

**STRONG FAMILIES AT THE HEART OF  
STRONG COMMUNITIES**

**THE FIRST KENSINGTON AND CHELSEA CHILDREN AND  
YOUNG PEOPLE'S PLAN**

## **Foreword**

Welcome to Kensington and Chelsea's first Children and Young people's Plan. We have called it Strong Families at the Heart of Strong Communities because the role of families in securing the best start in life for children cannot be over-emphasised.

These are exciting times for children's services. There is a major programme of change both nationally and locally. The aim is to improve outcomes for children and young people and there are new services, new ways of working new requirements and new investments.

This Plan is very important for us all. It will help bring services together to achieve a common vision and it spells out how the vision can be put into practice.

It is not enough to talk about the importance of families and children to our community. We also need to listen to them and act on their views. I hope that this Plan shows that we are now doing this consistently.

I am pleased to say that we are starting from a strong position in Kensington and Chelsea. There is a wide range of services in all sectors, many of them judged to be excellent by customers and independent inspectors; we benefit from a talented and committed workforce and there is significant investment in children's services locally. But we are ambitious to do better.

Together we will give every child the best start in life.

**Councillor Shireen Ritchie**  
**Cabinet Member for Family and Children's Services**

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## Introduction

This is the first **single**, strategic, plan for **all** services affecting children and young people in Kensington and Chelsea. There have been many strategic plans before, but never before have all those responsible for achieving the very best for our children - parents, carers, children and young people themselves, statutory agencies and voluntary and community organisations - come together to produce a single plan.

The plan sets out a shared vision for children and families in Kensington and Chelsea and the practical steps which we will take to achieve the vision. It is about making a difference. The plan states clearly what difference we will make and how we will do it. It also provides a way to measure our progress in delivering the vision.

The Plan is a key part of a much wider programme of work to integrate children's services and improve outcomes. Similar changes are underway in every area of the country as part of a national programme called *Every Child Matters*. The legal changes needed to implement Every Child Matters were made through the Children Act 2004 and include a new legal requirement to produce a Children and Young People's Plan.

### Every Child Matters

Every Child matters is the Governments programme of change for children's services, introduced in the wake of the murder of Victoria Climbié.

It aims to improve the life of every child by focusing on five outcomes:

**Being healthy:** enjoying good physical and mental health and living a healthy lifestyle;

**Staying safe:** being protected from harm and neglect;

**Enjoying and achieving:** getting the most out of life and developing the skills for adulthood;

**Making a positive contribution:** being involved with the community and society and not engaging in anti-social or offending behaviour;

**Economic well-being:** not being prevented by economic disadvantage from achieving their full potential in life.

Kensington and Chelsea does not have to produce a Children and Young People's Plan. This is because as a four star Council Kensington and Chelsea is exempt from the requirement. However, we have produced this Plan because we believe that it will make a real difference to the lives of children in Kensington and Chelsea.

'We' means all the partners responsible for delivering services for children and their families in Kensington and Chelsea. Whilst the Council has the responsibility to lead and co-ordinate the production of the Children and Young People's Plan, the Plan is for all services affecting children and young people. Development of the Plan has been overseen by the Family and Children's Strategic Partnership which includes representatives of:

- ❑ Central and North West London Mental Health Trust
- ❑ Central London Connexions
- ❑ Central London Learning and Skills Council
- ❑ Chelsea and Westminster NHS Trust
- ❑ Kensington and Chelsea Primary Care Trust (PCT)
- ❑ London Probation Service
- ❑ Metropolitan Police
- ❑ Royal Borough of Kensington and Chelsea, Family and Children's Services
- ❑ Royal Borough of Kensington and Chelsea, Housing, Health and Adult Social Care Services
- ❑ St Mary's hospital NHS Trust
- ❑ Schools
- ❑ Voluntary sector organisations

We are convinced of the practical value of a **single** strategic plan as a tool to improve outcomes for children and to support our local integration programme, building even better services on the high performing services which already exist. The Plan will bring organisations, families and individuals together on a common agenda, and provide an invaluable means to measure our progress.

This is very much a Kensington and Chelsea plan. It is rooted in local needs and circumstances and reflects our distinctive vision:-

### **Our Vision**

We want **all** children and young people to have the best possible start in life:

- To grow up safely and healthily;
- To be enquiring and keen to learn and to help others
- to enjoy life and have fun;

- To have their achievements recognised and built upon;
- To be prepared for an active, economically independent, participative adulthood;
- To respect themselves and others, and engage positively with society; and
- To get the extra help they need if they are in difficult circumstances

City life, especially at the heart of a great metropolis like London can be challenging for families. Demand for affordable housing and secondary school places outstrips supply; green space is limited; the city is noisy and busy, and crime is an everyday reality. Yet the city is also exciting, dynamic, diverse and full of opportunities. This is particularly true of Kensington and Chelsea. We want to promote the best city life, and enable all the children and families of Kensington and Chelsea to make the most of the opportunities. We expect parents to appreciate the significance of their demanding roles and to recognise that being a parent means making difficult choices and sacrifices. [Note: revisions to the vision in light of the consultation are highlighted].

Strong family networks are the foundation on which strong communities are built. We will continue to support parents and carers as the main contributors to their children's safety, success and well-being, and to build strong families at the heart of strong communities. We will help families to find the information and services they need before small concerns become major crises. We will prioritise children with the greatest needs, and those at risk of harm, to ensure their well-being and safety. We aim to be good parents to children and young people in public care.

We are ambitious for the children and young people who live or study in the Royal Borough of Kensington and Chelsea. We are proud of our high educational standards and we intend to improve children's attainment even further. We want all children to receive excellent teaching, a broad, rich and enjoyable curriculum, the promotion of healthy lifestyles, a positive learning environment and a range of additional support. We recognise the importance and impact that health can have on the lives of children and their

parents and carers, and we want to ensure that we promote access to high quality health services in our community.

Many of our services are run with the involvement of parents and carers in a voluntary capacity. Listening to parents, carers, children and young people helps us to offer relevant, efficient, timely and effective family support and we will consult users more on how we shape services. We shall be open with parents and carers about decisions we make and about any steps we take to prevent harm to their children. We recognise the diversity and differing needs of our population and we are committed to treating everyone fairly and respectfully. We aim for our services to be high quality, easy to access, and provided by skilled staff from the relevant

The vision for families and children in Kensington and Chelsea has much in common with the national Every Child Matters vision. In particular the things that we want for our children are entirely consistent with the five Every Child Matters outcomes. However we place a much clearer emphasis on the role of families, recognising that children are most likely to flourish in strong and loving families. We believe that the vital role of families is insufficiently recognised in the national agenda.

Of course, there are many different types of families. We are not saying that one type of family is 'better' than another, although we do recognise that different types of families tend to face different challenges and stresses. We also recognise that all agencies have a special responsibility towards children who can't live with the family of their birth. The emphasis on strong families therefore includes foster and adoptive families and means ensuring that the Council carries out its own responsibilities as a parent to the highest standards.

It is significant that when we consulted local children and young people about the first draft of the plan they liked what we said about families but thought it should be strengthened further. They said that every child needs a close relationship with an adult who takes a special interest in them. This is especially important for those young people, such as unaccompanied asylum seekers, separated from their close family.

Our vision of strong families at the heart of strong communities has some important practical implications. It means:-

- taking the views of parents and children very seriously and ensuring that they impact on decision making at all levels
- providing excellent information to parents particularly at key transitions such as the birth of a new baby or transfer to secondary school
- providing high quality support services to families when they need extra help

- ensuring that in providing support and help we don't undermine the independence of families
- prioritising investment in services to support families and children.

The Plan has been much improved by the involvement of parents, children and young people. This included three groups of young people presenting their feedback on the draft plan directly to elected Councillors, including Cabinet Members, at a special meeting of the Overview and Scrutiny Committee (OSC) held in the Muslim Cultural Heritage Centre in North Kensington. This was the first time an OSC meeting has been held outside the rather formal setting of Kensington Town Hall.

We have already noted the young people's support for the emphasis on families. Other key messages were to put more emphasis on fun and to be realistic about our goals.

***"We noticed that the goals lined out were clearly in the interest of children however there was no mention of FUN"***

### **(Youth Forum comments on the draft plan)**

Young people are concerned about the **same** quality of life issues as older residents: crime, personal safety and a clean and pleasant environment. Significant changes have been made to the Plan in light of these and other comments. This provides huge opportunities for children and adult's to work together to create a better city life.

## **Scope**

The plan covers all services for children and young people aged 0 to 19, care leavers and young people with learning disabilities up to the age of 25.

It covers everything from universal services for all children, such as schools, through targeted services for children with particular needs, such as speech and language therapy through to specialist services for children with the most complex needs, such as respite care for children with disabilities.

## **The Community Strategy**

This Plan has been developed alongside *The Future Of Our Community*, the Community Strategy 2005-15. The Community Strategy sets out the agreed long term goals of all the key partners and stakeholders and how these can be achieved and measured. The Community Strategy fully

recognises the importance of services for children and their families and it therefore contains many aims and objectives intended to improve outcomes for children and young people. All of these ambitions and commitments are reflected in this Plan.

### **The Local Area Agreement**

Kensington and Chelsea has negotiated a Local Area Agreement with the Government. A Local Area Agreement is a three year agreement that set out priorities and 'stretch' targets for faster improvement. All areas will have one by 2007. Success in reaching these challenging targets will be rewarded with extra grant funding from the Government.

The Kensington and Chelsea Local Area Agreement includes 15 outcome areas. Every outcome will help children and families but seven of them are specifically designed to improve outcomes for children and young people. This reflects the priority given to children's services locally. All the targets in the Local Area Agreement are reflected in this Plan.

### **Relationship with other Plans and Strategies**

The Children and Young People's Plan replaces many other planning requirements, both statutory and non-statutory. The plans which have been replaced are:

<b>Statutory plans replaced from March 2005</b>	<b>Non statutory plans replaced from March 2005</b>
<ul style="list-style-type: none"><li>• Behaviour Support Plan</li></ul>	<ul style="list-style-type: none"><li>• Area Child Protection Committee Business Plan</li></ul>
<ul style="list-style-type: none"><li>• Children's Services Plan</li></ul>	<ul style="list-style-type: none"><li>• Asset Management Plan</li></ul>
<ul style="list-style-type: none"><li>• Class Sizes Plan</li></ul>	<ul style="list-style-type: none"><li>• Behaviour Improvement Plan</li></ul>
<ul style="list-style-type: none"><li>• Early Years Development and Childcare Plan</li></ul>	<ul style="list-style-type: none"><li>• Excellence Cluster Plan</li></ul>
<ul style="list-style-type: none"><li>• Education Development Plan</li></ul>	<ul style="list-style-type: none"><li>• Excellence in Cities Plan</li></ul>
<ul style="list-style-type: none"><li>• Local Authority Adoption Services Plan</li></ul>	<ul style="list-style-type: none"><li>• ICT Development Plan</li></ul>
<ul style="list-style-type: none"><li>• School Organisation Plan</li></ul>	<ul style="list-style-type: none"><li>• Primary Strategy Plan (formerly literacy and</li></ul>

	numeracy plans)
	<ul style="list-style-type: none"><li>• Teenage Pregnancy Strategy (to be subsumed by the CYPP from April 2006)</li><li>• Under performing Schools Plan</li><li>• Youth Service Plan</li><li>• Local Preventative Strategy</li><li>• Children's Centre Implementation Plan</li></ul>

These plans will not be updated. If there are important aspects of these plans which are not covered by the Children and Young People's Plan, these should be picked up in operational Service Delivery and Business Plans.

This represents a considerable streamlining of planning requirements but there remain many plans and strategies to which the Children and Young People's Plan should link. Apart from the Community Strategy, the most important include the Youth Justice Plan, the Primary Care Trust Local Development Plan, the Local Development Framework, the Carers Strategy and the Community Safety Strategy.

### **Integrated services – Towards a Children's Trust**

We are committed to working together to deliver integrated services which are designed around the needs of children, young people and their families. The Government calls a set of effective arrangements for co-operation to improve outcomes for children, at all levels, a Children's Trust. All areas are expected to have a Children's Trust in place by 2008.

Kensington and Chelsea is already well on the way to a Children's Trust. Education and social care services have been integrated in a new Family and Children's Services Business Group under a single Executive Director. We are not interested in organisational change for its own sake, but we are interested in genuinely joined up services which work together as an effective team, avoid duplication and make sense to parents and children.

A detailed review of options for further integration was therefore carried out on behalf of the Primary Care Trust and the Council. A Children's

Trust model has been chosen which will involve the Council's Family and Children's services leading the Children's Trust arrangements with formal integration of the Primary Care Trust's community healthcare services for children into these arrangements. Health staff will continue to be employed by the Primary Care Trust but their activities and priorities will be directed by the Children's Trust through the Director of Family and Children's Services and the Lead Member for Children.

A detailed implementation plan will be prepared and agreed by September 2006. A formal agreement will be drawn up between the Council and the Primary Care Trust with the aim of the new arrangements coming into effect from April 2007.

### **Style and Structure**

This is a high level strategic plan not a detailed action plan. The detail about how specific tasks will be undertaken will be spelt out in business plans and other working documents. We have aimed for something succinct and accessible which will be useful to a wide range of people, both professionals and parents.

### **Timescale and Review**

The Plan is a three year strategic plan covering the period from 2006-2009 but it will be updated annually. This will be done through the annual self assessment which is required as part of the system for measuring the performance of children's services. This system also provides for an in-depth inspection of services once every three years. This inspection, called a Joint Area Review will take place in Autumn 2006 for Kensington and Chelsea.

