentage points) in the proportion of 7-11 year olds who think they are doing well at school.

**Vulnerable young people in Kent, Ipsos Mori, 2010**

Some children and young people are under social pressure to misbehave, and it was a common perception that doing well in school could make a young person vulnerable to bullying.

Some parents called for better joined-up working between learning providers, for example, during a young person’s transition from primary to secondary school. This would ensure that a young person benefits from seamless support and that needs do not go unmet. This need was particularly strong amongst parents of children with special educational needs.

**CT 9: Persistent absence (primary school)**

Kent rate increased slightly in 2008/09 to 1.8%, this remains higher than national (1.5%) and stat neighbours (1.3%) which both saw a slight decline on the previous year. Children eligible for free school meals were nearly four times as likely to be persistently absent than their peers. Children with SEN also have disproportionately higher rates. Swale Urban, Gravesham, and Thanet 1 are localities with highest rates.

**APA 2008**

Low overall standards in reading and writing in primary schools compared to similar councils and nationally was seen as an important weakness / area for development.

**Reach their personal and educational potential aged 14 – 19/24**

**Achievement at key stage 4 – all pupils**

**NI 75 (PSA 10) Proportion of pupils achieving 5 or more A*-C GCSEs (or equivalent) including English and maths**

52% of students achieved this measure in 2009 (see table 5). This is an increase of 2% from the 2008 results and above national (49.8%) by 2.2%
NI 78: Achievement of 5 or more A*-C grades at GCSE and equivalent including GCSEs in English and mathematics (number of schools not reaching the floor target)

The number of Kent schools not achieving the floor target has been improving over recent years, with a significant reduction in 2008/09 to 21 schools. However in percentage terms, Kent remains well above national and stat neighbours.

NI 86: Secondary schools judged as having good or outstanding standards of behaviour

Performance in Kent improved in 2009/10 with 78.9% of secondary schools being judged as having good or outstanding standards of behaviour. This was slightly ahead of the national figure, and further ahead of the average of our statistical neighbours.

NI 87 Secondary school persistent absence rate

The persistence absence rate in Kent secondary schools improved to 5.5% in 2008/9 – this was the third consecutive year to see a reduction. However this is still higher than the average of our statistical neighbours (5.2%) are national average (4.9%). Pupils eligible for free school meals, and those with SEN are nearly 4 times more likely to be persistently absent than their peers. Locally, highest rates have persisted in the Swanley area, the coastal area of Canterbury District, and rural Shepway.

Children and Young People of Kent survey, NFER

Between 2007 and 2009 there has been a decrease in the proportion of 11-16 year olds who feel a lack of feedback on their progress in school is a barrier to learning (four percentage points), but an increase in the proportion who feel that not having a computer at school is a barrier to learning (four percentage points).

Achievement at key stage 4 – vulnerable groups

NI 101 (PSA 11) Looked after children reaching 5 A*-C GCSEs (or equivalent) at Key Stage 4 (including English and maths)

Only 6.3% of sixteen years old that are in the care of the local authority achieved 5 A*-C (including English and mathematics) at GCSE in 2009. National comparison is not yet available.

NI 102: Achievement gap between pupils eligible for free school meals and their peers achieving the expected level at Key Stages 2 and 4

In 2009 the performance of children receiving free school meals was significantly lower than the non free school meal children. For eleven years olds the gap in performance at Level 4 was 30% and this is a larger gap than for schools nationally.

The gap was even wider for sixteen year olds with a 32% gap at GCSE 5 A*-C including English and mathematics and this is significantly larger than for schools nationally.

NI 105 The SEN / non-SEN gap - achieving 5 A*-C GCSE including English and maths

The Kent gap in 2009 was slightly wider than that found nationally, and has not significantly changed from the previous year.
NI 108 Key Stage 4 attainment for Black and minority ethnic groups
Most minority ethnic groups perform better than the average of all pupils. An exception is the Gypsy, Roma and Traveller of Irish Heritage group. Though the cohorts are often small the gap to other pupils was close to 40 percentage points, much in line with figure for England. A gap of 8 points is reported for Bangladeshi pupils in 2009, although this group outperformed the average for all pupils in 2008.

Vulnerable young people in Kent, Ipsos Mori, 2010
It was felt that teachers have a significant role to play in ensuring that young people learn effectively. Participatory activities were seen as beneficial to people’s learning experience and development as children and young people learn in different ways. There was a feeling that schools are inflexible to differing needs. This is highlighted by the positive experiences of young people at Pupil Referral Units who find learning styles much more suited to their needs.

Both young people and their guardians felt there were often multiple and compounding barriers to their achievement such as: few educational qualifications; a lack of adequate and safe housing; a criminal record or bad reputation; and a lack of local job prospects or local job opportunities. In this way young people who feel they have reached a turning point in their life feel the negative impact of their previous behaviour and external constraints.

Disruptive pupils were not identified as a barrier to learning or achievement for any participants. Many admitted to having a low level of respect for school authority and may intuitively be seen to be the disruptive pupils referred to in the Children and Young People of Kent surveys.

Achievement in Post-16 Learning

NI 79: Achievement of a Level 2 qualification by age 19
Performance in Kent has steadily improved up to 2008/09 when 76.2% of 19 year olds held a level 2 qualification. This is slightly ahead of the average of our statistical neighbours, but is below the overall national figure of 78.7%. Poorest performing Districts are Thanet, Swale and Gravesham (latest data for districts is 2006/07).

