

# Secondary aged children health needs assessment, Kent

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**Produced By:** Wendy Jeffreys: Public Health Consultant ([Wendy.Jeffreys@kent.gov.uk](mailto:Wendy.Jeffreys@kent.gov.uk))  
Nathalie Reeves: Public Health Specialist ([Nathalie.Reeves@kent.gov.uk](mailto:Nathalie.Reeves@kent.gov.uk))  
Matthew Pateman: Senior Public Health Analyst ([Matthew.pateman@kent.gov.uk](mailto:Matthew.pateman@kent.gov.uk))  
William Gibbs: Public Health Analyst ([William.gibbs@kent.gov.uk](mailto:William.gibbs@kent.gov.uk))

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## 1.0 Introduction

This health needs assessment (HNA) reviews the health and wellbeing of secondary school children aged 11 to 18 years in Kent, a critical period for adolescent development and growth.

Secondary school, covering ages 11 to 18 years in England, represents a critical phase in a young person's development. It is a time of rapid physical, emotional, and cognitive growth, where adolescents begin to form their identity, values, and behaviours including those related to health and wellbeing.<sup>1</sup> Educationally, this period includes key milestones such as GCSEs and A-levels, which significantly influence future opportunities in higher education and employment, both of which are closely linked to long-term health outcomes. Socially, young people are increasingly exposed to peer influences and may begin to engage in risky behaviours such as smoking, alcohol use, or sexual activity, making access to accurate health education and youth-friendly services essential. This stage also marks a point where health inequalities can emerge or deepen, particularly for those facing challenges such as poverty, discrimination, or special educational needs. Importantly, habits formed during adolescence such as diet, physical activity, and sleep, often persist into adulthood, making secondary school a vital window for early intervention and support to promote lifelong health and wellbeing.

Recent published reports and policies have highlighted the importance of this age group and the challenges they face, particularly from the COVID-19 pandemic. All school communities have been impacted by the pandemic and national lockdowns, affecting adolescents in various ways. Evidence shows that disadvantaged adolescents and those living in areas severely affected by higher rates of COVID-19 are among those whose learning and development are most likely to have been impacted.

Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at both national and system levels. The approach defines a target population cohort and identifies '5' focus clinical areas requiring accelerated improvement. The context of Core20PLUS5 is a running theme that focuses on the breadth of health inequalities, drawing out the 20% most vulnerable adolescents in the county.

This health needs assessment provides updated demographic information for 11–18 year-olds living in Kent. The population in Kent is increasing, and so is the variation in ethnicity. For example, approximately 23.4% of Gravesham's population is now non-white. The highest proportions of adolescents living in absolute low-income families are seen in the east of the county, particularly in areas like Thanet, and some areas of Dartford and Gravesham districts.

In undertaking this health needs assessment national and local policies relating to 11–18 year-olds health and wellbeing, as well as relevant published literature, has been reviewed.

## **1.1 National strategy**

The key priorities of the government in England for secondary school-aged children include ensuring that all children receive a high-quality education, with a focus on achieving high standards in core subjects like English, maths, and science. Addressing disparities in educational outcomes, particularly for disadvantaged and vulnerable children, is a significant part of the Government's 'Levelling Up' agenda. Promoting mental health and wellbeing in schools is also a priority, especially in light of the impact of the COVID-19 pandemic on students' mental health. Additionally, the government encourages schools to join Multi-Academy Trusts (MATs) to improve school management and educational outcomes. Enhancing communication with parents to ensure they are informed and involved in their children's education, particularly if their children are falling behind, is another crucial focus.

## **1.2 Methods**

### **1.2.1 Literature Review**

A literature review of national and local evidence was undertaken to inform this HNA. This was carried out by a public health specialist librarian and a public health specialist. The following databases were included in the search: NICE Evidence, Social Care Online, LAPH, Cochrane database, Trip database, Embase, Medline and the British Nursing Index. The search words used were primary school aged children and health. National policies, guidance, and strategies on the health and wellbeing of 5–11-year-old children were reviewed as well as evidence of effectiveness of different public health interventions. Findings of the literature review are summarised and referenced through the document.

### **1.2.2 Sources of data**

A wide variety of data sources have been utilised to inform this HNA. To understand population data, screening, and health indicators, the Office for National Statistics (ONS) and Office for Health Improvement and Disparities (OHID) Fingertips data, Department of Education were used for comparisons with national and regional figures. To understand service use such as A&E attendances and hospital admissions, Hospital Episode Statistics (HES) were used. To have a deeper understanding of education locally, internal management information unit (MIU) data has been utilised.

Modelled estimated data has been used to present the ethnicity profiling from the 2021 national census data.



The data utilised from the public domain has enabled analysis and exploration of trends over a five-year period and comparison with the England average. Where there was available data, presentation at district level has been presented. Where numbers were too small to present at district level, data has been combined over a three-to-five-year period. The data presented is the most up to date available at the time of analysis. Confidence intervals shown in graphs are at the 95% level.

### 1.2.3 Data limitations

In the absence of local data for some aspects of this Health Needs Assessment (HNA), national data sources have been used. Due to variations in data availability, some datasets reflect different time periods, which may affect comparability. While there may be limited service-level data specific to secondary school-aged children in Kent, a range of national surveys and research studies have contributed valuable insights into their health and wellbeing. These sources help build a broader understanding of the needs and experiences of this age group, despite gaps in localised data.