There is therefore ample opportunity to review and refine the Plan over the next few years. The Plan should not be a static document, but rather be a dynamic working tool.

We welcome your comments, questions, criticisms, ideas or suggestions. Please email any comments to <[insert email address](#)>

## Part one: Strong Foundations

In developing this Children and Young People's Plan we are not starting from a blank sheet of paper. Far from it. Kensington and Chelsea has a wide range of well established, high quality children's services across both the statutory and voluntary and community sectors. This has been confirmed by numerous independent evaluations. Recently, Kensington and Chelsea was one of just 11 areas to achieve a top rating from Ofsted and the Commission for Social Care Inspection in the new system for assessing children's services as a whole. The service was assessed as 'delivering well above minimum standards for users'.

The record of individual services subject to inspections such as schools, children's homes and adoption and fostering is also excellent overall.

### Strong Foundations

- ✓ Kensington and Chelsea has twice won Beacon Council Awards for children's services: for care leavers and for child and adolescent mental health services
- ✓ Kensington and Chelsea Council has had the highest possible rating under the Audit Commission's Comprehensive Performance Assessment system every year since its introduction
- ✓ Central and North West London Mental Health Trust was awarded a maximum three star rating by the Healthcare Commission in 2005
- ✓ The Central London Connexions service, which Kensington and Chelsea is the lead body for, is the only Connexions service to be rated excellent to date
- ✓ More than a third of Kensington and Chelsea schools were rated as "particularly successful" by Ofsted. Nationally, less than 10 per cent of all schools were rated as "particularly successful"
- ✓ In 2005 Kensington and Chelsea had the best 'value added' results in the country at Key Stage 2 suggesting that our schools are making a big difference

Being a parent can be tough:

***"Sometimes I feel like I am really crap at this, like I'm not a very good mother"***

But good services can make a big difference:

***"I've really changed as a person; as a mum. I went there [parenting classes] and now I've got my certificate and my husband done it too. It's helped us with [our son] and it's helped us with each other. I feel like we've come so far and we're getting out there doing stuff"***

(Parents interviewed for the evaluation of Sure Start home Visiting service 2005)

However, there are many aspects of services which could be improved. There are gaps and areas of relative weaknesses within the overall picture of strength. The needs of children and families change over time and the expectations of service users, residents, inspectors and government have increased.

Some people's experience of services is not so good

***"There are too many people. I phone up and get passed around the different agencies"***

(Parent of a disabled child, May 2006)

The challenge is to address these issues without jeopardising what already works well.

This part of the Plan summarises the key information about the needs of children and young people in Kensington and Chelsea, the services provided and the outcomes achieved. This is the evidence on which priorities for action and investment have been set.

This part of the Plan draws on both evidence from existing sources and the results of additional consultation with children, young people and their families. The main sources of evidence are:-

- Demographic and statistical data from national sources
- Local needs analyses, service mapping and evaluations
- Statistics on local services and how well they perform in improving outcomes
- The views of children, young people and their families collected through a range of channels including participation in established decision making bodies and forums, surveys and consultations exercises

### **Some Key Sources**

- A Picture Of Our Community – facts and figures about Kensington and Chelsea 2005, produced to inform the Community Strategy
- Public Health Report 2005. Kensington and Chelsea

## **Overview of Kensington and Chelsea**

Kensington and Chelsea is a dynamic and diverse area of inner London. It is the second smallest local authority (1239 hectares) in the United Kingdom and the most densely populated at 131 people per hectare. But this small area contains remarkable diversity and contrasts, even by the standards of London. For instance:

- Average household income levels are well above the London and national averages but Kensington and Chelsea contains some of the most deprived neighbourhoods in the country. One area in Golborne ward is in the 4 per cent most deprived in England and Wales.
- Property values are amongst the highest in the country. The average price of a semi-detached house in 2002 was over £2 million compared to a national average of just under £120 thousand. Conservation areas cover 70 per cent of the borough. On the other hand the 2001 Census found almost a third of households to be over-crowded - the fourth highest rate in the country.
- Whilst over half of all school age children resident in the borough attend private schools (51 per cent), the proportion of children at Kensington and Chelsea schools who qualify for free school meals (34.4 per cent overall) is more than double the national average. It is also higher at primary level than many other areas more usually thought of as more deprived including the London Boroughs of Lambeth, Southwark, Haringey or Newham.

- A recent major national study found that Kensington and Chelsea has the highest life expectancy in the country at 82.4 years, and that there is a 10 year difference between the best and the worst local authority areas. Despite this overall very positive picture, the range of life expectancy between the least and most deprived wards within Kensington and Chelsea has been estimated as up to 12 years - *greater than the national variation between local authorities*. (See page 21 for more information about what life expectancy figures mean).
- Almost half of the population was born outside the UK (the second highest nationally).
- About half of pupils at Kensington and Chelsea schools speak English as an additional language and our pupils speak a total of 102 languages. The most common languages spoken are Arabic (1326 speakers, representing 12 per cent of the total school roll), Portuguese (482 speakers), Spanish (431 speakers), Tagalog (284 speakers), French (246 speakers) and Somali (244 speakers).
- Kensington and Chelsea is particularly rich in cultural, artistic, leisure and entertainment opportunities ranging from the Notting Hill Carnival to the museums of South Kensington.
- Kensington and Chelsea is a predominantly residential area but one with a thriving economy providing 113,000 jobs. The largest employers are the wholesale and retail, real estate and hotel and restaurant sectors. A high proportion of the population work in managerial, professional and technical occupations. More than half of residents (51.5 per cent) are qualified to degree level or above: the highest proportion in the country. However rates of unemployment are similar to the national average and well above it in the most deprived wards. For example in 2005 6.4 per cent of working age adults in Golborne ward were claiming Job Seekers Allowance compared to a national figure of 2.3 per cent.

<b>Key Fact</b>			
Kensington and Chelsea is a fraction of the size of New York but our schools have similar linguistic diversity			
<b>New York City</b>		<b>Kensington and Chelsea</b>	
Area	800 km <sup>2</sup>	Area	12.39 km <sup>2</sup>
Population	8,008,278	Population	184,100
Languages	120	Languages	102

## **Population profile**

The total population of Kensington and Chelsea according to the 2001 Census was 158,919. The Census may well have under-estimated the population of central London but nonetheless this figure represented an increase of around 10 per cent over the previous decade. Subsequent Office for National Statistics population estimates have been revised upwards and mid 2004 estimates put the population at 184,100. The evidence points to continued growth in the population reflecting the flourishing economy of the London region.

The age profile of Kensington and Chelsea differs from the national picture in having more younger working age adults aged 20 to 44 and fewer older people and children and young people aged 5 to 19. The proportion of children under five is in line with the national average. This population profile is very typical for central London.

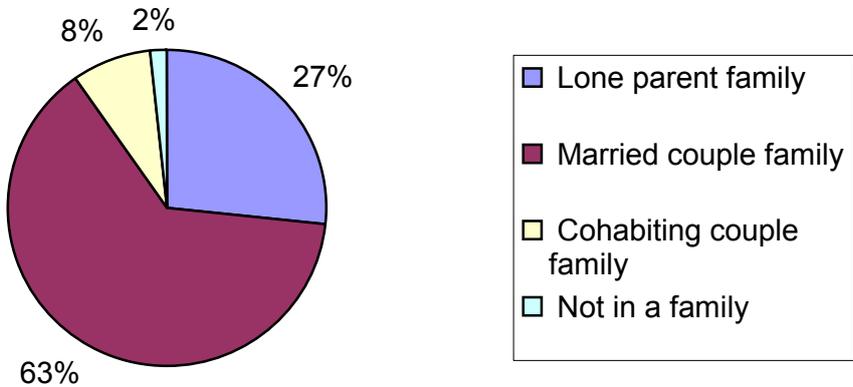
## **Families**

According to the 2001 census there were 15,185 families with dependent children living in Kensington and Chelsea. This is about one in five households in the borough. The proportion of households with dependent children is lower than the national average of 29 per cent.

Almost half of families had just one dependent child (48.69 per cent), around a third had two children (29.8 per cent) and about a fifth had three or more children (21.5 per cent). Compared to England as a whole there were more households with one child and fewer two children families. This may reflect high housing costs and limited availability of larger homes. However the proportion of larger families with three or more children was slightly higher than the national average.

As the pie chart shows, about two thirds of children in Kensington and Chelsea live in 'married couple' families, around a quarter live in 'lone parent' families and just under a tenth in 'cohabiting couple' families.

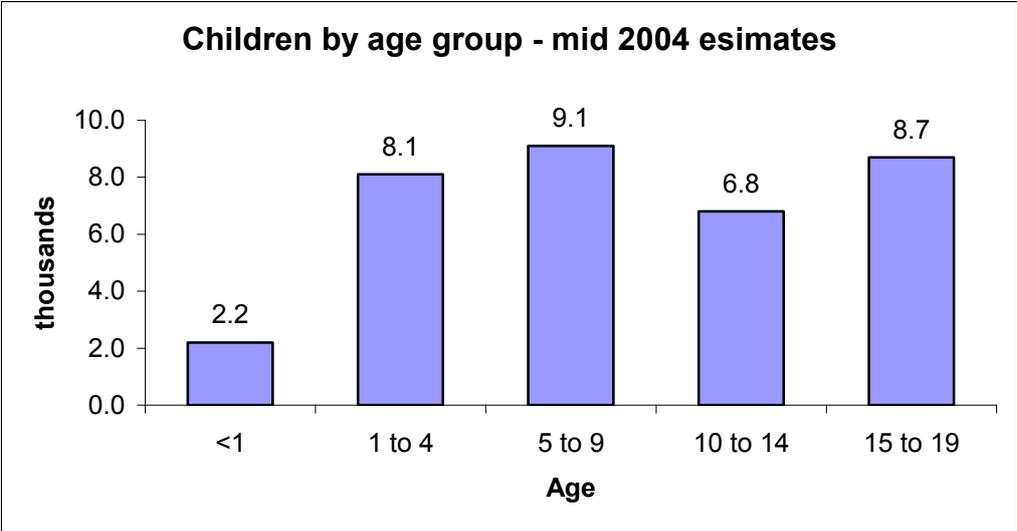
### Children by Family Type (2001 Census)



Most lone parents are women but there are more lone fathers than is sometimes recognised. There were 6315 children living with lone parent mothers and 934 living with lone fathers. Couple families include a significant number of step families. About 9 per cent of children living in couple families lived in step families.

### Children

There are estimated to be 34,900 children and young people aged 0 to 19 in Kensington and Chelsea. (2004 ONS mid year population estimates). The chart shows how this breaks down by age group.



Children and young people make up a higher proportion of the population in the North of the borough coinciding with the areas of greatest deprivation.

## **Diversity**

The 2001 Census found that 78.6 per cent of the population of Kensington and Chelsea are from 'white' ethnic backgrounds with 21.4 per cent from 'black' and other ethnic minority backgrounds.

But the headline figures disguises the remarkable diversity of the area. The population of children and young people is more diverse than the population as a whole: 32.4 per cent of dependent children were from black or other ethnic minority backgrounds. Moreover, with about half the population born outside the UK, the broad census categories of 'white' 'black' and so on are too crude to capture the true diversity. The larger communities in Kensington and Chelsea include many which are 'hidden' in the standard categories such as the Moroccan, Somali, Spanish and Portuguese communities.

### **Key Fact**

Almost half the population were born outside the UK, the second highest proportion in the country

People from different ethnic groups are not spread evenly across the borough. In broad terms, there are higher proportions of people of 'white' ethnic backgrounds in the south and higher proportions of people from 'black' and 'mixed' ethnic backgrounds in the north. People from 'Asian' ethnic backgrounds are spread comparatively uniformly throughout Kensington and Chelsea, and people from 'Chinese or other ethnic group' backgrounds are more likely to live in the north or centre of the borough.

In terms of religion, the majority of the population (62 per cent) describe themselves as 'Christian', 15 per cent as having 'No Religion' and 8.4 per cent as 'Muslim'. The proportion describing themselves as Buddhist is small (1 per cent) but the third highest in the UK.