NI 80: Achievement of a Level 3 Qualification by age 19
Kent performance has seen slight improvements in recent years, reaching 48.8% in 2008/09. This is slightly ahead of the average of our stat neighbours, but is below national performance. Shepway, Thanet and Swale are the lowest performing Districts (latest data for districts is 2006/07)

NI 81 Inequality gap in the achievement of a Level 3 qualification by the age of 19
The inequality gap across Kent has dropped slightly from 32% in 2004/5 to 31.2% in 2007/8. However this is still significantly higher than the national average at 25.1% in 2008/9.

NI 82 Inequality gap in the achievement of a Level 2 qualification by the age of 19
Kent performance has improved over recent years, but stat neighbours and in particular national performance remains superior.
NI 84 Achievement of 2 or more A*-C grades in Science GCSEs or equivalent
52.2% of young people achieved 2 or more A*-C grades in Science GCSEs in 2008/9, and increase from 49.6% in 2007/8. However this is still slightly below the national average of 54.2%, and well below statistical neighbour average of 56.6%.

NI 85: Post-16 participation in physical sciences (A Level Physics, Chemistry and Maths)
In 2008/09 there was a significant increase in participation in Maths, and a slight increase for Physics. Chemistry participation fell however. More pupils take A level Maths than Physics and Chemistry combined. Physics take up is slightly below Chemistry and is the subject with the greatest gender split, with nearly 3 times as many boys participating than girls.

NI 90: Take up of 14-19 Learning Diplomas
In 2008/09 there were 159 active diploma accounts in Kent, compared to the average for stat neighbours of 148; this is the first year this data has been reported.

NI 91: Participation of 17 year-olds in education or training
In 2007/08 Kent had 75% of 17 year olds in education or work based training, this was the same as the previous year. The average of Kent’s stat neighbours and the national average were both 78%, and had increased on the previous year.

NI 106 Young people from low income backgrounds progressing to higher education
The gap in Kent remains higher than statistical neighbours and in particular that found nationally, with a lower proportion of CYP from low income backgrounds progressing to HE.

A-levels
The proportion of Kent students attaining at least 2+ A Levels at grade A to E increased by 1%. The percentage of students attaining this measure increased in 44 schools.

The average point score per student fell from 722.4 in 2008 to 712.8 in 2009. The average point score per student in grammar schools ranged between 706.1 and 1135.1. The range in high schools was from 349.7 to 733.4. Two high schools attained an average point score per student that was higher than the lowest attaining grammar school.

Cross cutting

NI 88: Percentage of schools providing access to extended services
In 2008/09 Kent had increased the percentage of its schools offering access to the full core offer of extended services to 90%. This is ahead of the national figure of 88%, and average of statistical neighbours of 89%.

NI 89: Reduction of number of schools judged as requiring special measures and improvement in time taken to come out of category
The first part of this indicator measures the number of schools requiring special measures at the end of the summer term each year. In 2008/09 the Kent total was the same as the previous year at 2 schools, compared to the average of our stat neighbours of 3, and national average of 1.3.
The average time taken for Kent schools to come out of special measures in 2008/09 was 15 months; this was a slight increase on the previous year. The average of Kent’s statistical neighbours was 17 months, and the national average was 19 months.

**NI 103: Special Educational Needs - statements issued within 26 weeks**

Kent’s performance in 2008/09 at 81% excluding exceptions, and 71% for all statements, was below the average of our stat neighbours and national performance. This is the first year this indicator has been collected.

**NI 114: Rate of permanent exclusions from school**

National reporting is only available up to 2007/08. Up to this point the rate of exclusions in Kent had remained at 0.17% of all pupils for several years. This is higher than both the average of stat neighbours and national performance, and equates to about 360 pupils. Provisional data produced internally for 2008/09, shows a reduction to a rate in line with our comparators.

Pupils are more likely to be excluded if they have been persistently absent, have SEN (particularly if School Action Plus), are in Years 8-10 (particularly Year 10), attend certain schools, come from low income families, or have Gypsy Roma ethnicity. In 2007/08 rates in Kent were highest in schools in the following areas: Cranbrook and Paddock Wood, Swanley and District, urban Shepway, Canterbury City and surrounding area, Malling, and Tunbridge Wells.
Making a Positive Contribution

Key issues of concern

- Engagement of young people, particular some vulnerable groups, in positive activities.
- Rate of first time offending in Kent not reducing as fast as national and statistical neighbour reductions.

Evidence by Outcome Aim

Participate in decision making

Having their say

CT6: Percentage of children and young people who feel they have their say at school/college and in their local area

This indicator is sourced from the Children and Young People of Kent survey. There was an improvement from 66% to 70% between 2007 and 2009 for those who feel they have their say at school / college. There was also improvement over the same period for those who feel they have their say in their local area rising from 36% to 41%.

Young people (aged 11-19) who are eligible for free school meals, are less likely to feel they have their say at school; this is also true for pupils with SEN, and for boys.

Children and Young People of Kent survey, NFER

Between 2007 and 2009 there was an increase (five percentage points) in the proportion of young people who feel they have a say on issues affecting the area where they live either sometimes or often.

Annual Performance Assessment 2008

Proportion of CYP who do not feel consulted in decision making in schools identified as an important weakness / area for development (likely based on Tellus3 findings).