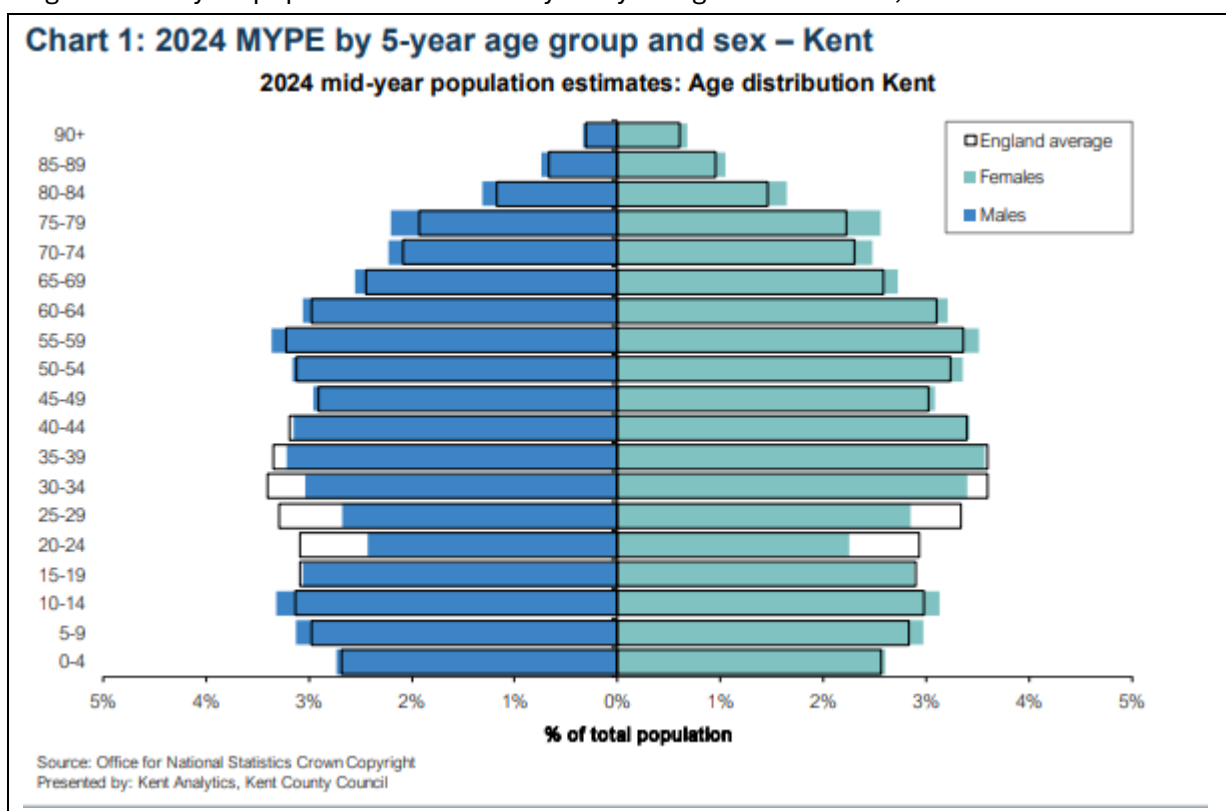
### 1.2.4 Stakeholder engagement

To inform this Health Needs Assessment (HNA), a range of professionals working with secondary school-aged children in Kent were consulted, including those based in schools and wider support services. A survey invitation was sent to all secondary schools in Kent (approximately 218), and 38 responses were received (a 17% response rate). Respondents represented a variety of school types and roles, with most being headteachers, alongside several Special Educational Needs Coordinators (SENCOs), Designated Safeguarding Leads (DSLs), and school nurses. In addition, 33 wider stakeholders working outside of schools but with direct involvement in supporting secondary-aged pupils also completed the survey. These combined perspectives have helped build a more comprehensive understanding of the health and wellbeing needs of secondary-aged pupils across the county.

## 2.0 Our secondary school aged population in Kent

The 2024 ONS mid-year population estimate states that there are approximately 167,067 young people aged 11-18-years-old living in Kent, accounting for around 10.2% of the county's total population of 1.64 million.<sup>2</sup> This age group spans the full range of secondary education and includes a significant proportion of adolescents transitioning into adulthood. Understanding the size and distribution of this cohort can support planning and delivery of services across education, health, and wellbeing sectors.

Figure 1: Mid-year population estimates by five-year age band and sex, Kent 2024



Source: ONS Mid-year population estimates 2024

## 2.1 Ethnicity

Ethnicity varies across the districts in Kent. The ethnic and cultural profile is becoming more diverse due to migration. This health needs assessment presents some information by ethnic group. It is helpful to reflect when seeing differences by ethnic group that there is a risk that inequalities will keep widening as cultural needs, language differences, interpretation, social norms are misunderstood or not heard.

Figure 2: The proportion of secondary age pupils (11-19 years) by ethnicity and ethnic origin and by district in Kent, academic year, 2024/25