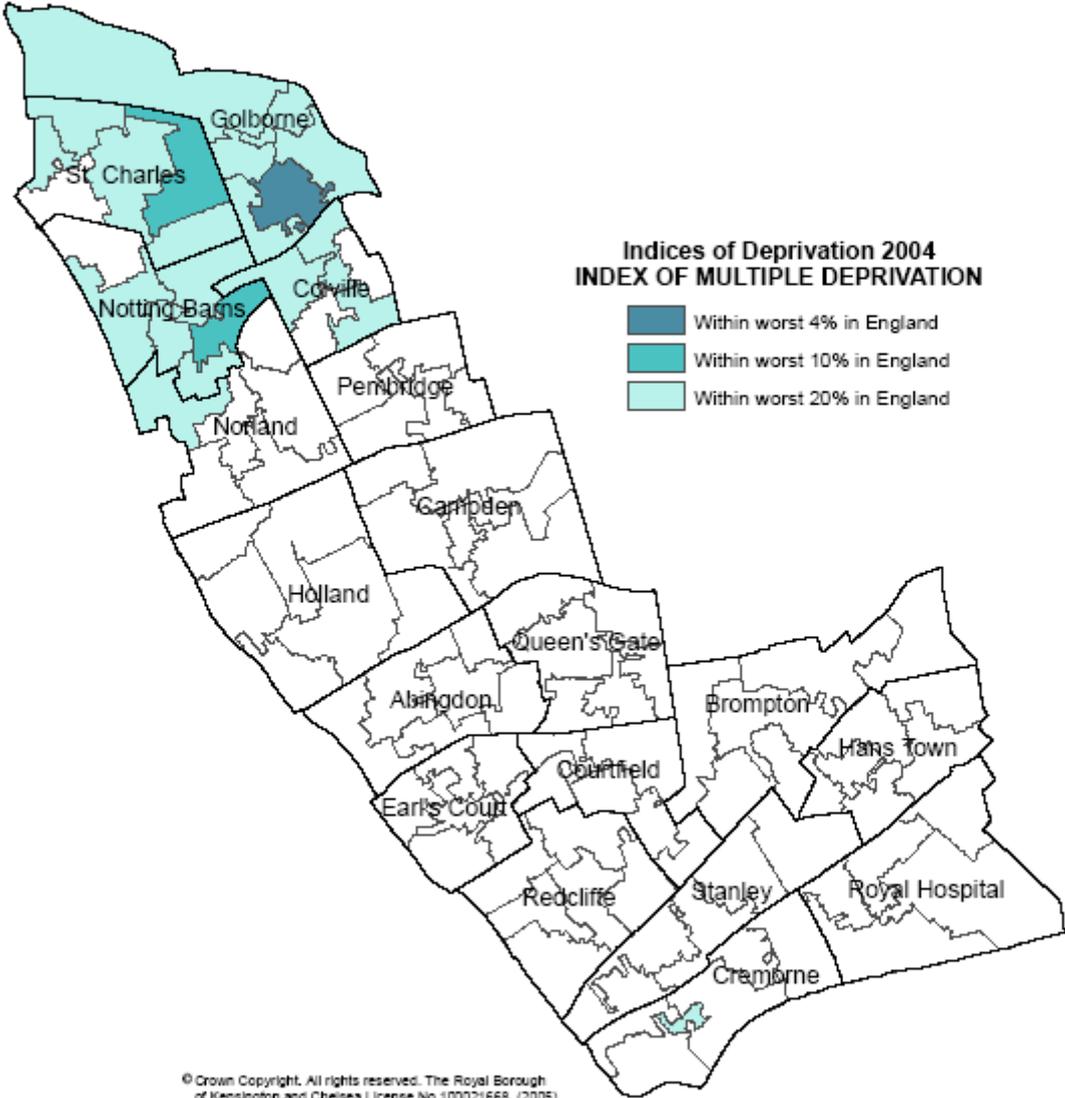
## **Deprivation**

The Government has adopted a standard method of measuring deprivation – the indices of multiple deprivation. These compare different aspects of deprivation for both local authorities and small areas. These small areas are called 'super output areas'. There are 103 super output areas in Kensington and Chelsea and 34,482 in England.

At the local authority level Kensington and Chelsea is ranked as 116 out of 354 local authorities in England and Wales where 1 is the most deprived and 354 the least. In other words, it does not conform to the common misconception of extreme wealth but nor is it particularly deprived.

However at the level of small areas there is an enormous range in the borough, with 21 areas in the 20 per cent most deprived in England, including one in the 4 per cent most deprived. All the super output areas in the 20 per cent most deprived are in North Kensington, but there are also some pockets of deprivation in the centre and south of the borough.

The Map shows the location of the most deprived areas of Kensington and Chelsea. The areas of deprivation correspond very closely to the areas with the greatest concentrations of social housing. This reflects the fact that social housing is allocated to those in greatest need and that demand for social housing in Kensington and Chelsea is such that only those with significant need are likely to be housed.



All this may sound technical but underneath the jargon are big differences in the lives and opportunities of children and their families. We can see this by looking at two examples.

The least deprived area in Kensington and Chelsea is in the 15 per cent least deprived in England (it is in the Holland ward in Kensington). The area has 1709 people, including 334 dependent children:

- ❑ Eighty three per cent of people describe their health as good
- ❑ People in Holland ward are much less likely to die before reaching their 75th birthday than the national average (about half as likely)
- ❑ Six per cent of people aged 16 to 74 have no qualifications
- ❑ 2.2 per cent of economically active people aged 16 to 74 are unemployed
- ❑ 91 per cent of children have a car or van in their household
- ❑ 9 per cent of children are in overcrowded accommodation (using the Census definition)

The most deprived area in Kensington and Chelsea is the 4 per cent most deprived in England (it is in the Golborne ward in North Kensington). The area has 1503 people, including 434 dependent children:-

- ❑ Sixty four per cent describe their health as good
- ❑ People in Golborne ward are more likely to die before reaching their 75th birthday than the national average (almost one and half times as likely)
- ❑ Thirty one per cent of people aged 16 to 74 have no qualifications
- ❑ 9.6 per cent of economically active people aged 16 to 74 are unemployed
- ❑ 53 per cent of children have a car or van in their household
- ❑ 61 per cent of children are in overcrowded accommodation (using the Census definition)

Whilst the range of deprivation in Kensington and Chelsea is very wide it is important to recognise that, in comparison with other parts of central London far fewer children are living in areas of deprivation or income poverty. In central London as a whole almost a fifth of children 0 to16,(17.3 per cent) live in areas which are among the poorest 10 per cent of 'super output areas' in the country. In Kensington and Chelsea only 3.8 per cent of children do. About a fifth of children aged 0 to16 in Kensington and Chelsea live in families dependent on means tested benefits. In central London as a whole it is a third.

## **Housing**

Demand for housing in Kensington and Chelsea is very strong, reflecting the desirability of the Royal Borough as a place to live, the increasing population and the lack of new development opportunities.

Independent research commissioned by Kensington and Chelsea (the Housing Needs Survey 2005) concluded that there was a significant shortfall in both affordable and owner occupied housing. The study estimated that an additional 3741 affordable dwellings would be required if all housing needs over the next five years were to be met. This is **eight** times the estimated new build in the borough.

High densities and high property prices mean that many families live in accommodation which is smaller than they need. The Housing Needs Survey used the General Household Survey method of estimating the number of bedrooms required by a household to measure overcrowding. It was estimated that 16 per cent of households in the borough (or 12,371 households) are in unsuitable accommodation, with overcrowding being the main reason. Families with children, especially lone parent families were particularly likely to be in unsuitable accommodation. An estimated 35% per cent of lone parent families were in unsuitable accommodation, as were 29% of two parent families with one child and 19% of two parent families with two or more children.

The Community Strategy has as one of its goals 'a borough with good quality housing that is well managed and put to the best possible use to meet people's needs'. The Housing Strategy is currently being updated. The new Housing Strategy will set out a long term vision for improving the existing housing stock, providing high quality housing services and using a range of opportunities to meet housing need.

## **Health and well-being**

On average the health of people in Kensington and Chelsea is excellent and health is steadily improving. Male life expectancy, at 79.8 years, is the third highest in England and Wales and female life expectancy, at 84.8 years is the best in the country.

But this overall positive picture masks significant variations between areas.

### **Key Fact**

There is a difference of up to 12 years in estimated life expectancy between the most and least deprived areas in Kensington and Chelsea.

Life expectancy is a commonly used measure of comparative health. The life expectancy of an area is an estimate of the average number of years a

newborn baby would survive if he or she experienced the particular area's **current** age specific mortality rates throughout his or her life. In reality a newborn baby is likely on average to live longer than the calculated life expectancy as mortality rates in the future are likely to drop further.

By far the biggest causes of premature death in Kensington and Chelsea are cancers and circulatory diseases. Smoking is the biggest preventable cause of death. Research suggests that 22 per cent of all male deaths and 12 per cent of female deaths in Kensington and Chelsea are directly caused by smoking. It is not known exactly how many children smoke in Kensington and Chelsea, however it has been estimated that around a tenth of children aged 11 to 15 smoke in London as a whole. Rates of smoking are higher in the more deprived wards.

In January 2006 there were 830 children receiving specialist child and adolescent mental health services in Kensington and Chelsea. The definition of mental disorder is precise and these figures do not include all young people suffering from mental health problems or distress. If a looser definition is applied, it is estimated that there are around 4000 children in total with mental health problems in Kensington and Chelsea.

The health of children in the borough has been steadily improving. Figures from the London Health Commission show that more children in Kensington and Chelsea considered their own health to be good than any other inner London borough – over 90 per cent of 10 to 14 year olds and over 86 per cent of 15 to 19 year olds. (Older teenagers are less positive about their own health in all areas of London).

Nationally, accidental injury is the biggest cause of death in children. Locally admissions of children to hospital for accidental injury are very low. In 2002/03 there were just four admissions of 0 to 4 year olds and eight admissions of 5 to 14 year olds (the third and sixth lowest in London respectively).

Kensington and Chelsea has a lower infant mortality rate than the London average but not significantly so. The proportion of babies of low birth weight (less than 2.5 Kgs) is lower than the national or London averages. A significant proportion of births take place in private hospitals (22 per cent), the second highest figure in the country.

Mothers in Kensington and Chelsea give birth on average at an older age than in London or England as a whole. One third of new mothers are over 35 compared to around a fifth nationally. The rate of teenage conceptions is low and fell significantly in the most recent figures (2003) to 27.1 per 1000 women aged 15 to 17. This compares to a national rate of 42.3. A further reduction would however be needed to meet the Government's

national target to reduce the 1998 rate by half by 2010. The majority of teenage conceptions in 2003 led to a termination (64 per cent). High rates of teenage termination are characteristic of less deprived areas and suggest that abortion services are accessible.

Five year olds at primary schools in Kensington and Chelsea have more decayed or missing teeth than average for London (an average of 1.83 teeth). Levels of NHS dental registration are low, although this may reflect high usage of private dentists. Community surveys suggest that despite relatively poor oral health demand for NHS dentistry in North Kensington is low with people not wishing to register.

Recorded rates of childhood immunisation are lower than the London average and much lower than the national average, especially for Measles Mumps and Rubella (MMR). In 2004/05 nationally 94 per cent of two year olds had had the polio and diphtheria vaccinations and 81 per cent had had the MMR vaccination. In Kensington and Chelsea only 81 per cent were immunised against polio and diphtheria and just 50 per cent were recorded as having received the MMR vaccination. Recently there has been a 30 per cent increase in take up of MMR locally, reflecting improved recording and reduced public anxiety about safety. The reasons for the low take up figures include significant use of the private sector by local families, poor data systems and high population mobility.

Since the mid 1990s there has been an increase of over a third in diagnoses of sexually transmitted infections nationally and in London. Kensington and Chelsea has a particularly high proportion of residents living with HIV/AIDS: more than twice the London average. This is believed to reflect the presence of high quality specialist services in the area. A very high proportion of people with HIV in Kensington and Chelsea (87 per cent) are men, and the age profile of people affected is older than most other areas.

### **Early Years and childcare**

Services for young children have been the focus of many recent developments including Sure Start and children's centres. There are two main reasons for this:

- There is a lot of evidence that the quality of early childhood experience is crucial in determining a child's long term development and opportunities; and
- Access to paid work is the best way to avoid poverty. There is evidence that lack of child care is a major barrier to work for parents and Government policy has therefore sought to increase the supply of child care, especially for pre-school children.

There are sometimes tensions between these two strands of policy but the consensus is that high quality early years child care is beneficial to children and families.

Local child care audits and consultation with parents have found that overall there is a good supply of child care in Kensington, with a great variety of often high quality provision. There are vacancies in some sectors, for example child minding and places for children in need at family centres, and there are places in nursery schools or classes for all three and four year olds whose parents want one. There is good provision for children with disabilities under five years old through family centres.

However there is less provision in the centre and south of Kensington and Chelsea and there are issues of affordability for parents on lower incomes. Child care costs more in Kensington and Chelsea than the London average and many parents say that cost is a real barrier to work. This is despite voluntary and community sector provision within tax credit levels in the north of borough. The impact of recent increases in tax credit rates remains to be seen.

***'Living off benefits is emotionally degrading and many parents want to try and get back into work...but this option needs to be financially worthwhile. At the moment for many parents this is just not the case'***

(Parent comment at focus group for Early years and childcare audit)

## **Education and Learning**

The population of pupils attending schools funded by Kensington and Chelsea differs significantly from the population of children living in the borough. This is due to the high proportion of children who travel across borough boundaries to go to school and the high proportion of children educated in the independent sector. There are 38 independent schools in the borough and a relatively high proportion of children attend boarding schools. (Some 9.4 per cent of Kensington and Chelsea young people live away from home in term time compared to a national figure of 3.5 per cent).

### **Types of School**

There are two **main** types of school funded by Kensington and Chelsea council:

- ❑ Community schools: non denominational and financially supported (or 'maintained') by the Council
- ❑ Voluntary aided schools: jointly maintained by the Council and the Church. There are both Church of England and Roman Catholic Schools in Kensington and Chelsea.

There are thirty seven schools maintained by Kensington and Chelsea: four nursery schools, 26 primary schools four secondary schools, one special school, one hospital school and the Pupil Referral Unit.

In September 2005 there were 10,505 pupils enrolled at these schools, including 805 in nursery schools or classes, 6,047 in primary schools and 3,537 in secondary schools.

A quarter of pupils at Kensington and Chelsea primary schools, and 61 per cent of those at secondary schools live in other boroughs. Many of these 'imported' pupils come from the neighbouring boroughs of Westminster, Hammersmith and Fulham, Brent and Wandsworth but as Map 2 shows, Kensington and Chelsea schools draw pupils from all over London.

On the other hand, many Kensington and Chelsea children attend schools in other boroughs, especially at secondary level.

The profile of pupils at Kensington and Chelsea schools differs significantly from the resident population.