Ashford CAA, 2009

Engaging with young people is very important to the Council. Many young people take part in the annual youth conference and Neighbourhood Youth Forums. This helps build their confidence and gives the Council opportunities to listen to their views and develop services. Last year the Council did not run its campaign to encourage young people to register to vote. This has always been successful at encouraging young people to get interested in voting. But because of not running it, fewer young people registered. It plans to reintroduce the campaign this year.

Dartford CAA, 2009

The Council works with the Youth Forum and Elders Forum and uses their views to develop services, such as providing more things for young people to do in the town centre.
Gravesham CAA, 2009
There are gaps in the Council’s understanding of local concerns and in how it listens to people.

Maidstone CAA, 2009
The Council works with the Youth Forum to make sure that it meets the needs of children and young people

Tonbridge and Malling, CAA, 2009
A range of activities involve young people in planning the future of the area.

The Council has worked well to improve services for young people. It uses the Local Children’s Services Partnership to help it understand their needs. It has also established a Children and Young People’s Study Group and Youth Forum

Tunbridge Wells, CAA, 2009
Many young people take part in the Youth Forum and are increasingly getting involved with the Council.

Active and valued members of our community

Participation in positive activities

NI 110: Participation in positive activities
Tellus 2008 revised results show Kent as having around 2/3rds of young people participating which was slightly lower than found nationally or among stat neighbours. This proportion for Kent is confirmed in other more recent surveys from Connexions and the CYP of Kent 2009 survey.

Children and Young People of Kent survey, NFER
2007 to 2009 comparison for 7-11 year olds
There has been an increase in the proportion of 7-11 year olds who report that they recycle (nine percentage points) and help collect money for charity (four percentage points).

2007 to 2009 comparison for 11-16 year olds
There has been an increase in the proportion of young people reporting that they do already recycle (11 percentage points); and increase in the proportion who report they do already help people who are being bullied (four percentage points) and help a neighbour (five percentage points).

2009 results
About three in five young people (aged 11-19) had participated in a group activity led by an adult in the last four weeks. In addition to going to the park or playground, which was most popular, the second most popular activity was attending sports clubs. A notable minority were attending youth clubs and participating in arts-based activities and volunteering, the latter more so for post-16s.

Cost and availability are the main barriers to participation but not having someone to attend with and lack of time and accessibility were also factors. Nevertheless, many young people (aged 11-19) say that nothing stops them from participating.
The evidence suggests that young people who were female, eligible for free school meals or older young people (Year 9 or above) were associated with a reduced tendency to participate in activities.

**Vulnerable young people in Kent, Ipsos Mori, 2010**

A lack of things to do in the local area was a recurrent theme amongst the majority of respondent groups (includes young people from low income backgrounds, and children in need or at risk). In some areas, youth clubs were positively received as providing 'safe' spaces for young people to take part in activities. In other areas, however, there were issues with the costs of club activities and the clubs simply not appealing to the young people included in the research. Many also mentioned restricted opening hours of youth clubs.

Eligibility for services, support and activities was seen to be too targeted towards younger children and young people. For example, several individuals felt that entitlement to the Kent Freedom Pass should not be restricted to those between the ages of 11-16 and should be extended to young people in their late teens, if they can hope to engage in positive and constructive behaviour.

There was recognition, particularly by older young people, of social pressure to maintain an apathetic attitude, meaning they would not participate even if more accessible activities were available.

There was generally a low level of awareness of the activities available in the local area and vulnerable young people had not made use of information sources such as the “togogo” website.

**Kent CAA, 2009**

Many more young people than expected are getting involved in youth theatre activities

The large scale roll out of the Kent Freedom pass for use by 11 to 16 year olds on buses, which is helping to reduce the school run, 'town centre' congestion, as well as promoting independence.

**Thanet CAA, 2009**

There were more out-of-school activities for children and young people at Easter and in the summer holidays.

**Understanding misunderstood youth, nfpSynergy**

It is well documented that young people are often seen as trouble, or always in trouble, by adults in their community and society at large. The public’s concerns about youth violence come as no surprise when one in three media articles about young people is about crime. Teenage boys get the worst deal: over half of all articles about them are about crime.

**Report conclusions**

Young people in the UK have talent and ambition that should be nurtured for the good of society.

The transition to adulthood is complicated and can be particularly hard for some groups of young people.
Preventative, supportive peer-to-peer work is particularly important to equip young people with the skills and attitudes they need to avoid getting caught up in street violence.

Statutory services, including the police, could work still more closely with charities and community groups to get a real handle on the issues around the prevention of criminal behaviour. The perennial problems of inadequate partnership working and insecure funding relationships need new approaches.

Join a new club: ‘Am I bovvered?’ BBC 2009 (national)

DCSF segmentation research, suggests groups who do not participate, categorised as “not-bothereds”, “authority rejectors” and “shy and lacking in confidence”, and those who put friends before anything else. Organised activities generally rejected as they get older, often due to peer pressure, real or imagined.

One group, referred to as "friends first", became less interested in activities such as sports clubs or dance classes as they were more and more keen to spend as much time as possible with their friends (though (surely) reverse could be true if friends were at a club they would be more likely to join – particularly if in the “shy” group).

Other factors like the amount of homework children had or a lack of information were also identified as barriers. The cost of activities could also be a reason for giving them up.