| <b>Ethnicity-<br/>ethnic<br/>origin</b> | <b>Ashford</b> | <b>Canterbury</b> | <b>Dartford</b> | <b>Dover</b> | <b>Folkestone<br/>&amp; Hythe</b> | <b>Gravesham</b> | <b>Maidstone</b> | <b>Sevenoaks</b> | <b>Swale</b> | <b>Thanet</b> | <b>Tonbridge &amp;<br/>Malling</b> | <b>Tunbridge<br/>Wells</b> |
|-----------------------------------------|----------------|-------------------|-----------------|--------------|-----------------------------------|------------------|------------------|------------------|--------------|---------------|------------------------------------|----------------------------|
| white British                           | 69.8           | 73.2              | 45.2            | 80           | 80.4                              | 51.8             | 67.3             | 78.1             | 80.1         | 78.1          | 75.1                               | 71.2                       |
| Irish ethnic<br>origin                  | 0.2            | 0.3               | 0.2             | 0.2          | 0.3                               | 0.1              | 0.3              | 0.2              | 0.2          | 0.4           | 0.3                                | 0.4                        |
| traveller of Irish<br>heritage          | 0.1            | 0                 | 0               | 0            | 0.1                               | 0                | 0                | 0.1              | 0.1          | 0             | 0                                  | 0                          |
| any other white<br>background           | 5.8            | 6.6               | 6.6             | 4.7          | 5                                 | 8.5              | 7.8              | 7.1              | 5.2          | 7             | 6.1                                | 7.1                        |
| Gypsy/ Roma                             | 0.6            | 0.4               | 0.2             | 0.7          | 0.2                               | 0.5              | 0.6              | 0.8              | 0.9          | 0.7           | 0.3                                | 0.2                        |
| white and black<br>Caribbean            | 1.1            | 1.1               | 1.3             | 0.5          | 1                                 | 1.2              | 0.9              | 1.2              | 0.9          | 1.4           | 1.9                                | 2.3                        |
| white and black<br>African              | 0.9            | 0.8               | 1.1             | 0.8          | 0.8                               | 1.2              | 1.1              | 0.8              | 0.7          | 1             | 0.5                                | 0.9                        |
| white and Asian                         | 1.5            | 1.8               | 1.8             | 1.1          | 1.4                               | 1.7              | 1.5              | 1.6              | 1.2          | 1.4           | 1.9                                | 2.3                        |
| any other<br>mixed<br>background        | 3.5            | 2.9               | 5.6             | 4.7          | 1.7                               | 7.1              | 5.2              | 3                | 1.7          | 2.9           | 3.4                                | 3.9                        |
| Indian                                  | 2.4            | 2                 | 7.2             | 1            | 0.8                               | 9.8              | 2.4              | 0.9              | 0.5          | 1.4           | 4.5                                | 3.4                        |
| Pakistani                               | 0.4            | 0.5               | 1.2             | 0.1          | 0.2                               | 0.9              | 0.6              | 0.2              | 0.1          | 0.2           | 0.4                                | 0.5                        |
| Bangladeshi                             | 0.6            | 0.4               | 2.2             | 0.3          | 0.3                               | 0.9              | 0.7              | 0.2              | 0.4          | 0.3           | 0.4                                | 0.8                        |

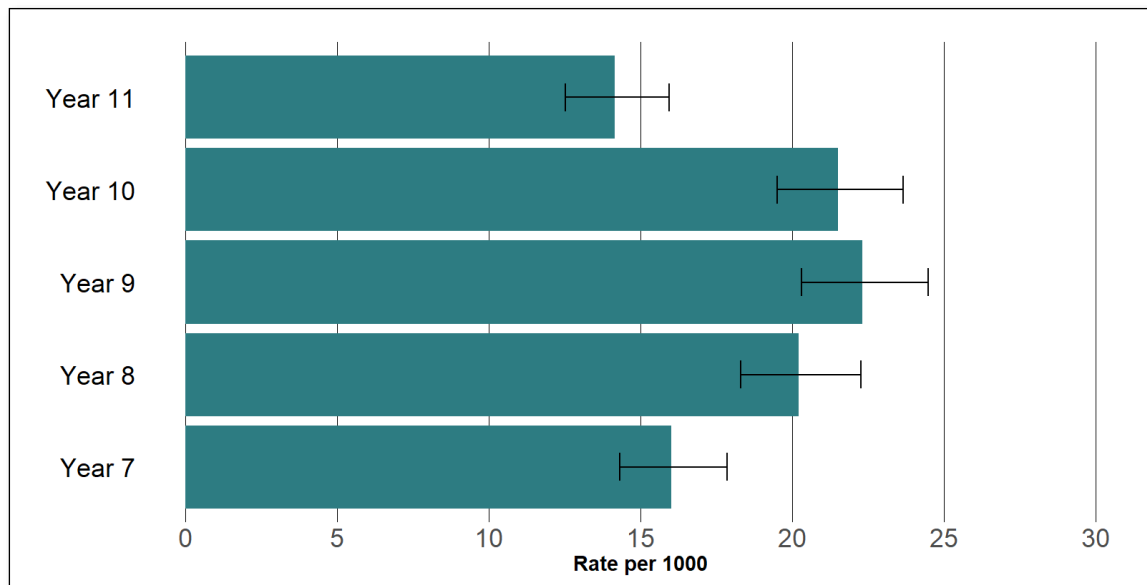
| <b>Ethnicity-<br/>ethnic<br/>origin</b> | <b>Ashford</b> | <b>Canterbury</b> | <b>Dartford</b> | <b>Dover</b> | <b>Folkestone<br/>&amp; Hythe</b> | <b>Gravesham</b> | <b>Maidstone</b> | <b>Sevenoaks</b> | <b>Swale</b> | <b>Thanet</b> | <b>Tonbridge &amp;<br/>Malling</b> | <b>Tunbridge<br/>Wells</b> |
|-----------------------------------------|----------------|-------------------|-----------------|--------------|-----------------------------------|------------------|------------------|------------------|--------------|---------------|------------------------------------|----------------------------|
| any other Asian background              | 5              | 1.3               | 4.2             | 1.7          | 3                                 | 1.6              | 2.3              | 0.3              | 0.4          | 0.7           | 0.9                                | 0.6                        |
| Caribbean                               | 0.5            | 0.4               | 0.8             | 0.2          | 0.1                               | 0.7              | 0.5              | 0.4              | 0.3          | 0.2           | 0.1                                | 0.1                        |
| African                                 | 4.3            | 3.3               | 16.9            | 1.6          | 1.4                               | 9.8              | 4.7              | 2.1              | 5.1          | 1.3           | 1.4                                | 2.1                        |
| any other black background              | 0.6            | 0.2               | 0.6             | 0.1          | 0.4                               | 0.3              | 0.7              | 0.3              | 0.1          | 0.1           | 0.1                                | 0.1                        |
| Chinese                                 | 0.6            | 0.8               | 1.7             | 0.2          | 0.4                               | 0.3              | 0.7              | 0.3              | 0.2          | 0.5           | 0.9                                | 2.2                        |
| any other ethnic group                  | 1.7            | 1.8               | 1.8             | 0.9          | 1                                 | 2                | 1.9              | 1                | 0.6          | 1.3           | 0.7                                | 1.4                        |
| unclassified                            | 1.7            | 1.9               | 1.4             | 1.3          | 1.9                               | 1.4              | 1.2              | 1.5              | 1.4          | 1.2           | 1.9                                | 2.2                        |