**Key Fact**

More than twice as many children at Kensington and Chelsea schools qualify for free school meals as the national average

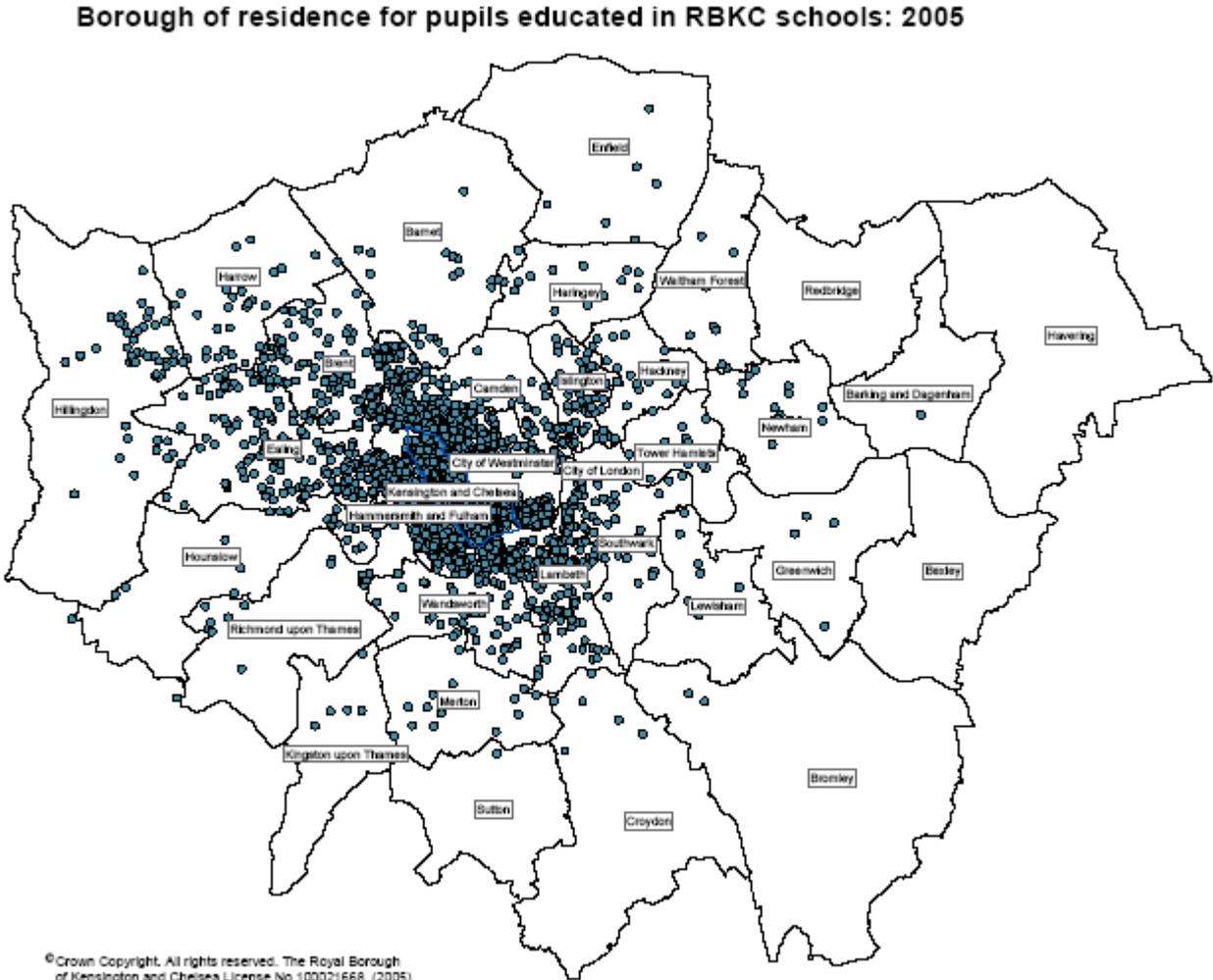
The pupil population also differs in terms of ethnicity. Whereas about 32 per cent of children who live in Kensington and Chelsea are from black or other ethnic minority backgrounds, the figure for pupils at primary schools is 57 per cent and amongst secondary school pupils it is 48 per cent.

Around a half of pupils speak English as an additional language and the number of pupils starting or leaving school outside of the normal admission dates is high. These factors present significant challenges to teachers in ensuring good outcomes.

Levels of attainment in Kensington and Chelsea schools are generally very good in comparison with other areas. The evidence suggests that this is a result of the quality of education provided and the high expectations demonstrated by teaching staff, rather than having a relatively advantaged pupil population.

Levels of attainment at Key Stage 1 (aged six to seven years) are slightly below the national average but compare well with similar authorities in London. By age 11 (Key Stage 2) results in Kensington and Chelsea are

significantly above the national average. In 2005 Kensington and Chelsea achieved the best results in the country for this age group as measured by 'value added'. (Value added is a measure of progress between key stages which takes into account the different starting points of children in



different schools and areas).

The excellent performance at Key Stage 2 is sustained at key stages 3 and 4 with results above the national average. The proportion of children achieving 5 or more good GCSEs (A\*-C) was 62 per cent in 2005 compared with a national average for maintained schools of 54 per cent.

After compulsory education 91 per cent of pupils from Kensington and Chelsea schools went on to further education, training or work based learning. The average A/AS level points score has improved but is below the national average. In 2005 85 per cent of A/AS level students progressed to higher education.

Although outcomes for pupils at our schools are good overall there are some variations in attainment.

In general, locally and nationally boys do less well than girls across Key Stages. At Key Stage 1 in 2005 boys were further behind girls in writing, than the national picture, although there were not large differences for other subjects. At Key Stage 2, however, boys were further above the national average for boys than girls were above the national average for girls. There is considerable variation by school - in some schools boys perform above girls - and the relative achievements vary over time.

There are also variations in achievement for children from different ethnic backgrounds, however the picture is complex and patterns of achievement vary from year to year, Key Stage to Key Stage and subject to subject. The achievement of different groups of pupils is the subject of discussions between head teachers and School Improvement Advisers to identify patterns or concerns and plan action accordingly.

## **Employment and Training**

The vast majority of young people aged 16 to 18 are in education training or employment (84.1 per cent) but 8.9 per cent were not as at November 2005. These figures are slightly better than the central London average. The rate of young people not in education training or employment is much higher in the more deprived wards in the north of the borough.

## **Young People and Crime**

Crime and anti-social behaviour are significant concerns for both children and adults living in Kensington and Chelsea. However recorded crime in Kensington and Chelsea has fallen significantly over the last two years. In the year to March 2006 overall crime was down by 7.8 per cent and this followed a 10 per cent fall in the previous year. However street crime was an exception to the trend, increasing by 12.9 per cent in 2005/06.

### **Strong foundations**

Uniformed Police and Community Support Officers are helping young people at Holland Park school with literacy by providing regular one to one support in the school. This promotes a positive image and helps break down barriers and mutual misperceptions.

It is difficult to say exactly how much crime involves young people as either perpetrators or victims. This is because many crimes are not reported and we will only know the age of the perpetrator if they are caught. In 2005/06 there were 206 young people in Kensington and Chelsea who received final warnings, reprimands or were convicted of a total of 337 offences. The number of young people involved in the criminal justice system was similar to the previous year.

Based on recorded crime statistics, children aged 10 to 17 in Kensington and Chelsea are less likely to be victims than in other parts of central London. In 2004/05 7.2% of victims in Kensington and Chelsea were young people compared to 11.9% for central London as a whole. Public perceptions and recorded crime statistics often differ however. Consultation with young people shows a high level of concern about crime.

***"On this road I have been robbed. .. The police told me it happened many times before in this area so if it happens so often someone should do something"***

(Young Persons caption for an entry in the photography competition)

### **Children in Need**

Every two years a major census of 'children in need' is undertaken. This provides detailed information about the circumstances of children in need and the services provided for them by taking a snapshot of a single week. The last children in need census was in February 2005.

There were 2,290 children in need in touch with Kensington and Chelsea children's social services at that time. Two thirds (1525) of the children received a service during the census week. The vast majority of children in need (2,010 children or 87 per cent) were supported in their families and there were 280 children looked after by the Council (sometimes called 'in care'). The looked after children were far more likely to receive a service during the census week: 96 per cent of them did.

**Children in need'** are those who qualify for assistance from the local authority because they would be unlikely to achieve a reasonable standard of health or development without help, or because they have a significant disability.

The vast majority of children in need are supported to live with their families. However, there are situations where families are unable or unwilling to look after a child. If extended family or friends are not able to care for the child they become 'looked after' by the council. The aim is to enable children to return to their own families as quickly as possible, but in those rare situations where this is impossible or not in the child's best interests, the aim is to secure stable and safe care for the child, preferably in a permanent family, for example through adoption.

In terms of age group, children supported in their families, were spread across the age groups, but the highest proportions were young children aged 5 or under accounting for almost half of all children supported in families.

Children in need in Kensington and Chelsea are much more likely to come from a black or ethnic minority background than children overall. More than two thirds of children in need came from ethnic backgrounds other than white, almost twice the proportion in the local child population as a whole. In terms of religion, 22 per cent of children in need were Muslim, a slightly higher proportion than the general child population.

Social workers are asked to classify children according to their needs using standard national 'primary needs categories'. They also record as many secondary need categories as apply. In Kensington and Chelsea the most used primary needs categories of children supported in families were:

- Parental illness or disability i.e. 'children whose main need for services arises because the capacity of their parents or carers to care for them is impaired by disability, illness, mental illness or addictions' (13.6 per cent);
- Low income i.e. 'children living in families or independently whose needs arise mainly from being dependent on an income below the standard state entitlements' (13.5 per cent);
- Family dysfunction i.e. 'children whose needs arose mainly out of their living in families where the parenting capacity is chronically inadequate' (12.4 per cent);
- Child's Disability/Illness i.e. 'Children and their families whose main need for services arises out of the children's disabilities' (11.9 per cent);
- Absent parenting i.e. 'children whose need for services arises mainly from having no parents available to provide for them' (11.8 per cent); and
- Abuse or neglect of child i.e. 'Children in need as a result of, or at risk of, abuse or neglect' (10 per cent).

The top ten secondary needs codes of Kensington and Chelsea children in need receiving a service during the week were:-

□ Single parent	25.6 per cent
□ Reduced Income	21.9 per cent
□ Neglect	9.7 per cent
□ Emotional Abuse	9.5 per cent
□ Low boundary control	8.9 per cent
□ Carers erratic relationships	7.7 per cent
□ Chronically mentally ill parent	7.6 per cent
□ Emotional/behavioural disabilities	6.9 per cent
□ Unaccompanied Minor	6.1 per cent
□ Child disorderly behaviour	6.1 per cent

This information suggests that for the small group of children with very high needs, parental health, well-being, income and capacity are frequently the key factors. This strongly supports the view of families as the main contributors to their children's safety, success and well-being.

### **Children with disabilities and special educational needs**

Information about children with disabilities is available from several sources but it can be difficult to compare figures as definitions of disability vary. 'Disability' tends to be used to indicate conditions which have a substantial and long term impact on a child's day to day life. 'Special education needs' is a broader term and refers to children who have a difficulty learning which requires specialist help.

The 2001 Census recorded 982 children aged 0 to 18 with a 'limiting long term illness' (this would include children with conditions such as chronic asthma which would not be considered disabilities). This is slightly lower than the national rate (3.6 per cent of children in Kensington and Chelsea as against 4.3 per cent of children in England).

As at January 2006 1,168 pupils at Kensington and Chelsea Primary Schools were assessed as having special educational needs. Of these, 135 pupils had statements of special educational needs. At secondary level, there were 582 pupils assessed as having special educational needs of whom 81 had statements. The rate of pupils with special educational needs is currently below the national and London averages.

There is a register of children with disabilities which currently records 216 children. However this is likely to be an underestimate because registration is voluntary.

The children in need census recorded 242 children with a disability in February 2005, of whom 42 were looked after children, including children receiving respite care. Two thirds of disabled children were male (66.7 per

cent) and by far the most common type of disability was learning disabilities (62.8 per cent). Twenty four children were recorded as being 'autistic' of whom over 90 per cent were males. About two thirds of the children came from black or other ethnic minority backgrounds. A high proportion of the children live in the more deprived areas of the borough.

The looked after children with a disability tended to be in the older age group. Only one was aged under 5 and 30 were aged 11 or over. The vast majority (78.3 per cent) had a learning disability. This profile reflects the fact that both families and services find it harder to cope as children with complex needs get older. Close working with adult social care is essential to ensure a successful transition to adulthood.

The number of children with a disability in touch with social services is almost identical to the prevalence of severe childhood disability which would be predicted on the basis of national rates. The Public Health Report 2005 estimated that national prevalence rates would equate to 160 boys and 70 girls with a severe disability in Kensington and Chelsea. This suggests good access to services and identification of disability.

<p><b>KEY FACT</b></p> <p><b>Deprivation and disability</b> National research suggests that residents of the 20% most deprived areas of the country are more than twice as likely to have one or more disabilities as residents in the 20% least deprived areas.</p>
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s. The number of 'young carers' is difficult to estimate but the 2001 Census did ask about caring responsibilities. This recorded 294 children aged under 19 as having caring responsibilities of whom 45 were caring for 20 hours or more a week. The number of young carers in Kensington and Chelsea is slightly below the national rate.

**Looked After Children and care leavers.**

At any one time there are 250-270 children looked after by the Royal Borough of Kensington and Chelsea, including 20-25 children with disabilities receiving respite care.