Attitudinal Barriers to Engaging Young People in Positive Activities, DCSF, 2009

Key Recommendations (to DCSF):

- More research into barriers to structured out-of-school group activities in general
- Information should be more accessible and easily understood and absorbed
- Engage CYP in the long-term rather than a brief period
- Use role models when communicating
- Consider “delicate” role of schools (not always seen as a good location for activities, due to negative image in eyes of some CYP)
- Market activities as something fun to do, new place to socialise, and relief from boredom
- Role models within the activity, and give access to otherwise inaccessible activities (e.g. locally unavailable, expensive, or an important competition)
- Use different messages and media to reach all types of young people.
- Messages should be rooted in the distinct advantages of positive activities, rather than a generic message on positive activities being a “good thing”.
- Avoid mimicry of youth language and instead use simple and plain language
- Target advertisements I places where CYP hang out.
- Involve young people in all stages of development of a communications strategy.
Key Messages:

To young people:

- Try something new – good way to meet people and learn new things
- You decide – your choice what to do and how to do it, how much and how long
- It's learning but it’s not school – it's fun

Messages to parents

- Good for them, good for others – helps development, behaviour, and overall wellbeing. They also likely to help others whilst there.
- Good for the present, good for the future – can help gain future employment, children become more sociable also

Your encouragement counts – likely to need help meeting any costs, and general encouragement will help

Positive Activities: Qualitative research with young people, DCSF, 2009 (from press release)

Young people see organised activities as a good thing but are held back from taking part because they don’t know what is on offer to them. The research also reveals other reasons preventing young people getting involved in activities. These include:

- Young people see organised activities as something reserved only for the very sporty or talented kids;
- Peer group pressure - teenagers prioritise friends and leisure time over taking part in activities and are often put off if their friends don’t take part;
- Low self confidence and lack of self belief in their ability to take part.

Parents interviewed as part of the research say they support positive activities but struggle to encourage their children to take part due to lack of information. They want activities that provide their children with a safe place to hang out with their friends, where they can enjoy themselves as well as learning new skills. However, they are also concerned about the cost of the activities which is why most areas offer free or subsidised activities (do they?)

Information from actual paper:

Key barriers in approximate order of importance are:

- low awareness of available activities locally;
- personal inertia;
- real and imagined peer pressure;
- peer inertia (the way a group defaults to the familiar even when new ideas along);
- a general lack of self-confidence;
- specific anxiety about their abilities at the activity;
- perceived lack of time due to school work and peer group activities (this is common among older teens, i.e. 16+);
- for a minority, actual resistance to the notion of taking part

Improving access to positive and inclusive activities, C4EO, 2009

Key findings:

- Disabled CYP have limited opportunities
• Disabled CYP want more and different things to do, so they have choice
• Fear of bullying
• There is scope for children’s centres, extended schools and youth services to become more inclusive
• Variability in how services have interpreted what inclusion means
• Need for provision for disabled CYP only, but also provision which enabled interaction with non-disabled CYP.

Positive Activities – Qualitative Research with Parents, DCSF, 2009
Organised activities seen almost universally as a good thing. But parents attitudes were diverse ranging from active encouragement, even enforcement, through to those who resisted and actively discouraged participation.

Barriers seen by parents, included low child motivation / teen resistance, cost, logistics, and low salience / awareness. Low child motivation was seen as endemic, and could move to resistance as children joined secondary school and as peer influence tended to portray such activities as “uncool”. However, peer support was one of the most powerful drivers to participation.

Parents often not very clear about what activities were available and where – tend to rely on their children’s knowledge.

Open for the weekend: what do youth workers really think? CYP Now, 2009
69% thought increasing weekend projects would be possible.
51% prepared to increase weekend working
Long-term funding concerns, only 29% said had additional funding to run weekend projects.
68% thought they would have to stop other activities to run more at weekend
Other agencies such as police run weekend activities also.

Young people back weekend opening, with 79% wanting more. 65% said they would regularly attend if available. 37% say they currently attend at weekends. Wanted arts, dance, discos and sports schemes.

Develop self-confidence and self-esteem

Children and Young People of Kent survey, NFER
Between 2007 and 2009 there was an increase (four percentage points) in the proportion of 7-11 year olds who report that their ideas are as good as other children’s and who feel adults notice when they work hard (four percentage points).

Vulnerable young people in Kent, Ipsos Mori, 2010
In general, the role and impact of key and youth workers was significant; vulnerable young people had positive and open relationships with these people. Being open and honest about their day-to-day experience, without punitive repercussions, helped them positively assess or change their own behaviour and circumstance. The unconditional support and close relationships developed seemed to be exactly what vulnerable young people needed; and offered a refuge from unstable familial backgrounds and uncertain outcomes for the future.
Do not offend, re-offend or cause anti-social behaviour

Offending and re-offending

**NI 19: Rate of proven reoffending by young offenders**
Kent's rate reduced slightly in 2008/09 to 0.7 re-offences per person, compared to the only other year of reported data in 2005/06. This rate is the same as stat neighbours and is slightly better than the national rate.

**NI 43: Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody**
The Kent rate has increased in recent years up to 2008/09 when 4.4% of young people receiving a conviction were sentenced to custody. However, the Kent rate remains below its statistical neighbours' average, and significantly below the national rate.

**NI 44: Ethnic composition of offenders on Youth Justice System disposals**
In Kent there is a higher proportion of white young people receiving disposals than would be expected. Other groups tend to have lower levels than would be expected.

**NI 111: First time entrants to the Youth Justice System aged 10-17**
Nationally reported data has shown a decline in first time youth offending in Kent since 2006/07, with a fall to 16.2% in 2008/09. However, a steeper decline has occurred nationally and among statistical neighbours whose rates are now significantly below that of Kent.