Source: Schools, pupils and their characteristics, Academic year 2024/25 - Explore education statistics - GOV.UK

## 2.2 Children home educated

The rate of children being educated at home in 2023/24 varied by year group, with year 9 having the highest rate with 22.3 per 1,000 population and the lowest in year 11 with 14.1 per 1,000 population.

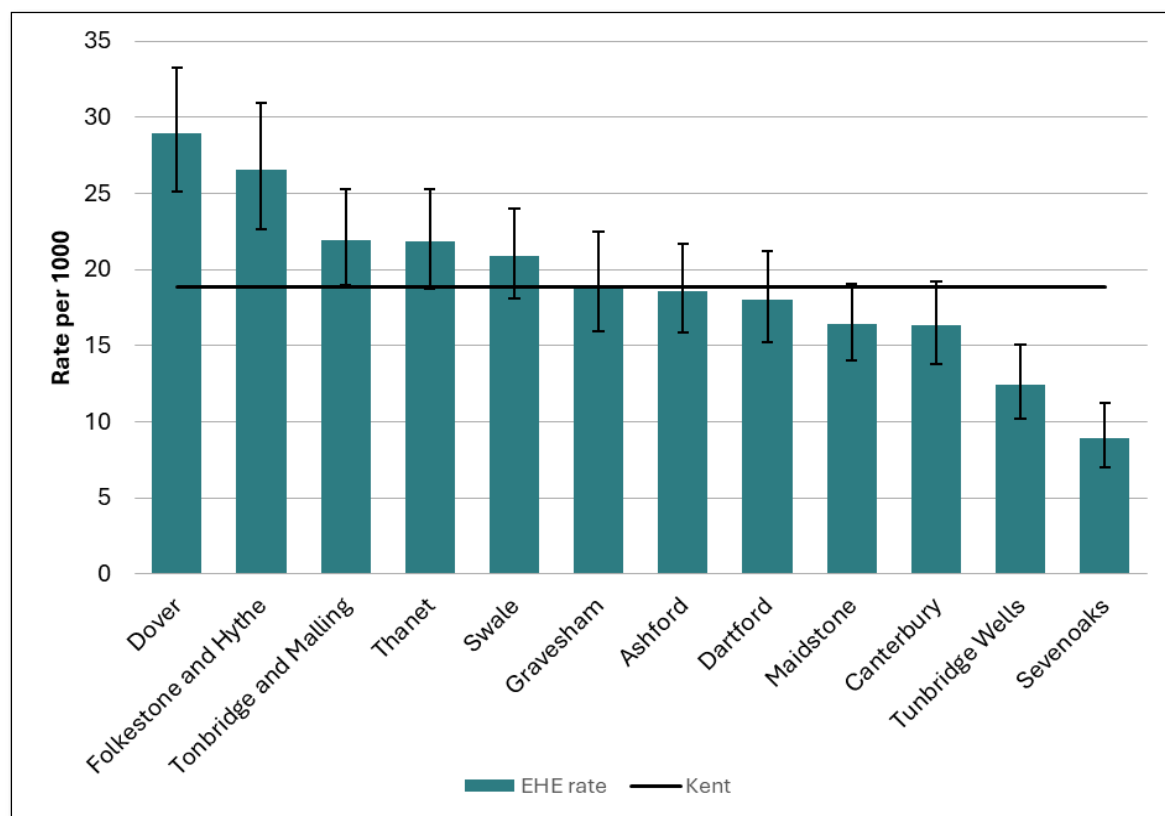
Figure 3: Rates of secondary aged children per 1,000 population in year groups 7-11 being home educated, Kent 2023/24



Source: KCC Management Information Unit

The next figure shows rates of home education by districts in Kent in 2023/24. Dover and Folkestone and Hythe districts had higher rates of home educated children compared to the Kent average.

Figure 4: Rates per 1,000 population aged 11 – 16 years home educated, by district, Kent schools, 2023/24



Source: KCC Management Information Unit

## 2.3 Children in Care

Children are taken into care at different ages during childhood and some will be in care for most of their childhood. The next figure which reflects 11 – 18 year-olds will include some of the same cohort across the timeframe 2021- 2025.

Canterbury and Thanet districts have recorded higher rates of children in care placements. Notably, Canterbury district had a significantly lower rate per 1,000, 11-18 year olds originating from the district. This could reflect placements from other districts in Kent or authorities external to Kent.