The number of looked after children in Kensington and Chelsea as a rate of the child population is high compared to other areas. In 2005 there were 81.2 looked after children for every 10,000 children in Kensington and Chelsea. The rate for England as a whole was 60.6, and amongst London authorities it was 78.8 per 10,000. However the Kensington and Chelsea rate has been falling over the last three years.

A very significant proportion of looked after-children in Kensington and Chelsea are unaccompanied asylum seekers or refugees. In December 2005 there were 65 unaccompanied children looked after – just over a quarter of the total.

The large number of refugee and asylum seeking young people gives Kensington and Chelsea an unusual profile of looked after children in terms of age. Asylum seeking young people are likely to become looked after at an older age and remain looked after until their eighteenth birthday. As a result there are more older teenagers looked after in Kensington and Chelsea than most areas. Almost half of looked after children are aged 15 to 17 which is around twice the national figure.

The Children in Need census showed that the needs of looked after children differ from children in need overall. Forty per cent were allocated a needs category of 'abuse or neglect of child', and 31.4 per cent were categorised as 'absent parenting'. The later category would include asylum seeking young people.

Black and other ethnic minority young people are disproportionately represented amongst looked after children. This is true whether or not unaccompanied children are included in the figures. Excluding unaccompanied children, 71.5 per cent of looked after children were from black or other ethnic minority backgrounds. Children from mixed ethnic backgrounds were particularly over-represented, accounting for 41.8 per cent. The increased risk of becoming looked after for children of mixed ethnic backgrounds is consistent with the findings of national research over many years.

Most looked after children are cared for by foster or adoptive families: 67.5 per cent in 2005. This figure is low compared to other areas but this reflects the older average age of looked after children in Kensington at Chelsea. All children under 10 were in family placements and if unaccompanied asylum seekers are excluded from the figures, 81.9 per cent are in fostering or adoptive placements. Many asylum seeking young people are aged 16 or 17 and are in semi-independent placements such as hostels.

With some of the highest property prices in the world, relatively small homes on average and many single working age people, Kensington and Chelsea is a difficult place to recruit foster carers. This, combined with the small size of the borough means that many looked after children are placed outside the borough. In December 2005 almost 70 per cent of looked after children were placed in other boroughs. However, great efforts are made to place children as near to their homes as possible and over 75 per cent are placed in greater London.

## **Child Protection**

The number of children on the child protection register in Kensington and Chelsea is low relative to other areas. There were 75 children on the register at the end of December 2005, and the number has tended to range between 50 and 75 since 2000. The main reasons for placing children on the register were emotional abuse (36 cases) and neglect (31 cases). Five children were registered because of sexual abuse and three because of physical abuse.

During 2005 there were a total of 65 initial child protection case conferences. The families had a total of 116 children of whom 86 were placed on the register following the conference. This, taken together with the low overall rate of registration, suggests that risk is reduced quickly through protection planning leading to significant turn-over in the children on the register.

Domestic violence is a factor in a significant proportion of child protection cases and is also an underlying reason for some children becoming looked after. It is difficult to estimate the prevalence of domestic violence because incidents often go unreported. Indeed research has suggested that there will have been many assaults before a victim calls the police. However national research suggests that domestic violence is far more common than generally acknowledged and cuts across income levels, social class and ethnicity.

## **Outcomes Overall**

Measuring outcomes for children, especially long term outcomes, is very difficult. Much of what we know is really about numbers of children with certain characteristics or receiving certain services.

This lack of satisfactory ways to measure outcomes is common to all areas. However there is a national set of performance indicators which, whilst imperfect, are the best available measures at present. On this evidence outcomes for children in Kensington and Chelsea are generally good and the latest data for 2005-06 shows improvements in some key areas. For example placement stability has increased and more care leavers are in education, employment or training. The exam results of looked after children who sat GCSEs in 2005 were the best ever for Kensington and Chelsea.

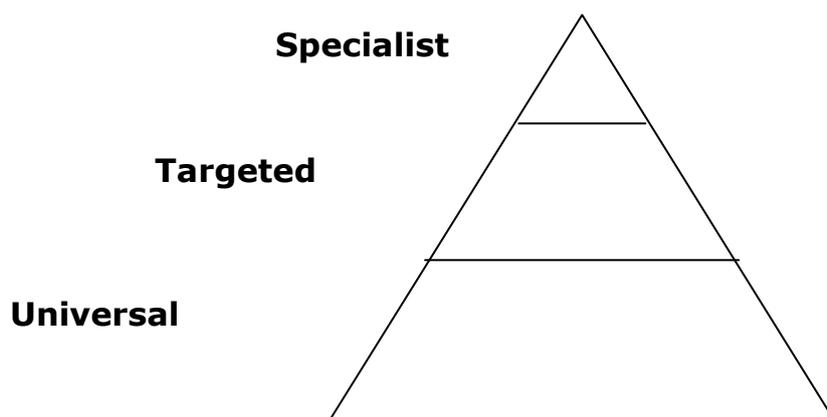
The overall picture which emerges from the needs analysis and outcomes data is very encouraging. Children at Kensington and Chelsea schools do very well compared to those in other areas and health outcomes for children as a whole are good. However, within this overall positive picture there are big variations in outcomes between geographical areas and groups of children. For instance health outcomes are much worse in the

more deprived neighbourhoods. Educational attainment of looked after children is improving but remains significantly lower than that of their peers.

Narrowing these gaps in outcomes should be a focus of the Plan.

## **Services**

The variety of services for children and families can be bewildering. A useful way to make sense of them is to distinguish between universal services for all children, targeted services for those with identified needs and specialist services for those with the most complex needs. This can be shown as a diagram:



Service mapping in Kensington and Chelsea shows that there is a very wide range of services across the need levels. Although there are some specific service gaps or under-supply (see below), the bigger issues are co-ordinating and integrating provision and ensuring that parents and children can understand services as a coherent whole.

Identified gaps in services include:

- ❑ Services specifically targeted towards fathers or tailored to their needs e.g. parenting skills, positive models of fatherhood, anger management, supervised contact and advice on legal rights and responsibilities.
- ❑ Services for children aged 5-13 who are having difficulties but do not meet the thresholds for specialist services
- ❑ Effective services for adolescents with the most complex needs

The key areas where there is currently under-supply are:-

- Affordable housing – with a rapidly rising population, high property prices and a shortage of development opportunities, demand for social housing far outstrips supply. This is an issue both for families, for young people moving to independence and those wanting to foster or adopt children
- Demand for places at Kensington and Chelsea schools is very high. Options to increase school places have to date been constrained because there are less popular schools in other authorities which are within easy travelling distance of Kensington and Chelsea. However changes in the rules for establishing schools are currently before parliament.
- There are fewer local foster carers than needed for looked after children

There is some innovative work to address these problems, but more needs to be done:

### **Strong Foundations**

#### **New Generations scheme – preventing homelessness for young families**

New Generations is a homeless prevention pilot, offering a new route to permanent social housing for applicants who are being asked to leave overcrowded family homes. The aim is to give young people the opportunity to stay at home until they are re-housed, so preventing the need for temporary accommodation.

New Generations is targeted at parents with dependent children (including pregnant women) who live with their own parents in overcrowded accommodation (defined as lacking at least one bedroom). Young People are guaranteed an offer of permanent social housing within a maximum of 12 months, provided the applicant is willing and able to remain in their current accommodation and it is safe for them to do so. The pilot scheme will provide 35 permanent homes.

There is much excellent partnership working and many examples of inter-agency and multi disciplinary services:

### **Strong Foundations**

The PCT provides an **Early Years Speech and Language Therapy Service** which focuses on helping parents, carers and early years professionals to develop their own skills in supporting the development of children's speech, language and communication skills. This model is rolled out through an outreach programme into children's centres, day nurseries and parents groups.

All Local Authority schools are now able to access a service from a link Speech and Language Therapist, to support any child on their roll with speech, language or communication difficulties to access the curriculum.

### **Strong Foundations**

A **breastfeeding support and advice** cafe has been running in the Cheyne Family Centre since July 2005. It is called Best 4 Baby Cafe and runs every week. Staff trained in breastfeeding and experienced mothers are available to offer advice. Mothers can enjoy refreshments, buy nursing bras and hire breast pumps and there are play areas for children. This is a joint initiative with Cheyne Family centre and the Primary Care Trust. to support mothers to continue breastfeeding in a comfortable and supportive environment.

Central North West London Mental Health Trust (CNWL) has developed an award winning **Parental Mental Health Service** in partnership with the National Society for the Prevention of Cruelty to Children (NSPCC), working across traditional service boundaries to meet the needs of children and young people whose parents have mental health problems. When the service won a Health service Journal award in 2004, the Secretary of State not only awarded CNWL with a special commendation but also recommended that the model was developed on a national scale.

However commissioning has been unevenly developed and has not yet been well integrated across the whole breadth of children's services.

Three service areas have been identified as having obvious scope for improved co-ordination and integration of services. In depth reviews of these areas are being conducted to identify the best way forward. They are:-

- ❑ Services for early years
- ❑ Services for children with disabilities
- ❑ Services for adolescents

## **What parents, children and young people have told us**

Over recent years there has been real progress in listening to the views of parents, children and young people and directly involving them in services and decision making. This includes both formal mechanisms like school councils, parents on Sure Start Boards, parent governors, and the Corporate Parenting Panel for looked after children and less formal mechanisms such as focus groups, fun events and peer research.

### **Strong Foundations – Hear by Right**

Kensington and Chelsea is the first Council in London to achieve the advanced level of 'Hear by Right' – the national standard on active involvement of children and young people

New methods are being used to engage the creativity and enthusiasm of young people:

### **STRONG FOUNDATIONS**

#### **STREET POETRY**

The *Landscape of Young hearts* Project brought together young people from the Pupil Referral Unit, the Council's Environmental Services Department and a poetry coach to enable young people to express how they feel about urban living. The result was some remarkable poetry expressing ideas and feelings about much more than street cleanliness which was the original idea. Some of the poems are quoted in this plan.

#### **PHOTOGRAPHY**

A photography competition was held on the theme of what young people like and dislike about where they live. Some of the photographs and captions have been used in this plan.

There have also been a wide range of specific consultation exercises and surveys. Examples include:-

- ❑ The Early Years and Childcare Audit, which included interviewing over three hundred parents, plus 8 focus groups
- ❑ The Play Strategy consultation, including a survey of over 300 children aged 5 to 16 and 86 parents
- ❑ Consultation with the residents panel – a representative cross section of borough residents- about the roles of parents and

statutory services. The residents panel have also been consulted about the relative priority of spending on children's services

- ❑ Consultation with parents who have experienced child protection investigations
- ❑ Consultation and research commissioned from the Who Cares Trust about the educational needs of looked after children
- ❑ A satisfaction survey of children in need aged 10 to 17
- ❑ Evaluation of the Sure Start home visiting services in North West Kensington and Golborne which included surveys and interviews with parents
- ❑ A wide range of consultation on the community strategy, which included focus groups with young people on local social housing estates
- ❑ A consultation about what help families need and when (the 'time and place project'), commissioned partly to inform this plan, which included interviews with 40 parents and 50 young people
- ❑ Focus groups with 51 parents of children in need as part of the work to develop a family support commissioning strategy
- ❑ Consultation with parents of children with disabilities as part of the work to integrate services

As a result there is now a wealth of information about what parents and children think about services, what their needs are, what works and what doesn't, and their ideas about what needs to change. What then are the key messages?

- ❑ There is wide support for our emphasis on families and the need to support parents in carrying out their roles
- ❑ Parents recognise the need for a range of services appropriate to different levels of need. They want good information about services and easy access when they need them. There are particular times when all families tend to need more information and support, for example, the birth of a baby or when applying for school places. Families also need targeted information and support when they face particular challenges, such as bereavement, divorce or the serious illness of a child
- ❑ Parents and children are generally satisfied with the quality of services provided and they do not tend to report major gaps in

services or being turned down for services they need. The problem is more information and awareness about services and confusion about how they relate to one another. A good illustration of this issue is the Children's Information Service which provides information for parents about child care options and places in Kensington and Chelsea. The childcare audit found that parents who used the service really liked it (82 per cent said it was good or excellent), however two thirds of parents were not aware of the service.

- Both parents and young people tend to rely on sources of information which are easy to access and very local. For this reason friends are a major source of information and advice. Some families feel isolated and need hands on support to access to services. Transport is often mentioned as a barrier to accessing services by both parents and young people. Although Kensington and Chelsea is a small place with lots of public transport, north-south transport links are less good and cost is an issue for many people.

There is some innovative work to improve communication and access, but more needs to be done:

## **STRONG FOUNDATIONS**

### **TEXT MESSAGING AND WEB CAMS**

The Kensington and Chelsea young people's website is piloting a free text messaging service as a way of informing young people about events and services. For instance advertising the scheme to provide 800 free tickets to Holland Park Opera to young people. Already 276 young people are registered to receive text messages

Connexions are piloting a web cam service so that young people can 'see' a personal advisor without having to go to the Connexions centre. The technology is being installed at libraries and other locations around the borough and will provide new ways to contact services.

- Parents and young people are clear about the characteristics that they want from people providing services. To be effective staff need to be trustworthy, non-judgemental and to respect confidentiality.
- Both parents and young people are concerned about housing in Kensington and Chelsea. Issues include cost, over-crowding, quality and the shortage of affordable housing.