There is some discrepancy between nationally reported data and that derived from local YOS teams. For Kent the YOS data shows a lower overall rate than the nationally reported Kent figure, but this figure has been increasing.

Local data shows highest rate of entrants are in urban Shepway, Dover, Thanet, and Maidstone (east). Males are almost twice as likely to be entrants than females.

**Kent Youth Offending Service performance report 2009/10**
The number of first time entrants has fallen, with performance far exceeding the target. The figure is now close to that recorded in 2007/08 after a significant increase in 2008/09. In 2009/10 the percentage of custodial sentences was 3.6% representing a drop on the previous year.

**JSNA, 2010**
It is well established that young offenders are a vulnerable group, with complex psychosocial, physical and mental health needs. 40% of young offenders have a diagnosable mental health disorder. Many of these young people suffer from conduct disorders, problems with social understanding and disorders on the autistic spectrum.

Despite the high incidence of mental health problems in this group, only a small proportion of young offenders with mental health problems are receiving help from specialist child and adolescent mental health services (CAMHS). The National CAMHS Mapping Exercise in 2004 showed of the total caseload of CAMHS, only 5% were young offenders.
Anti-social behaviour

NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police

Figures for this indicator have only been reported for 2007/08 so far, and showed Kent at 24.7%; this was lower than the national average of 26.3% and also slightly below the stat neighbour average. As this measures public satisfaction with action on anti-social behaviour, the results for Kent and its comparators indicates a low level of satisfaction.

NI 22: Perceptions of parents taking responsibility for the behaviour of their children in the area

Figures for this indicator have only been reported for 2007/08 so far, and showed Kent at 26.7%; this was below the national average of 29.6% and stat neighbour average of 29.8%. This indicator measures public satisfaction, so satisfaction is low nationally, but is even lower in Kent.
Achieving Economic Well-being

Key issues of concern

- Aspirations of some young people, particularly those from low income families and those with SEN.
- Lower proportions of some vulnerable groups of young people in suitable accommodation than is found nationally.
- A high proportion of single homeless people in Kent have been identified as young people, and young people are the only statutory homeless client group which is increasing.
- More than 1 in 6 children in Kent live in poverty (over 53,000 children), and the number is increasing.
- There is considerable disparity in levels of child poverty between different Districts in Kent, and some Wards have close to half their children living in poverty.
- The uptake of formal childcare in Kent is low, and particularly among low income families.

Evidence by Outcome Aim

Young people have the knowledge, skills and behaviours for employment

Young people not in education, employment or training (NEET)

NI 45: Young offenders engagement in suitable education, employment or training
Up to 2008/09 Kent has maintained a level above that reported nationally and among statistical neighbours.

NI 117: 16-18 year olds who are NEET
In 2008/09 Kent performed better than national and statistical neighbours, and was tracking a positive downward trend. Early indications of the 2009/10 figures suggest that whilst Kent’s numbers of young people who are NEET slightly exceed those reported last year, it is anticipated that Kent will still be performing better than National and statistical neighbours. Given the current economic climate this shows stability.

Confirmation of this position is borne out by the connexions data reporting of the three month average November – January.

2008/09 three month average Jan – December – 4.7% (National 6.7%)
2009/10 three month average Jan – December – 4.9% (National 6.4%)

Source Connexions Kent and Medway data report Jan 2009 and 2010

Kent Youth Offending Service performance report 2009/10
The reduction in the frequency of young people of post statutory school age being NEET has been sustained with considerable improvement since the year of inspection.
Barriers to participation in education and training, DFE, 2010

This national study explored the barriers and constraints young people currently face when deciding what to do at the end of their compulsory schooling in Year 11.

Key findings:

- The study showed that the majority of young people completing Year 11 (86%) do not experience any barriers that stop them from participating in their choice of learning post-16.

- However, a notable minority of young people (14%) are prevented from doing what they want to do, while 63% report experiencing at least one barrier or constraint.

- The main barriers and constraints experienced by young people relate to finance, transport, availability of provision and their knowledge and awareness of the post-16 options available to them.

- Young people who live in rural areas have significantly increased odds of experiencing transport as a barrier or constraint than similar young people who do not live in rural areas.

- Finance is significantly more likely to be experienced as a barrier or constraint by young people who are NEET, those in jobs without training (JWT) and teenage parents.

- The study suggests that there is an issue around the amount and nature of information, advice and guidance available to some young people. A substantial minority of young people, particularly those with LDD, teenage parents, and young people in JWT or who are NEET feel that they have not received enough support and information, and do not feel prepared for their future when completing Year 11.

Participation in vocational education and training

Learner Voice Survey in Kent, 14-16 Vocational Programme 2008/09

Vocational courses are consistently reported to have a positive impact on learners, by the learners themselves, parents/carers, teaching staff and OAG advisers. Significantly, the following figures report an impact on personal development: (LSIS, 2009):

- 76% had improved their learning through accessing a course at one of Kent’s Skills Centres and 40% felt they had also improved their learning at school as a result of attending a vocational programme at a Skills Centre.
- 73% felt their self-confidence has improved.
- 65% had improved their ability to work independently

Learners views on the impact of vocational courses:
"I am getting a head start in life and I am more experienced."
"I’ve been taken on by an employer for a Saturday job."
"It helps me learn new skills I need to get the right job."

Parents' view on vocational courses:
“Vocational courses are a very good thing for those who are ambitious. It gives them something to aim for…”
“It is making a huge positive impact on his life. They are taught in an adult way which makes him more mature.”