Figure 5: Rate of Kent residing children in care per 1,000 children aged 11-18 by district of origin and placement, 2021-2025

|                       | Area of placement |             |             |             |             | Area of origin |             |             |             |             |
|-----------------------|-------------------|-------------|-------------|-------------|-------------|----------------|-------------|-------------|-------------|-------------|
|                       | 31 Mar 2021       | 31 Mar 2022 | 31 Mar 2023 | 31 Mar 2024 | 31 Mar 2025 | 31 Mar 2021    | 31 Mar 2022 | 31 Mar 2023 | 31 Mar 2024 | 31 Mar 2025 |
| Ashford               | 6.9               | 6.5         | 8.8         | 8.7         | 6.5         | 5.7            | 5.8         | 5.9         | 5.7         | 5.8         |
| Canterbury            | 12.1              | 12.5        | 15.3        | 15.6        | 12.1        | 6.8            | 7.1         | 6.2         | 5.9         | 5.1         |
| Dartford              | 2.3               | 2.8         | 2.8         | 2.2         | 4.1         | 4.3            | 3.9         | 4.0         | 4.0         | 4.1         |
| Dover                 | 7.7               | 9.5         | 11.8        | 9.3         | 7.2         | 5.4            | 5.4         | 6.3         | 5.7         | 4.9         |
| Folkestone and Hythe  | 11.4              | 11.0        | 11.3        | 9.9         | 9.9         | 8.6            | 9.2         | 8.9         | 9.5         | 8.8         |
| Gravesham             | 7.3               | 5.8         | 6.3         | 6.0         | 6.3         | 6.0            | 5.3         | 4.9         | 4.8         | 4.8         |
| Maidstone             | 3.6               | 3.4         | 3.5         | 2.8         | 3.4         | 3.9            | 4.1         | 4.0         | 4.0         | 2.9         |
| Sevenoaks             | 2.2               | 1.7         | 2.0         | 2.1         | 2.0         | 2.8            | 2.5         | 2.8         | 2.2         | 1.9         |
| Swale                 | 5.2               | 5.7         | 5.5         | 5.7         | 5.7         | 6.8            | 6.6         | 6.9         | 7.4         | 7.6         |
| Thanet                | 16.3              | 16.9        | 15.9        | 15.5        | 12.3        | 14.2           | 13.9        | 13.3        | 12.3        | 10.4        |
| Tonbridge and Malling | 1.8               | 2.4         | 2.6         | 2.1         | 1.8         | 2.9            | 2.5         | 2.9         | 2.7         | 2.2         |
| Tunbridge Wells       | 2.4               | 3.4         | 2.1         | 3.3         | 2.1         | 3.1            | 3.2         | 3.4         | 2.4         | 2.4         |
| Kent                  | 6.5               | 7.0         | 7.5         | 7.4         | 6.7         | 5.9            | 5.8         | 5.8         | 5.6         | 5.1         |

Source: KCC Management Information Unit

### 2.3.1 Unaccompanied Asylum-Seeking Children (UASC)

The number of UASC aged 11-18 years under the care of KCC and those of other local authorities (OLA) placed in Kent in school years 11-13 has increased over the five-year time period 2021- 2025, only falling slightly in the most recent year for those under Kent's responsibility.

Figure 6: Number of UASCs in school years 11-13 under the care of KCC and those of OLAs who have been placed in Kent, snapshot at end of March, 2021-2025

| Date       | UASC - Kent responsibility | UASC - OLA placed in Kent |
|------------|----------------------------|---------------------------|
| 31/03/2021 | 272                        | 3                         |
| 31/03/2022 | 363                        | 1                         |
| 31/03/2023 | 454                        | 9                         |
| 31/03/2024 | 491                        | 15                        |
| 31/03/2025 | 449                        | 23                        |

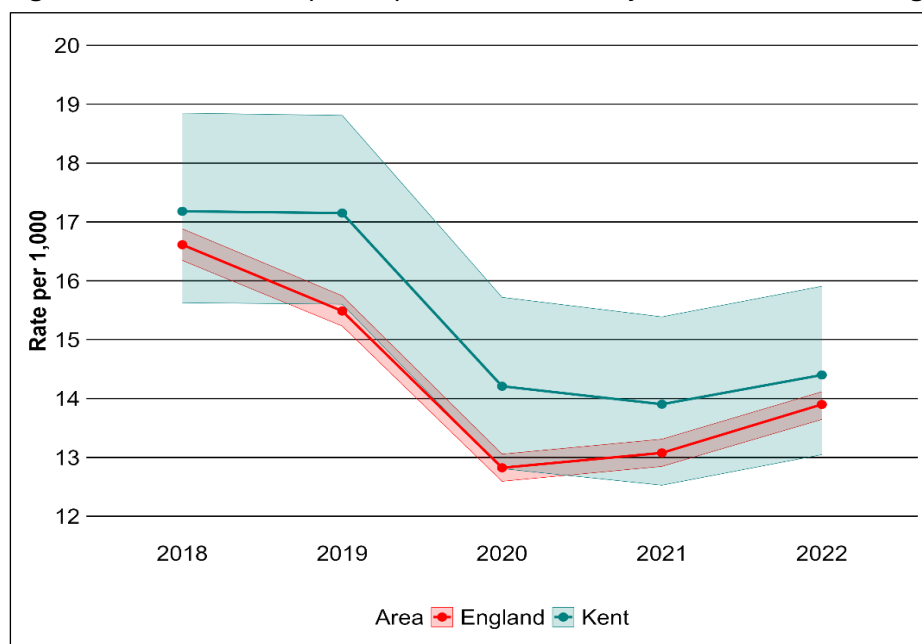
Source: KCC Management Information Unit

## 2.4 Conceptions in females aged under 18 Years

The rate of conceptions in females aged under 18 (13-17 years) has been measured over the last three decades commencing at a time when rates were significantly higher. That said, information about and access to contraception remain important.