- Parents of children with disabilities find services are often confusing and un-coordinated. There are gaps in some services and limited choice, particularly for older children.
- The young people consulted on the draft Plan supported the overall direction but wanted a stronger recognition of the importance of families and parents. They also recognised that those young people who don't live with their family also have a need for people to take a special interest in them.
- Young people praised the ambitions of the plan but were concerned about how it would be delivered. They also wanted more about fun in the Plan.
- Children and young people really value play and leisure facilities. They see them as not only fun but important for their health and for keeping out of trouble. What children don't like about their neighbourhoods are feeling unsafe, vandalism graffiti, dog fouling, rubbish and environmental problems. These are the same issues which concern older residents.

***"People are drinking alcohol just behind my house. They use the corner as a toilet. The area stinks. Sometimes people are aggressive and very loud, often drinking. It is not safe on the street and is no education for children"***

Caption for entry in young people's photography competition for safeguarding consultation

- Young people are very concerned about crime, bullying and personal safety. Safety is also a major concern of both parents and children when it comes to using play facilities. For instance one in five children said that feeling unsafe was a reason for not playing in the park.

Young people don't want to be stereotyped:

I have ambitions, **BIG** ambitions  
I have expectations, **GREAT** expectations  
I wanna get somewhere in life  
I don't wanna be like them hoodrats  
I don't want to be stereotyped  
I don't wanna be called fake or bogus  
I wanna get somewhere in life

**(Poem written by a young person as part of the Landscape of Young Hearts Project)**

Inter-generational projects which bring together people of different ages are one way to break down stereotypes and demonstrate the contribution of children and young people:

The **Sixty Plus** Intergenerational Project aims to create partnerships of mutual benefit between older people and young volunteers (16 to 24 years). For example the **Computer Project** matches an older person who wants to get up-to-date with modern technology, with a young 'computer coach' keen to share some high-tech knowledge. The pairs meet weekly with the learning goals set by the older person. This can range from word processing to computer games to becoming a 'silver surfer'. The service targets housebound learners through the loan of laptops. Another example is a video project where older and younger people explored their views on crime and community safety in their neighbourhood.

The **Speak With My Voice** project linked pupils at Asburnham Community School and Park Walk Primary School with older people at the nearby Gertrude Street Day Centre in a project based on music and creative writing. The relationship between younger and older people is often portrayed negatively in the media. The idea was for the arts to provide the stimulus for primary schoolchildren and older people to work together, get to know one another and achieve something positive, whilst at the same time giving them a chance to develop vital life skills such as literacy, communication and teamwork.

## Part 2: Priorities for improvement

This is the first single plan for children's services but it is not the first time we have set priorities across all the outcome areas. In 2005 priorities were set on the basis of a Council led self-assessment of needs, services and outcomes. Some of these have already been achieved but others are longer term and require more work.

The priorities set out here include the ongoing priorities plus new ones informed by the latest evidence of local need and service effectiveness, the views of children and parents and wider dialogue with partners. The priorities are **shared** by all partners and have been amended in light of the comments of young people and others on the first draft of the plan.

### Priorities already Achieved

- ❑ Meeting stretch targets to increase the number of children adopted
- ❑ Meeting stretch targets to increase school attendance
- ❑ Reaching the advanced level of the 'Hear By Right' standard for youth participation
- ❑ Reducing expenditure on placements for looked after children without compromising quality
- ❑ Continuing to improve educational achievement of looked after children and establishing a corporate parenting panel
- ❑ Implementing the new requirements of the Children Act including: Lead Member, Director of Children's Services, Local Safeguarding Children's Board, reconfiguration of Council services to integrate family and children's services and considering options for Children's Trusts

The priorities are of two kinds:-

- ❑ Those which cut across all outcome areas, such as supporting families; and
- ❑ Specific priorities for each of the five *Every Child Matters* outcome areas

The priorities are presented under seven headings:

- ❑ Supporting families

- ❑ Cross-cutting priorities (i.e. those which support the achievement of all outcomes)
- ❑ Be healthy
- ❑ Stay Safe
- ❑ Enjoy and achieve
- ❑ Make a positive contribution
- ❑ Achieve economic well-being

Priorities are highlighted in the text. For each priority we say why it is a priority and what we will do to achieve it.

## **1. Supporting families**

Because parents and young people have told us that they want better information at the right times, such as key transitions in a child's journey to adulthood we will:

### **1.1 Improve public information about services to parents, carers, children and young people**

We will achieve this by:

- ❑ Ensuring that children, young people and families can find out about services by improving the quality of and access to information
- ❑ Prioritising improvements in information for families with children with disabilities
- ❑ Improving health information to children, young people and families by making the annual public guide to services more user friendly for young people
- ❑ Improving information about housing options
- ❑ Improving the quality of information about post 16 options
- ❑ With the help of children and young people producing a child friendly version of this Plan
- ❑ Evaluating the pilot using text messaging to inform young people about events
- ❑ Piloting the use of web cams in Connexions to make it easier to access services

In order to better support parents in carrying out their demanding role we will:

### **1.2 Establish a 'Parenting Academy' – a comprehensive, programme of parenting education covering all need levels**

We will achieve this by:

- ❑ Bringing together all existing parenting classes and education into a single coherent programme
- ❑ Working with the Metropolitan University of London to ensure that approaches are based on the best available evidence of what works
- ❑ Ensuring that the programme is widely publicised and supported by a good website for parents and professionals

To make sure that integrated children's services are easily accessible to all children and parents in Kensington and Chelsea and for all age groups of children we will:

### **1.3 Develop a network of children's centres and extended schools which are effective family and community resources**

We will do this by:

- ❑ Providing four children's centres from March 2006 and developing a further six by 2008
- ❑ Supporting and encouraging schools to collaborate in the development of services for the community through extended services provision
- ❑ Providing information to the wider community about extended services
- ❑ Cascading the training of Extended Schools Remodelling Consultants to head teachers, governors, social workers, education welfare service, community learning
- ❑ Involving pupils and families in the development of extended services and identifying appropriate services
- ❑ Developing a single point for families to access support services, including social care and health services, by locating these services within children's centres and extended schools

- Improving access for children with significant Special Educational needs to Children's Centres and extended services

To make sure that excellent services are available to those who need most help, we will:

#### **1.4 Continue to provide excellent services to support and safeguard vulnerable children and those in the greatest need**

We will do this by:

- Providing support to parents and carers in effectively undertaking their parenting roles, and ensuring that those children who require specialist support, receive it
- Providing a range of support for teenage parents for example in parenting skills and removing barriers to education, employment and training
- Ensuring that commissioning with voluntary sector partners through grants and contracts meets the full spectrum of need
- Reviewing our services to black and other ethnic minority groups to ensure that they are relevant and easy to access
- Offering families timely and integrated support to prevent the need for children to enter public care
- Funding voluntary organisations to provide a range of targeted support services for particular groups including fathers, parents of children with disabilities and young carers
- Improving educational provision and outcomes for vulnerable children
- Improving preventative services and inclusive practice for all school pupils, including those at risk of under achievement

## **2. Cross-cutting priorities**

To make sure that families and children experience seamless, well co-ordinated services we will:

#### **2.1 Integrate services, collaborate actively and work across organisational boundaries**

We will do this by:

- ❑ Establishing a Children's Trust by April 2007 with formal integration of the Primary Care Trust's community healthcare services into the Children's Trust arrangements.
- ❑ Completing the review of options for further integration looking in particular at the three areas identified as having most need for better co-ordination:
  - Children with disabilities and special educational needs
  - Children under 8 years old
  - Young people
- ❑ Implementing the local common assessment framework
- ❑ Establishing a lead professional role
- ❑ Embedding robust information sharing between agencies
- ❑ Working closely with Housing, Health and Adult Social Care to ensure a whole family approach
- ❑ Continuing to collaborate with independent schools where appropriate e.g. developing school travel plans which aim to reduce car use to and from schools and improve road safety, and monitoring newly qualified teachers.
- ❑ Continue Young Cultural Creators projects which enable children to explore creativity with writers and illustrators of children's books, stimulated by working in a museum such as Linley Sambourne House or gallery and their local library

Because parents often experience duplication and lack of co-ordination of services for children with disabilities, and because some local services, such as respite care, need to be improved we will:

## **2.2 Improve services for children with disabilities, so that families can see a real difference**

We will do this by:

- ❑ Reviewing resources and options with the aim of integrating services provided to children with disabilities between the NHS, the Council and other partners
- ❑ Dedicate the time of a service manager for a year to review services together with parents and produce a blueprint for a new service offer

- ❑ Ensuring that play services in parks are fully accessible to children with disabilities wherever possible
- ❑ Providing a stimulating and high quality range of specialist adventure and supervised play for children with disabilities
- ❑ Benchmarking with other boroughs levels of support provided to children with disabilities and review our budget in the light of this information
- ❑ Piloting individual budgets with young learning disabled people to increase user control and ease transitions to adult services especially for looked after children
- ❑ Continuing to fund the after school transitions group for young people
- ❑ Improve respite care services for children with disabilities and extend choice

Because children's services staff have to learn to work together in new ways, crossing traditional boundaries, and because it is often difficult to recruit and retain high quality staff in central London, we will:

### **2.3 Develop a skilled workforce, with relevant professionals working together to deliver high quality services**

We will do this by:

- ❑ Funding training to private and voluntary sector social care providers to meet standards for staff qualifications
- ❑ Establishing a social work trainee scheme to recruit local people to undertake the social work degree and work for Kensington and Chelsea
- ❑ Helping schools to ensure that they have suitably qualified staff who can be flexibly deployed
- ❑ Producing a workforce strategy that encompasses recruitment and retention of high quality staff and the best possible training and development to meet identified needs, including appropriate qualifications, support and advice
- ❑ Involving families, children and young people in the workforce aspects of improving outcomes such as recruitment and training

- Undertaking a workforce analysis of children's services
- Engaging with the voluntary and independent sectors, universities, colleges, the Training and Development Agency for Schools, training providers and other local organisations such as the NHS/PCT and Learning and Skills Council
- Appointing a Workforce Development Project Co-ordinator
- Implementing of the Common Core of skills and knowledge

Kensington and Chelsea is one of the most diverse places in the world. This brings great benefits but also challenges in ensuring access to services. Therefore we will:

## **2.4 Respond to the diversity of Kensington and Chelsea**

We will do this by:

- Ensuring that the Council meets the highest level (level five) of the Equality Standard for local government by March 2007
- Ensuring that the PCT achieves Model Employer status under the PCT Equality Scheme
- Completing a rolling programme of Equality Impact Assessments and implementing action plans.

## **3. Be Healthy**

Because obesity is an increasing problem nationally and people classified as obese have a life-expectancy reduced by an average of *nine years*, we will:

### **3.1 Halt the year on year rise in childhood obesity**

We will do this by:

- Supporting breast feeding and healthy weaning
- Increasing the number of schools meeting the Healthy Schools standard
- Implementing new national guidelines for school meals
- Increasing physical activity (6.4)

- Improving nutrition in deprived areas (3.3)

Research suggests that dietary factors are responsible for as many as one in three premature deaths. Diet is also an important factor in dental health. Children at Kensington and Chelsea primary schools have more decayed or missing teeth than the London average. To tackle these problems and address the significant health inequalities in Kensington and Chelsea we will:

### **3.2 Improve Food, nutrition and oral health in deprived communities**

We will do this by:

- Training local people to become community food workers, delivering support and advice on healthier shopping and cooking and affordability
- Supporting Dalgarno food co-op to establish itself as a social enterprise
- Developing a dental commissioning strategy that promotes oral health amongst children in Kensington and Chelsea
- Ensuring that the Community Dentistry service works closely with schools and other partners to promote good oral health.

Rates of sexually transmitted infections, particularly Chlamydia have been increasing rapidly in London over the last decade. Choices about sexual behaviour often have serious and long term implications. For example, research shows that teenage parents tend to have poor ante-natal health, lower birth weight babies and higher infant mortality rates and that their own health and their children's is worse than average. So we will:

### **3.3 Improve access to sexual health services and enable young people to make positive choices**

We will do this by:

- Ensuring effective delivery of sex and relationship education in schools and other settings (e.g. Youth Services and YOT)
- Providing targeted programmes and support for vulnerable groups
- Recognising the key role of parents and providing information and support to help parents to provide guidance to their children

- ❑ Developing a sex and relationships policy for looked after children
- ❑ Supporting positive participation and involvement of young people in the implementation and monitoring of the teenage pregnancy action plan
- ❑ Ensuring that young people have access to quality sexual health information and services
- ❑ Introducing chlamydia screening
- ❑ Improved access to treatment with everyone contacting a Genito Urinary Medicine service to be offered an appointment within 48 hours by 2008

Immunisation is a very important and effective way to protect children from infectious diseases. Because rates of childhood immunisation in Kensington and Chelsea are much lower than the national average, we will:

### **3.4 Increase the number of children immunised**

We will do this by:

- ❑ Providing authoritative advice to families
- ❑ Improved recording and reporting systems via a new child health information system
- ❑ Implementing the new national immunisation programme
- ❑ Better co-ordination between services including linking NHS and private health care providers.

Tobacco, alcohol and illegal drugs are major causes of preventable harm to children and families. Alcohol and drugs are also associated with a significant proportion of crime and parental misuse of drugs or alcohol is a common reason for parents being unable to look after their children. We will therefore:

### **3.5 Encourage and support children to have healthy lifestyles and not to smoke, drink alcohol or take illegal drugs**

We will do this by:

- ❑ Developing and delivering effective age appropriate education programmes about avoiding the harm caused by illegal drugs and the misuse of alcohol
- ❑ Increasing the accessibility of smoking cessation support
- ❑ Increasing awareness and uptake of stop smoking services
- ❑ Encouraging smoke-free environments
- ❑ Reviewing, with partners, anti-tobacco work for young people in light of the Healthcare Commission report
- ❑ Targeting hard to reach groups, including young people, and women, deprived wards and black and minority ethnic communities
- ❑ Dedicating time at the Corporate parenting Panel to healthy life-style issues
- ❑ Continuing proactive trading standards work jointly with the Police and the Licensing team to tackle and reduce sales of tobacco and alcohol to under-age children, including awareness raising, test purchasing and enforcement action where appropriate.