Teachers views on the impact of vocational courses on learners:
“Learners are prepared for the working world and encouraged to work together and problem solve.”
“Students gain a sense of self-worth and direction in their lives.”

Overview of the 14 to 24 Innovation Unit’ Paper to the Core Learning Group, March, 2010

Vocational education and training provision is steadily growing, as the figures below demonstrate for learners currently participating in Level 2 courses:

Vocational Programmes: 5500
KS4 Diplomas: 750
Young Apprenticeships: 435
Key Stage 4 Engagement Programme: 572

Independent Study upon the KCC 14-16 Vocational Programme

Two separate surveys have identified a need for better integration between vocational and mainstream curriculum planning. 14% of respondents stated that their vocational course is not integrated into the school timetable (LSIS, 2009). Students and staff reported that these missed lessons were often in core subjects such as English, Maths and ICT, and the ability to catch up on work varied widely (Glasgow, 2009).

There is also a concern reported by Headteachers and vocational staff that some schools are selecting lower-ability or difficult to manage students for the vocational programmes, which impacts negatively on student discipline, commitment levels and completion rates (Glasgow, 2009).

Further work needs to be undertaken around needs assessment regarding vocational education, as their needs to be a greater understanding of learner demand for vocational courses and how this cross-referenced to skills needs by highlighted employers and skills gaps identified in various industry sectors within Kent.

Raising the Participation Age: Supporting Local Areas to Deliver, DCSF, 2009

Further analysis of ‘Jobs Without Training’ undertaken by 16-18 year olds is needed to determine how vocational programmes can support more positive progression into employment. For example, national research indicates that 33% of young people in ‘Jobs Without Training’ work in retail and wholesale (DCSF, 2009). However, analysis of KCC’s Young Apprenticeship provision highlights that there is no post-16 opportunities for retail (Young Apprenticeship Cohort 4 Programme 07-09 – Final Report, 2009). Therefore further development work is needed to offer more sufficient vocational provision for this sector.
Skills and behaviours for employment

NI 174: Skills gap in the current workforce reported by employers
The percentage of employers reporting a skills “gap” in Kent increased in 2009/10 to over 19%, this was similar to the national result and slightly less than statistical neighbours.

This indicator has now been deleted from the national indicator set.

Children and Young People of Kent survey, NFER
Overall most young people (aged 11-19) thought that they would get the job they wanted in the future; however, between 2007 and 2009 there has been a decrease (five percentage points) in the proportion of 11-16 year olds who think they will be able to get the sort of job they want.

Around half 11-16 year olds were considering continuing in learning to higher education.

The main barriers to their future plans were not having the necessary qualifications; however, a notable minority said that they did not have sufficient information. In the 7-11 age group, analysis showed that girls and those with a statement of SEN were associated with a lower score on the economic wellbeing measure, while among young people (aged 11-19), those who were eligible for FSM and those who were recognised for school action of the register of SEN were associated with a lower score on the economic wellbeing measure.

Vulnerable young people in Kent, Ipsos Mori, 2010
Exposure to careers advice was widespread, but young people benefited most when this was tailored and provided on a one-to-one basis. Those in the most acute need groups again benefited most significantly from this as they were supported in identifying opportunities in their current situation and for the future.

There was felt to be little incentive for young people to gain employment, if they have left education as they were stuck in a ‘benefits trap’. That said they still tended to be positive about their ability to take control of their lives and work towards a better future.

Some young people wanted more practical life skills, such as cooking, nutrition and cleaning to provide them with greater independence and in some cases develop, for the first time ‘parenting-skills’.

Informal notes from Learning & Development POSC meeting, 23rd February 2010
An interview with a number of Kent’s employers during the Learning and Development Policy Overview and Scrutiny Committee revealed that there are still major concerns about young people being ill prepared in skills and attitude to successfully enter the world of work. They are still experiencing young people entering employment with poor numeracy and literacy skills and a lack of ambition. They also drop out of placements and training part way through, which wastes employers’ money and time.

When asked what schools and colleges should do to help prepare young people for employment, employers placed importance on the following areas:
- Young people must learn what to expect from the world of work
They must be taught interview techniques and understand how to make a good impression.

Need to learn about motivation and taking pride in their work.

One employer’s slogan was ‘Recruit for attitude, train for skills’ – employers place more value on young people entering their employment with developed interpersonal skills and motivation, because the employers can provide the necessary specific skills training once employed. The employers would like to see young people demonstrating the following skills:

- Practical aptitude
- Drive and enthusiasm
- Team working
- Communication skills
- Transferable skills

In summary, the employers interviewed were less concerned with qualifications on paper (although they fully recognised their value) and were more concerned with practical abilities and attitude to work. They felt that they would be more impressed by young people with actual experience of work or volunteering than a well qualified young person with no practical experience, as this equips young people with a more rounded and mature outlook and attitude.

**JSNA, 2010**

Although parenting helps with school outcomes, ‘it is the “at-home” relationships and modelling of aspirations which play the major part’ (Desforges and Abouchaar 2003: 86). The role of aspirations is clearly brought out by differential ethnic performance, in which culture plays a considerable part (Cassen and Kingdon 2007).

**Young people from lower income backgrounds progressing to higher education**

**NI 106: Young people from low income backgrounds progressing to Higher NI Education**

2006/7 figures suggest that there is a 26% gap between young people eligible for free school meals when aged 15 who progress to HE at 18. This is against a backdrop of 22.5% for our statistical neighbours. The Kent figure is the same as in 2005/06 so there was no progress between these two years.