The next two figures which include 95% confidence intervals in colour look at the last five years of published data relating to conceptions among 15-17 year-olds and 13- 15 year-olds in Kent and England. The latest available data available is from 2022.

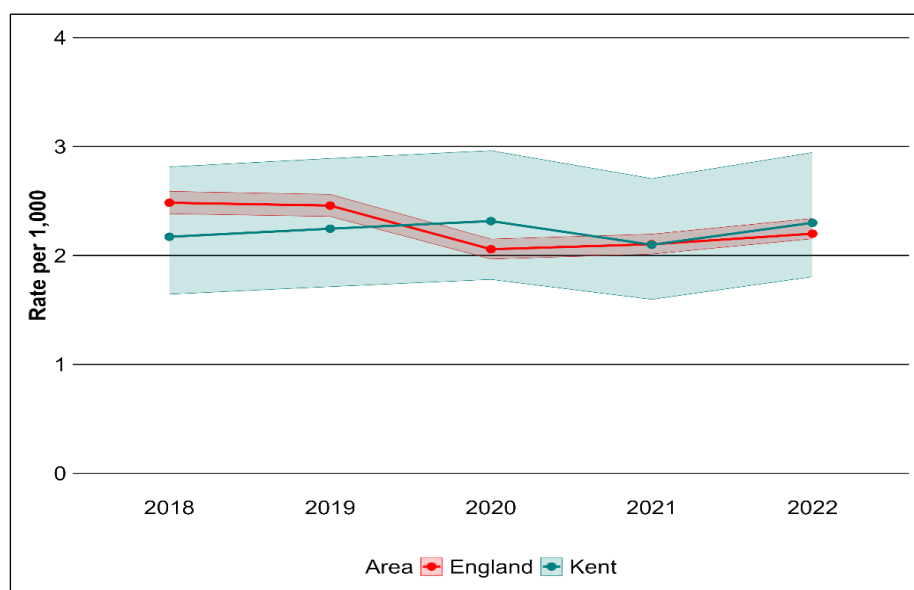
Figure 7: Rates of conceptions per 1,000 in 15–17 year-olds, Kent and England, 2018-2022



Source: Fingertips and ONS



Figure 8: Rates of conceptions per 1,000 in 13–15 year-olds, Kent and England, 2018-2022

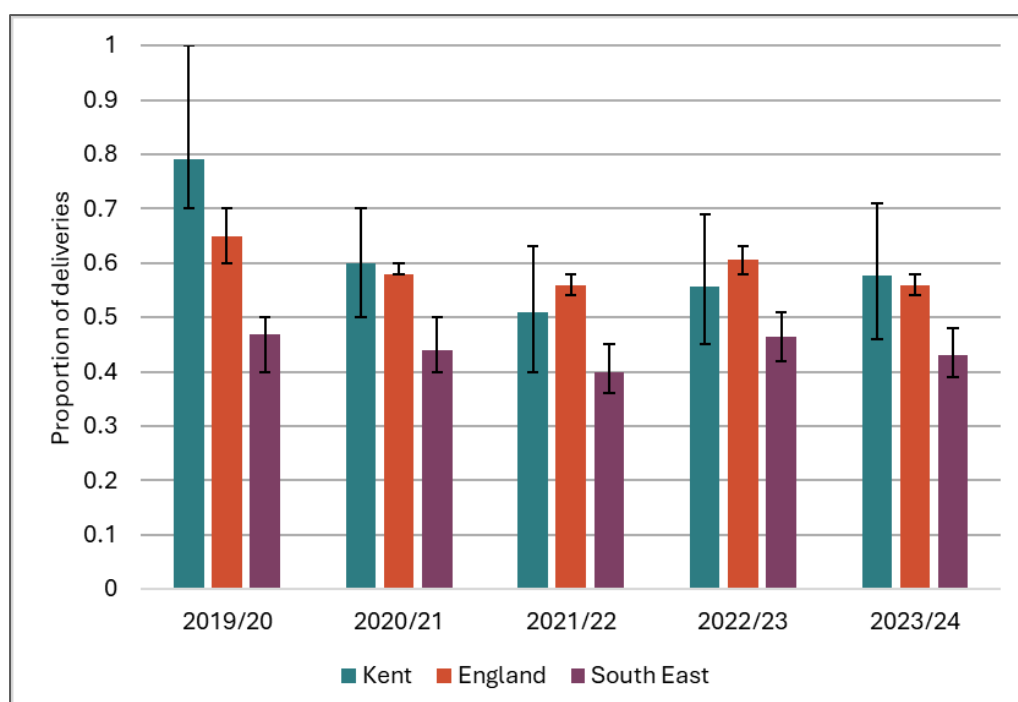


Source: Fingertips and ONS

### 2.4.1 Deliveries in females under 18 years

There has been a halving in the proportion of all deliveries that occur among 12-17 years olds in Kent from 1.3% in 2013/14 to 0.6% in the most recent published data from 2023/24. The proportion of deliveries among this age cohort over the five year period 2019/20-2023/24 in Kent has been similar to England.