Access to CAMH services is better in Kensington and Chelsea than in many areas but could still be improved, and partnership working and mutual understanding of services could be strengthened. Mental health problems lead to considerable distress in children and families. At their most severe they can be life threatening or, if not adequately treated, lead to life-long mental illness. We will therefore:

### **3.6 Develop comprehensive joint child and adolescent mental health services (CAMHs)**

We will do this by:

- ❑ Extending the *Parental Mental Health Service* which works across adult and children's services to meet the needs of children whose parents have mental health problems, to the south of Kensington and Chelsea
- ❑ Piloting the dedicated mental health service for children and families where the child has a disability and exploring options for funding the service beyond September 2007
- ❑ Implementing the CAMHs Service User Involvement Strategy

- ❑ Auditing the take-up of services by black and minority ethnic families in the south of the borough and producing leaflets in a wider range of languages.
- ❑ Strengthening joint commissioning of CAMHs as part of the development of Children's Trust arrangements.

## **4. Staying safe**

We all have responsibility for protecting children and young people from harm and research and public enquiries have consistently confirmed that good communication and inter-agency working are crucial to protecting children. So we will:

### **4.1 Ensure that all partners continue to work together effectively to protect children from harm**

We will do this by:

- ❑ Establishing an effective Local Safeguarding Children Board with partners
- ❑ Consider the findings of research which has been commissioned from the University of East Anglia into the approach for supporting children in need and the timeliness of decision making in Kensington and Chelsea
- ❑ Raising public awareness of Private Fostering
- ❑ Fund voluntary organisations to provide a range of additional services to support victims of domestic violence, including group and one to one support for women, children and young people.
- ❑ See also 6.2 for action to prevent young people being victims of crime

Outcomes for children looked after by Kensington and Chelsea, especially educational attainment, have been improving. They compare well with other areas. However outcomes remain well below those of children in general locally. Research shows that long term outcomes for children who have been looked after are poorer than their peers in terms of health, economic well-being, homelessness and offending. So we will:

### **4.2 Improve outcomes for every looked after child**

We will do this by:

- Narrowing the gap in educational achievement between looked after children and their peers
- Improving long-term placement stability
- Implementing the Adoption and Children Act 2002
- Reducing the risk of offending for looked after children

## **5. Enjoy and Achieve**

Children and young people want this Plan to include fun! Play is crucial to children's learning, development and health. Kensington and Chelsea has limited public open space and consultation with families suggests that disabled children find it difficult to access play facilities.

### **5.1 Ensure that every child has opportunities to have fun, including easy access to a variety of high quality, enriching play opportunities that are also safe and inclusive**

We will do this by:

- Increasing safety in playgrounds and parks
- Retaining and extending play areas in the Royal borough
- Ensuring that playgrounds in parks and estates are of high quality
- Ensuring that low income is not a barrier to play by continuing to provide free or low cost services
- Increasing play opportunities for children with disabilities (see also 2.2)
- Ensuring that all play centres meet the 'quality in Play' Quality assurance standards
- Piloting the Children's Play Council performance indicators to measure progress and quality

Kensington and Chelsea schools achieve excellent results but it is important that standards continue to improve to keep pace with the ambitions of our children and the demands of the twenty first century. So we will:

## **5.2 Continue to raise standards at all key stages**

We will do this by:

- ❑ Working with all schools to improve the quality of teaching across all key stages so that teaching is good or better in the majority of lessons
- ❑ Working with schools to identify those pupils at risk of underachievement and plan for relevant intervention programmes
- ❑ Supporting schools to implement personalised learning
- ❑ Improving transition and transfer across Key Stages, in particular from Foundation Stage to Key Stage 1 and Key Stage 2 to Key stage 3
- ❑ continuing to support schools to sustain high levels of achievement, in particular to increase the number of young people leaving school with 5 or more GCSE grades A\* - C including English and Mathematics
- ❑ Refining our support to schools to help them take on fully their responsibilities for improvement by targeting the support of the School Improvement Service and curriculum consultants to those schools in most need
- ❑ Encouraging schools to extend their work in ways that can improve their pupils' achievement, for example health, fitness and family learning
- ❑ Exploring opportunities to provide support to children living in the borough who move from Royal Borough schools to maintained schools in neighbouring authorities
- ❑ Redeveloping Holland Park School to improve teaching and learning facilities, whilst maintaining the quality of outdoor play spaces

To make sure that every young person has good opportunities to gain skills and develop their talents and interests it is necessary to widen the range of options available for young people. In response to the draft plan young people said that they wanted more vocational options. We will therefore:

## **5.3 Improve the education and training on offer to 14 to 19 year olds**

We will do this by:

- ❑ Implementing the 14 to 19 action plan and Kensington and Chelsea 14 to 19 strategy
- ❑ Reviewing the curriculum in secondary schools to improve vocational pathways
- ❑ Defining the 14 to 19 'offer' in prospectuses and ensuring wide distribution
- ❑ Linking the secondary strategy to 14 to 19 initiatives in order to improve the quality of teaching and learning and raise standards, particularly at level 6 at the end of Key Stage 3

Although children at Kensington and Chelsea schools do very well overall, there are variations in achievement between groups of children and neighbourhoods. Many children who live in Kensington and Chelsea go to schools in other areas and there is less information about how well they do at school. We will therefore:

#### **5.4 Increase accessibility of and participation in learning and development, particularly for those at risk of under-achievement and social exclusion**

We will do this by:

- ❑ Supporting schools to set challenging targets that reduce the risk of underachievement and to develop a wide-ranging, broad, balanced and exciting curriculum that engages all pupils
- ❑ Providing more integrated services between the NHS, the Council and other partners, especially for children with high educational needs and disabilities
- ❑ Promoting high educational achievement for looked after children
- ❑ Working with schools, voluntary organisations and other partners to improve children's behaviour, attendance, safety, well-being and engagement in learning
- ❑ Securing and co-ordinating a broad range of complementary community-based learning opportunities, including supplementary schools, that meet the needs of the community
- ❑ Raising boys' achievements through play and out of school activities

- ❑ Raising boys' attainment in schools and other education settings. (activities based on the English curriculum to engage boys' interest and enthusiasm, e.g. visual literacy project, multi sensory teaching, concentration on speaking, listening and drama)

The population of Kensington and Chelsea has increased rapidly and demand for places at our secondary schools consistently outstrips supply. This is a key concern of parents and children and we will therefore:

## **5.5 Expand the number of good local secondary school places**

We will do this by:

- ❑ Building a new school in Chelsea by September 2009
- ❑ Examining policies that can make it easier for schools in the borough to grow and develop whilst protecting residential amenity.
- ❑ Working with neighbouring boroughs to investigate joint solutions

## **6. Make a Positive Contribution**

Young people want more opportunities to have fun safely and also to be able to gain skills and qualifications. More young people access youth services in Kensington and Chelsea than the national average but this can be increased. Alongside good universal provision targeted youth services also play an important role in providing positive alternatives to crime, drugs and anti-social behaviour. We will therefore:

### **6.1 Increase the availability and variety of youth support services**

We will do this by:

- ❑ During 2006, pilot one youth centre as a centre providing an integrated youth support service
- ❑ Publishing the Council's 'Youth Offer' – a statement of support services available to young people in the borough
- ❑ Offer both attractive universal provision appealing to all young people and effective targeted support for young people at risk of social exclusion.

Most young people are not involved in crime or anti-social behaviour but they are very concerned about being victims of crime and issues of personal safety in general. This mirrors the views of older residents who are concerned about crime and the behaviour of some young people. We will therefore:

## **6.2 Reduce the number of young people involved in crime and disorder either as victims or perpetrators**

We will do this by:

- ❑ Publicising the many examples of positive work undertaken by young people in the Borough
- ❑ Providing a youth service for all young people who live, study or work in the Borough that also identifies those at risk of becoming offenders
- ❑ Continuing community safety education programs for young people, to prevent them becoming offenders
- ❑ Promoting a consistent and effective approach to tackling offending behaviour in schools
- ❑ Targeting resources at young people who are offenders or are likely to become so in the future, through the Priority and Prolific Offender Strategy
- ❑ Supporting the Youth offending Team (YOT) to work successfully with those young people referred to it
- ❑ Encouraging parents to take responsibility for the behaviour of their children and, providing adequate and timely support to help them to do so
- ❑ Using acceptable behaviour agreements and anti-social behaviour orders for persistent young offenders
- ❑ Reducing the number of children in public care who become involved in crime and disorder
- ❑ Seeking punishments for young offenders, that are most likely to stop or reduce their offending behaviour
- ❑ Implementing our Youth Justice Plan
- ❑ Better co-ordinating early intervention work to ensure a coherent programme

- Continuing to fund creative inter-generational projects to promote understanding between people of different age groups

The benefits of involving children, young people, parents and carers in decision-making are well documented locally and nationally.

Involving children, young people, parents and carers improves services by harnessing their ideas and insights and ensuring that services really meet needs and are responsive to customers. Participation also promotes active citizenship and teaches invaluable skills to children and young people. We will therefore:

### **6.3 Extend the active involvement of parents children and young people in decision-making in the local area**

We will do this by:

- Sustaining the advanced level of the Hear by Right standard
- Extending Hear by Right to 5 to 13 year olds
- Increasing active membership of the youth forum
- Embedding the Corporate Parenting Panel for looked after children
- Implementing the joint strategy for consulting users
- Nurture training to support active citizenship and widen participation in community decision making
- Co-ordinating involvement and participation of parents to ensure it is systematic and coherent across services
- Involving young people and parents in the Local Safeguarding Children Board through the community engagement and prevention sub-group

Regular physical activity is fun and it is essential to good health. Young People want to see fun emphasised in the this Plan. Sport is also inspiring and teaches social skills and positive attitudes like team work and fair play. The Olympic Games in 2012 will provide many exciting opportunities for children to participate in the world's greatest sporting occasion. We will therefore:

### **6.4 Increase physical activity and promote the participation of young people in sport**

We will do this by:

- ❑ Increasing the number of young people participating in the schools sports partnership programme
- ❑ Increasing the number of young people gaining qualifications as sports coaches
- ❑ Using the opportunities provided by hosting the Olympics to encourage children and young people to get fit

## **7. Economic Well-being**

Employment is the best protection against poverty and young people need to maximise their skills and qualifications if they are to succeed in the labour market. Outcomes are poorer for young people who are not in employment education or training. We will therefore:

### **7.1 Reduce the number of young people not in Education, training or employment**

We will do this by:

- ❑ Establishing links between Connexions, the Education Business Partnership and other agencies dealing with school leavers and pupils and employers organisations like the Paddington Business Network and the Kensington and Chelsea Chamber of Commerce
- ❑ Enhancing skills and training projects for young people, strengthening networks of providers and employers to help access funding and identify clear routes into employment
- ❑ Promoting opportunities for young people to volunteer
- ❑ Ensuring that Connexions continues to focus on young people not in education, employment, or training when the service is devolved to the borough level.
- ❑ Providing specialist staff to focus on education, employment and training options for young people at most risk, including looked after children and young offenders
- ❑ Expanding the work experience scheme for looked after young people "teenagers to work"

Because qualifications help young people to get good jobs and because there are wider benefits in increasing the potential workforce for children's and youth services, we will:

## **7.2 Increase the number of young people gaining accredited outcomes**

We will do this by:

- Increasing the number of courses available in youth and social care, childcare, sports coaching, Duke Of Edinburgh Awards and sports coaching

Because there are significant variations in outcomes for children associated with differences in incomes we will:

## **7.3 Increase the income levels of target groups through Income maximisation initiatives**

We will do this by:

- Funding the Citizen's Advice Bureau to provide an income maximisation service from health settings such as GP surgeries to reach people who might not access advice services directly
- Increasing awareness among frontline staff to enable them to provide basic information and refer people for benefit take up support when appropriate.

The availability and cost of childcare is a major barrier to parents being able to work and this in turn limits living standards and opportunities for families. The Government is introducing a new legal requirement for local authorities to ensure an adequate supply of childcare. We will therefore:

## **7.4 Ensure that there is sufficient childcare to enable parents who require it to work or undertake training or education**

We will do this by:

- Completing follow up to the recommendations of 2004 childcare audit
- Undertaking a new childcare audit to update information about need, provision and cost

- ❑ Providing affordable childcare through children's centres
- ❑ Developing extended day childcare to provide care 8am to 6pm, 48 weeks per year and ensuring provision in all areas
- ❑ Ensuring that Kensington and Chelsea parents benefit from the London Development Agency affordability subsidy
- ❑ Continuing to re-configure services to provide a coherent whole in line with the children's centre and extended schools programmes.

Because demand for affordable housing far outstrips supply and because securing good quality accommodation is a major concern for families and young people we will:

### **7.5 Develop innovative approaches to help families and young people to meet their needs for good quality housing**

We will do this by:

- ❑ Avoiding altogether the use of bed and breakfast as temporary accommodation for families with children and reducing numbers in temporary accommodation
- ❑ Piloting the 'New Generations' scheme offering an alternative to homelessness for young people with children living with their parents in overcrowded family homes
- ❑ Expanding the 'under occupancy scheme' offering incentives for tenants to free up larger properties suitable for families (target of 40 moves)
- ❑ Establishing a commissioning group for housing for young people, including young parents, to ensure a co-ordinated approach and agree joint commissioning priorities

## Part three: Putting it all into Practice

### Making it happen

All partners are responsible for ensuring that the priorities are implemented and reflected in their own business and strategic plans.