**HE Compact Evaluation, Policy Unit, CFE, 2009**

Work through the HE Compact in Swale and Shepway continues to indicate that targeted support to raise aspiration, provide clear and concise information and experience regarding progression to Higher Education is beneficial for young people in years 11 and 12. Providing their parents with the opportunity to fully understand the options open to their children and the pathways to achieving success has also resulted in parents taking the view that they would be keen to encourage their son/daughter to aim for a university place at 18
Access to Housing

NI 46: Young offenders in suitable accommodation
IN 2008/09, 84% of young offenders in Kent had access to accommodation – against a National Average of 96%. This figure represents an improvement against the figures in 07/08 where the figures were at 77%.

Of Kent’s Districts Canterbury and Swale present significantly lower % of young offenders being placed in suitable accommodation, at 69%.

NI 147: care leavers in suitable accommodation
83% are in suitable accommodation against a national average of 90%. These figures represent stats from 2008/09.

NI 156: Number of households in temporary accommodation
This is shows a positive downward trend. In 2007/08 925 households were in temporary accommodation. In 2008/9 this had reduced to 725 households.

Area assessment raised this as an issue for Shepway and Swale.

A Full needs assessment has been undertaken by the Support People Team, and whilst these statistics, drawn from the online toolkit highlight the figures that contribute to performance against the National Indicator, the Supporting People Needs analysis highlights very specific headlines to be aware of.

Examples include: 427 (39%) of those classified as “single homeless” were aged 16 – 21, with 147 being aged 16 and 17.

NI 175: Access to services and facilities by public transport, walking and cycling
This data has not been reported nationally so far. Local data for 2007/08 shows access to hospitals within 30 minutes by public transport, walking and cycling is possible for 54% of the population. Access to GP surgeries within 15 minutes is possible for 82% of the population.

Vulnerable young people in Kent, Ipsos Mori, 2010
Young people living in sheltered accommodation perceived that there was a stigma attached to their situation and background that made it difficult for them to gain employment. They also wanted faster access to and increased availability of social housing in non-deprived areas that offered them access to greater opportunities, for example, quality of life, decent housing and good public services.

Supporting People needs analysis
According to Client Records held by supporting people April 2008–March 2009:

- A total of 304 new clients where the primary client group was classified as ‘generic’ gained access to Supporting People services, with 97% being provided with floating support.
- In essence, this client group encompasses individuals with a variety of vulnerabilities who are at risk of homelessness. Some were moving on from supported to independent accommodation. Just over a third were identified as having multiple issues and 61 were individuals who had dependent children under the age of 18.
Only 13% of these new clients were aged 16-21 and 7% were identified as belonging to Minority Ethnic groups.

Of all acceptances, in 489 cases (or 50.2%) the applicant was between the ages of 16-24. This is an increase by 5% from the previous year. In some districts this ratio was higher: in Dover such acceptances constituted 68.8% of the total, in Maidstone 73%, Shepway 69.3%, Swale 67.2%, and in Sevenoaks 55%.

Overall, with the exception of households with dependent children and those containing a pregnant woman, the highest number of acceptances 2008-09 have been for young vulnerable people aged 16 and 17, followed by people with mental illness or disabilities.

Whereas all other client groups have seen a reduction in statutory homeless, the one client group having seen a steady rise as a percentage of the total of all acceptances over the last years are vulnerable young people aged 16 and 17. In 2006-07 such acceptances constituted 9.4% of total acceptances, 2007-08 8.4% and 2008-09 12%. The highest numbers of acceptances for this particular client group were recorded in Shepway, Dover, and Dartford-all districts without or with only minimal dedicated provision for this client group.

Supporting people have also identified specific gaps in service, for Children and Young People these include:

- a countywide 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 county-wide need for accommodation-based services specifically for homeless young people at risk aged 16 and 17 including emergency-type services such as crash pads. The districts/boroughs with greatest need and without specific or little accommodation-based provision for this client group are Shepway, Dover and Dartford and the west Kent districts. Some of these district/boroughs have to place homeless people out of area thereby removing individuals from any social support networks that they may have.

JSNA, 2010

Across Kent there is considerable variation in the tenure of accommodation in which children and young people live. The largest proportion who live in owner occupied housing are in the Maidstone local authority area. Swale has the highest proportion of children living in social rented accommodation. Thanet the highest proportion living in private rented accommodation (source: 2001 census).

The assumption is made that every household requires a minimum of two common rooms (excluding bathroom). If there is one room too few (a value of -1) then there is said to be overcrowding in the household. Thanet has the greatest proportion of 0-18 year olds living in overcrowded households (10.8%). This is still below the England average (source: 2001 census).

Thanet and Dover have the highest proportion of 0-18 year olds living in households with no central heating (5.6%). Sevenoaks has the smallest proportion at 2% (source: 2001 census).

Not all homeless applicants are accepted as statutory homeless. Large numbers of applications are rejected on the grounds that applicants have made themselves homeless, do not meet priority status or are not homeless under the Homelessness Act.
Only 1,422 out of 2,493 (57%) of all homeless applications were accepted as statutory homeless and hence, as owed a housing duty. 224 (9%) of all applications were made by claimants in priority need but classed as intentionally homeless and 313 (12.5%) of all applications were made by claimants classed as homeless but not in priority need.