Figure 9: The proportion of deliveries, among 12–17 year-olds in Kent, and England 2019-2023/24

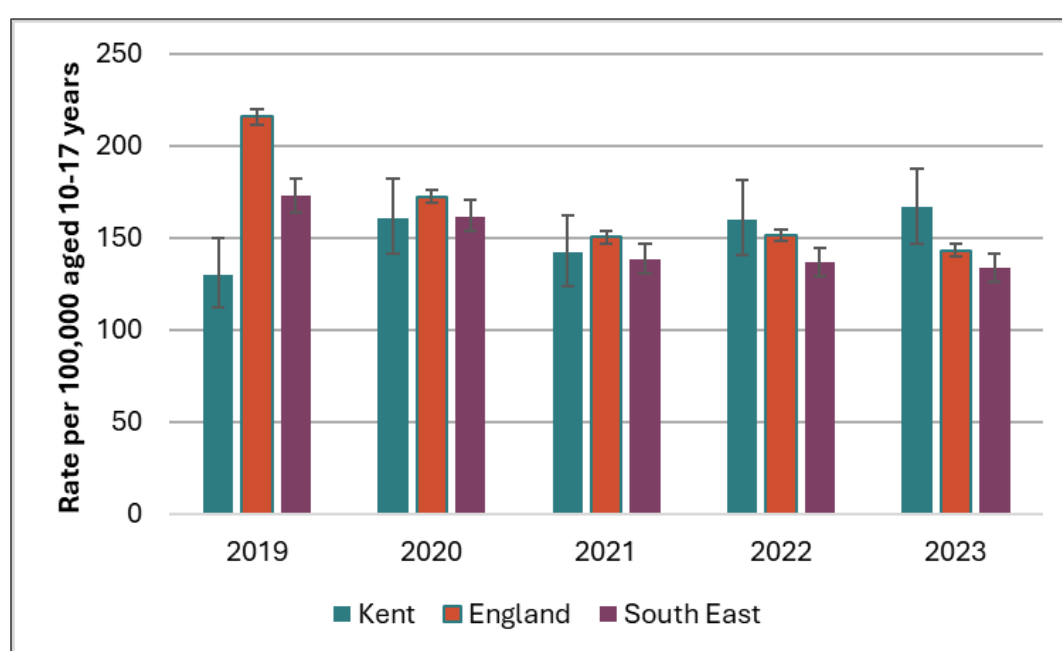


Source: Fingertips

## 2.5 First Time Entrants to the Youth Justice System

The rate of 10-17 year-olds receiving their first reprimand, warning or conviction has reduced from the rate 581.8 per 100,000 population in Kent in 2012 to a rate of 166.7 in 2023. However, looking at the five years to 2023 suggests a changing picture of an increase in the rates of first-time entrants to the youth justice system in Kent which are now higher than the South East and England averages. The confidence intervals for the 2023 data show that the rate in Kent is higher than England and the South East, in contrast to 2019.

Figure 10: Rates of 10 -17 year-olds receiving their first reprimand warning or conviction per 100,000 population, Kent and England, 2019 - 2023



Source: OHID Fingertips, based on Ministry of Justice and Office for National Statistics data

In June 2025<sup>3</sup> the ages of young people in the post court cohort in Kent were highest among older adolescents with 81, aged 16-17 years, 50 aged 14-15 years and 6 aged 12-13 years. There were 119 young people with adolescent early help for out of court interventions.

‘Children from ethnic minorities, children with disabilities and children from low socioeconomic backgrounds are vastly overrepresented in many youth justice systems across the globe’.<sup>4</sup>

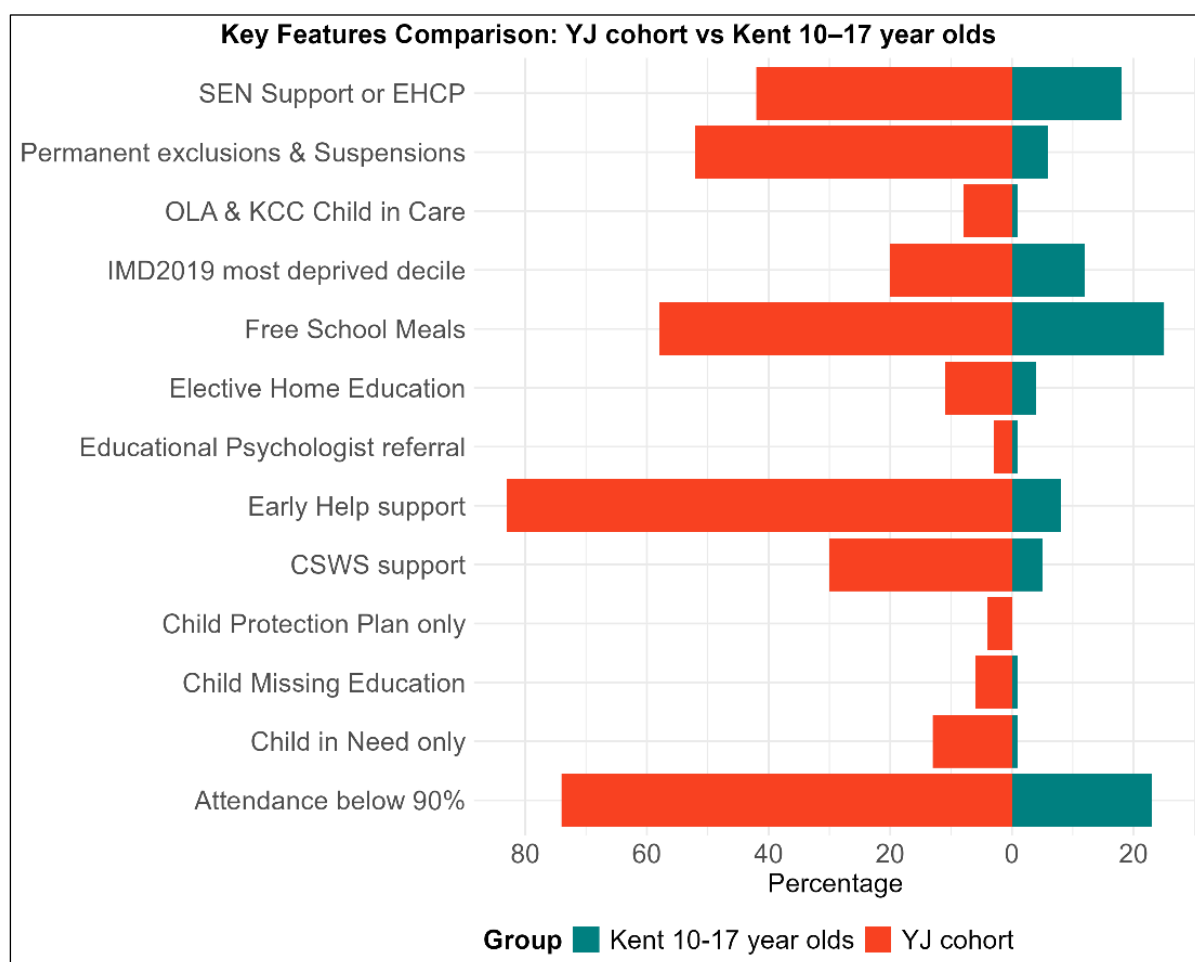
It is stated<sup>5</sup> that children and young people who are at risk of offending or who are within the youth justice system have higher unmet health needs compared to other children. This is seen in terms of mental health and wellbeing, those needing specialist clinical intervention including counselling background and those needing emotional health and