The Family and Children’s Strategic Partnership has responsibility for monitoring progress and ensuring that we are delivering on the priorities and actions. The Partnership will identify lead partners for each action and review progress regularly.

### Resources

A very substantial amount of money is spent on children and families in Kensington and Chelsea. This is reflected in the amount of money which the Council passes directly to schools. According to the latest Department for Education and Science (DfES) benchmarking the Council’s direct funding of £4,377 per pupil is significantly above the London average of £3,556.

It is difficult to calculate the total expenditure precisely because children’s expenditure, for example by the police or hospitals is not separately identifiable at a borough level. Also the total spent by the voluntary and community sectors is not known and most universal services cannot easily disaggregate expenditure by age group. However it is possible to provide some ball park figures of the specific expenditure of the Council and the Primary Care Trust on children’s services.

#### Budget 2006/07

Family and Children’s Services	£51 million
Schools	£57 million
PCT non-acute commissioned services	£3 million
PCT children’s community healthcare	£3
<b>Total</b>	<b>£114 million</b>

This is certainly an under-estimate as it does not include GP or hospital care – the two biggest elements in health expenditure for children. Some relevant Council expenditure is also not captured, such as Leisure and Parks. These services benefit all age groups but are particularly important for families.

Of course the actual cost of services for individual children differs markedly according to need. For example the Children in need census

2005 calculated the average weekly cost of per looked after child at £1065, whereas the average cost of services for children supported in families was £181 per week.

A long term aim is to develop more effective preventative services so that fewer children need the most intensive and expensive interventions. This should gradually allow resources to be redirected to the bottom of the pyramid of need.

### **Additional funding**

Many of the actions in this Plan can be achieved within existing resources, however others require additional funding. The Council has identified additional resources of £927,000 to implement specific improvements to children's services, mainstream grant funded services and meet new legal requirements as follows:-

Protecting children from harm and abuse, including establishing a Local Safeguarding Children Board and better regulation of private fostering	£210,000
Support for active involvement of children and young people	£135,000
Additional funding for child and adolescent mental health services	£100,000
Increased legal costs for safeguarding children and adoption	£100,000
Improved information sharing and the common assessment framework	£100,000
Additional corporate funding for language development, refugee and travellers education	£75,000
New schools admissions requirements	£55,000
Support for improved procurement on school meals and Special Educational Needs	£30,000

transport

Additional corporate funding for play service	£34,000
Additional funding for the Children's fund	£10,000
Youth Service Co-ordination	£38,000
Additional health Education capacity	£40,000
<b>Total per year</b>	<b>£927,000</b>

This does not include one off additional funding of £100,00 to renew equipment in youth service outlets.

In addition there is separate funding available to support achievement of the local area agreement targets (see pages 66-71).

**Capital**

There is also a substantial programme of capital investment. The Family and Children's Services capital programme 2006/07 –2008/09 amounts to up to **£96 million** in total. This includes some external funding and investment in libraries and adult learning, but does not include capital schemes in the health sector. Major items include:-

Holland Park School	up to	£53.4 million
New Secondary school		£11.2 million
Other school capital projects		£4.86 million
Providing children's centres		£1.4 million
Re-provision of respite care for Children with disabilities		£1.17 million
Improvements to children's homes and other social care buildings		£974,000
Improved access for disabled people		£947,000

Sport and PE projects	£621,00
Major IT developments Including the integrated children's system	£513,000

There is also a significant programme of investment in sports facilities and parks which will benefit all age groups, but especially children.

### **Resource Risks**

Overall the financial position is strong. The Royal Borough has a history of financial stability and has been able to achieve both high quality services and a relatively low Council tax. However the PCT is currently facing a very difficult financial position and this, together with the wider problems in the NHS do present some real risks. The PCT has a recovery plan in place which will require significant savings in order to return to financial balance. There are also some risks associated with changes to grant funding. For example, substantial reductions in Supporting People funding for supported housing are expected. A programme of reviews has been undertaken to mitigate this risk.

There is also a risk of change to schools funding. The government has announced a national review of education funding which could effect the formula based method of allocating resources to local authorities. The outcome of this review is due to be announced during 2007/08.

### **Measuring Progress**

Performance indicators and targets help us to measure progress and spell out how well we aim to do. For example, when we say we will continue to raise standards in schools just what do we mean?

This section sets out the key performance indicators and targets which support and quantify the priorities of this Plan. Many come from the Local Area Agreement which was developed at the same time as the Plan and is a important vehicle form delivering it. The others are consistent with the targets set out in the Cabinet Business Plan 2006/07-2008/09 and the Community Strategy monitoring plan.

#### **Local Area Agreements**

A Local Area Agreement is a three year agreement between a partnership representing a local area (in our case the Kensington and Chelsea Partnership) and the Government. It sets out priorities and 'stretch' targets for faster improvement. All areas will have one by 2007. Success

in reaching these challenging targets will be rewarded with extra grant from the Government.

### **Local Area Agreement Targets**

**Outcome 5: To further reduce the number of children and young people that are not in education, employment or training, with a particular focus on those leaving care, those discharged from Youth Offending Institutes and teenage mothers**

<b>Performance Indicators</b>	<b>Current performance baseline</b>	<b>Performance Target 2009</b>
i) The percentage of 16-18 year olds resident in the Borough that are not in education, employment or training	13.1%	8.5%
ii) The percentage of 16-18 year olds leaving Youth Offending Institutes that participate in education, training or employment	60%	63%
iii) The percentage of looked after children leaving care aged 16–19 that are education, training or employment at age 19	54.8%	57.1%
iv) The percentage of teenage mothers aged 16-18 that are resident in the Borough and are known to Connexions that access education, training or employment and/or achieve accredited outcomes	50%	62.5%

<b>Outcome 6: To increase the number of young people attaining accredited outcomes</b>		
<b>Performance Indicators</b>	<b>Current performance baseline</b>	<b>Performance Target</b>
i) The number of young people aged 13-19 that	99	350 over the LAA period (2006-2009)

complete a training course funded by the Council and attain an accredited outcome		
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**Outcome 7: To raise attendance and reduce pupil absence, including unauthorised absence (truancy), in Royal Borough schools**

<b>Performance Indicators</b>	<b>Current performance baseline</b>	<b>Performance Target 2009</b>
i) The average annual attendance rate in RBKC secondary schools (three year mean average)	93%	93.3%
ii) The average annual attendance rate in RBKC primary schools (three year mean average)	93.7%	94.06%

**Outcome 8: To halt the year on year rise in obesity among children under 11**

<b>Performance Indicators</b>	<b>Current performance baseline</b>	<b>Performance Target 2009</b>

i) The percentage of primary school children in reception year and year 6 (combined) that are obese	To be established	An increase of no more than 0.5 percentage points upon the baseline
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**Outcome 9: To support breastfeeding and healthy weaning**

<b>Performance Indicators</b>	<b>Current performance baseline</b>	<b>Performance Target 2009</b>
i) The breastfeeding initiation rate	88.21%	92.8%
ii) The number of mothers that are breastfeeding at the 6-8 week baby check	To be established	7.5% increase upon baseline

**Outcome 10: To increase the active involvement of children and young people in decision-making in the local area**

<b>Performance Indicators</b>	<b>Current performance baseline</b>	<b>Performance Target 2009</b>
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<b>Outcome 10: To increase the active involvement of children and young people in decision-making in the local area</b>		
<b>Performance Indicators</b>	<b>Current performance baseline</b>	<b>Performance Target 2009</b>
i) The percentage of children aged 5-13 that are satisfied with opportunities to influence important decisions	To be established	15% increase
ii) The number of 13-19 year olds that are active members of the Youth Forum	19	35
iii) The number of 5-13 year olds that are active members of the Children's Forum	0	20
iv) The number of 5-13 year olds that receive a certificate for participation in decision-making bodies for children's services	0	840 over the LAA period
v) The percentage of 5-13 year olds participating in decision-making bodies for children's services that are from hard to reach groups	To be established	30% increase
vi) The Hear by Right levels achieved by the Council for its involvement of children aged 5-13 years	Emerging	Established

<b>Outcome 12: To increase the participation of young people in sport</b>		
<b>Performance Indicators</b>	<b>Current performance baseline</b>	<b>Performance Target 2009</b>
i) The percentage of young people participating in the School Sports Partnership programme that undertake at least two hours of high quality physical activity a week	50%	88%
ii) The number of young people obtaining qualifications as sports coaches	6	40

<b>Outcome 14: To improve food and nutrition in deprived communities</b>		
<b>Performance Indicators</b>	<b>Current performance baseline</b>	<b>Performance Target 2009</b>
i) The number of people that report an increase in fruit and vegetable consumption at a two month follow up check after participating in a community food programme	0	240
ii) The percentage of schools achieving the new national healthy school status	0%	75%

### Community Strategy Monitoring Plan Targets

<b>Performance measure</b>	<b>Baseline</b>	<b>Milestone 2006-2007</b>	<b>Milestone 2008-2009</b>	<b>Target 2008-2009</b>
The percentage of eligible 4-12 year olds who start the Summer Reading Challenge	2.6% 2005-06	3.2%	4%	5%
Percentage of starters on the Summer reading Challenge who complete it.	40% 2005-06	45%	50%	55%
Percentage of starters on the Summer reading Challenge who join the library	8% 2005-06	10%	12.5%	15%
Actions against domestic violence completed	81.8% 2003-04	90.9%	100%	100%
The number of first time entrants to the youth justice system	91 new entrants 2005-06	89 (2% reduction)	87 (2% reduction)	85 (2% reduction)
Percentage of first time youth offenders re-offending	73% 2004-05	68%	63%	58%
Proportion of youth offending team clients on final warnings with individual support programmes	80% 2004-05	90%	95%	100%

<b>Performance measure</b>	<b>Baseline</b>	<b>Milestone 2006-2007</b>	<b>Milestone 2008-2009</b>	<b>Target 2008-2009</b>
Parents of young people referred to the youth offending team who are engaged with parental support programmes	10% 2004-05	10%	12%	12%
Teenage pregnancy rate. (Measures the rate of female conceptions aged under 18 years per 1000 females resident in Kensington and Chelsea)	41.7 1998	29.2	26.2	23.9
Health of looked after children (percentage of children with up to date health checks)	88.8% 2005-06	90%	90.5%	91%
The percentage change in the average number of families placed in temporary accommodation	49.62% 2004-05	5% decrease	10% decrease	15% decrease
Percentage of pupils in schools maintained by the LEA achieving level 4 or above in Key stage 2 tests in Maths	82% 2004-05	85%	86%	Targets to be set in 2006-07

<b>Performance measure</b>	<b>Baseline</b>	<b>Milestone 2006-2007</b>	<b>Milestone 2008-2009</b>	<b>Target 2008-2009</b>
Percentage of pupils in schools maintained by the LEA achieving level 4 or above in Key stage 2 tests in English	86% 2004-05	85%	86%	Targets to be set in 2006-07
Percentage of 14 year old pupils in schools maintained by the LEA achieving level 5 or above in Key stage 3 tests in maths	76% 2004-05	83%	84%	Targets to be set in 2006-07
Percentage of 14 year old pupils in schools maintained by the LEA achieving level 5 or above in Key stage 3 tests in English	80% 2004-05	84%	86%	
Percentage of 15 year old pupils in schools maintained by the LEA achieving five or more GCSEs at Grades A*-C	56% 2004-05	64%	65%	Targets to be set in 2006-07
Number of designated children's centres in the borough	4 2006	N/A	N/A	10

**Cabinet Business Plan 2006/07-2008/09 Targets**

<b>Performance Indicator: Reviews of child protection cases (percentage held on time)</b>				
<b>2004/05</b>	<b>2005/06 To date</b>	<b>2006/07 Target</b>	<b>2007/08 Target</b>	<b>2008/09 Target</b>
100%	100%	100%	100%	100%

<b>Performance Indicator: Stability of Placements for Looked After Children (percentage moving frequently)</b>				
<b>2004/05</b>	<b>2005/06 To date</b>	<b>2006/07 Target</b>	<b>2007/08 Target</b>	<b>2008/09 Target</b>
10.8%	11.5%	10.0%	10.0%	10.0%

<b>Performance Indicator: Educational Qualifications of Looked After Children</b>				
<b>2004/05</b>	<b>2005/06 Target</b>	<b>2006/07 Target</b>	<b>2007/08 Target</b>	<b>2008/09 Target</b>
64.1%	60.0%	62.0%	64.0%	66.0%

<b>Performance Indicator: Adoptions of Looked After Children</b>				
<b>2004/05</b>	<b>2005/06 To date</b>	<b>2006/07 Target</b>	<b>2007/08 Target</b>	<b>2008/09 Target</b>
6.2%	8.0%	8.0%	8.0%	8.0%

<b>Performance Indicator: Percentage absence in secondary schools</b>				
<b>2004/05</b>	<b>2005/06 To date</b>	<b>2006/07 Target</b>	<b>2007/08 Target</b>	<b>2008/09 Target</b>
7.4%	7.0%	6.7%	6.7%	6.7%

<b>Performance Indicator: Percentage absence in primary schools</b>				
<b>2004/05</b>	<b>2005/06 To date</b>	<b>2006/07 Target</b>	<b>2007/08 Target</b>	<b>2008/09 Target</b>
6.2%	6.3%	5.94%	5.94%	5.94%