The vast majority of new clients aged 16-21 were classified as client groups other than ‘Young People at Risk’ and many accessed supported housing not specific to young people such as homeless hostels.

Kent Youth Offending Service performance report 2009/10
The YOS accommodation targets for both the overall YOS population and those leaving custody, has remained below the respective targets but there has been a year on year improvement for both.

Children in Kent do not live in poverty

Levels of child poverty

NI 116: Proportion of children in poverty
NI116 is the local measure of child poverty. According to latest NI116 figures (2007), 17.3% of children in Kent live in poverty. This equates to approximately 57,000 children.

There was an increase of 2% from 2006 – 2007. Over this period the general population of children also rose which accounts for around 1.4% of the increase, but child poverty still rose in real terms by around 750 children.

72.7% of children in poverty in Kent live in households claiming Income Support (IS) or Job Seekers Allowance (JSA). The majority of these children live in lone parent households.

There are a larger proportion of children in poverty in households with two children than any other size household.

There are a larger proportion of children in poverty amongst the 0-4 age group.

The largest increase in child poverty has been amongst children living in couple households where at least one adult is in work. This is in line with national figures which reflect an increased risk of living in poverty amongst this group (see HBAI).

The districts with the highest levels of child poverty in Kent are:

Thanet at 26%
Swale at 22%
Shepway at 20.7%

Thanet has the fourth highest levels of child poverty in the whole South East region and Swale has the tenth highest.

No Kent districts feature in the list of authorities with the lowest levels of child poverty in the South East region (under 10%). Even Kent’s most affluent areas have levels
of child poverty above 10% (Sevenoaks and Tonbridge and Malling have the lowest Kent levels at 11.8%).

Kent has seven wards with over 40% of children living in poverty, Stanhope in Ashford being the worse at 47%.

Priority groups for action in Kent on child poverty are:

- Children in households claiming IS/JSA, mainly lone parent households
- Children in working couple households on a low income
- Children in the 0-4 age group
- Children in families with two children

These are the groups which have the highest proportions of children in poverty.

NI 118: Take up of formal childcare by low-income working families
Kent has increased the percentage of low-income families taking up formal childcare as measured by the indicator, with a year on year rise since 2004/05. However the latest Kent rate of 14.7% in 2007/08, is significantly lower than the average of its stat neighbours at 18.4% and the national rate of 17.8%.

Joint Strategic Needs Assessment, 2010
Poverty exists all over Kent and is not confined to specific areas. Although the boroughs of Sevenoaks, Tonbridge and Malling and Tunbridge Wells are most affluent, they contain significant numbers of people who live in relative deprivation. Conversely, the more deprived districts, which are coastal and tend to lie to the east of the county, contain localised areas of affluence.

For those living in relative deprivation in the most prosperous parts of Kent, there is a risk of this being an especially isolating experience with strong likelihood of social exclusion. Conversely, those parts of Kent where there are high proportions of people and families living in relative deprivation, the risk is more one of limited ambition.

People in poverty are excluded from civic participation and have weak networks and social capital (e.g. residents group, religious groups, PTA, community group, sports club, etc).

Childcare Sufficiency Assessment, KCC, 2010
The single most repeated barrier to parents accessing formal childcare is the size of fees. Being a resident in an area associated with deprivation, low incomes and a benefits culture does not necessarily mean that the family can access financial support for paying for childcare, particularly via the Working Tax Credit.

There may still be a need for more concerted work to help bridge the gap in terms of sufficiency related to special needs. Flexibility is still a vital component of an overall plan to meet the needs of modern parenthood, particularly to fit into irregular work patterns.

Health Profile (Kent), APHO, 2010
The level of child poverty in Kent is better than the England average, but over 49,000 children live in low income households.
Kent Fire and Rescue Service, response for 2011-2014 CYPP
The inclusion of debt advice for families within children’s centres is essential. Some of the families that we visit and score as ‘high risk’ in terms of fire are families who are living in over crowded and poorly maintained conditions due to large amounts of debt.

Groups at risk of poverty - Households Below Average Income, DWP

National data taken from HBAI reveals that children in the following groups are most at risk of living in poverty:

- Workless households
- Couples in which one or both partners are in part time work
- Families with four or more children
- Families with a disabled adult
- Children in ethnic minority families

HBAI also illustrates that there is an increasing risk of living in poverty for children in working couple households where at least one parent is in employment.

Work is still the best route out of poverty, but working families may need support to retain and progress in employment:

"Worklessness and low pay are the biggest direct causes of poverty. Work remains the most sustainable route out of poverty: a child’s risk of being in poverty falls from 58 per cent to 14 per cent when one or both of their parents is working.

Work is the surest route out of poverty, but not an immediate guarantee: a combination of low wages and/or low hours in low skilled jobs may mean that working families remain in poverty. Parents may face constraints that limit their ability to earn a sufficient income or progress in the workplace.

Supporting parents to improve retention and progression in work is vital to lifting working families out of poverty."

Households below average income, DWP, 2007/08
The latest HBAI figures illustrate that there are more children living in households below average income in families where there is one or more disabled adult and one or more disabled child than in families in which no one has a disability.

There are more children in families below average income in households in which there is a disabled parent and/or child and they are not receiving disability benefits.

According to Census data 2001 4.1% of households in Kent had dependent children living in households in which no adult worked and at least one adult had a limiting long-term illness. The areas with highest proportions of such households were Thanet (6%), Swale (5.46%) and Dover (5.09%).