wellbeing support. In parallel are the impacts from factors such as substance use, speech communication and language needs, neurodiversity, school absence, trauma, poverty.

‘Poor mental health can be a risk factor for serious violence. Rates of weapon carrying are higher among children with mental health problems, including conduct problems and hyperactivity, as well as those who self-harm.’<sup>6</sup> Consideration of response to the health needs of these groups and in particular emotional health and wellbeing is recommended.

The context of young people's lives known to the youth justice system in Kent in February 2025 highlights the differences in access to education and the higher proportion home educated compared to their peers.

Figure 11: Circumstance of those known and not known to Youth justice in Kent, February 2025



Source: Kent analytics, February 2025. Kent youth justice partnership plan 2025-2028

A recent systematic review has explored the relationship between poverty and youth crime and violence, ‘Different experiences of poverty are risk factors for both violent and

non-violent crime, however the strength of the relationship is different. For non-violent crime the strongest relationship was with neighbourhood deprivation. For violent crime, the largest effect size was found for low income'.<sup>7</sup> Perception of poverty was observed which may have impacted on bullying behaviour.

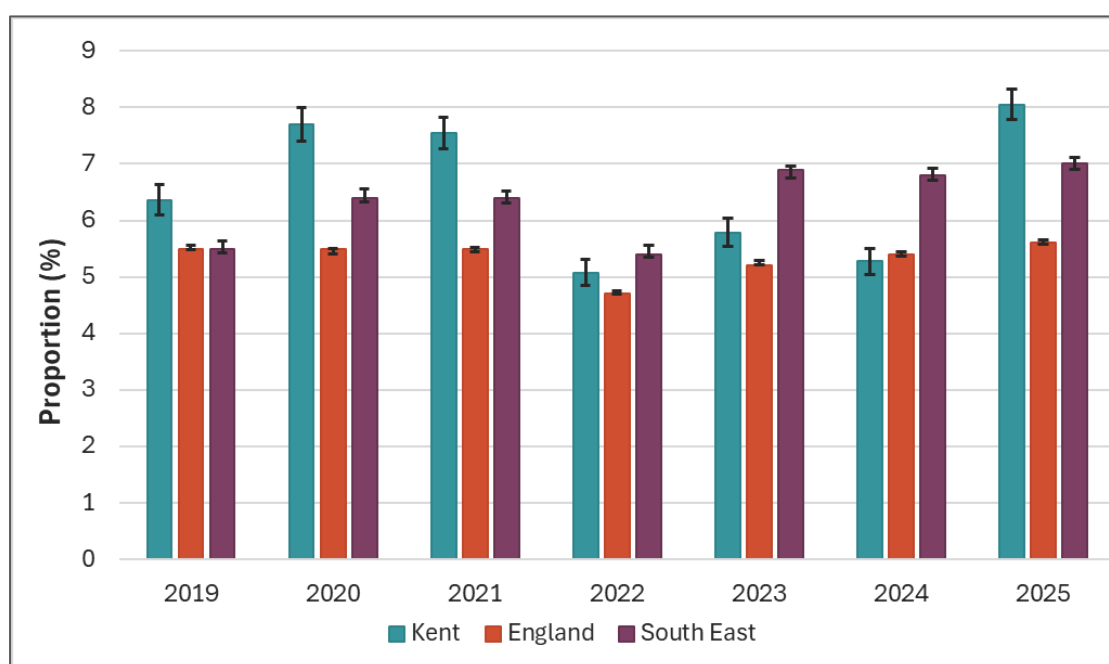
## 2.6 Proportion of 16-17 year olds not in education, employment, or training or whose activity is not known [NEET]

Local authorities (LAs) are required to track and submit information on young people up to the end of the academic year in which they turn 18. Therefore, NEET reporting covers 16- and 17-year-olds only. The population who are NEET are at higher risk of poorer health and may be at risk of early parenthood. The risks to becoming NEET have been identified as:

- Not having an academic qualification above level 1
- Having a mental health condition
- Being identified as having special educational needs
- Having a disability

The Department for Education figures show the proportion of 16 and 17 year olds recorded as NEET, suggests small fluctuations across the years 2019-2025 with Kent being higher than the England average with exception in 2024 when they were the same.

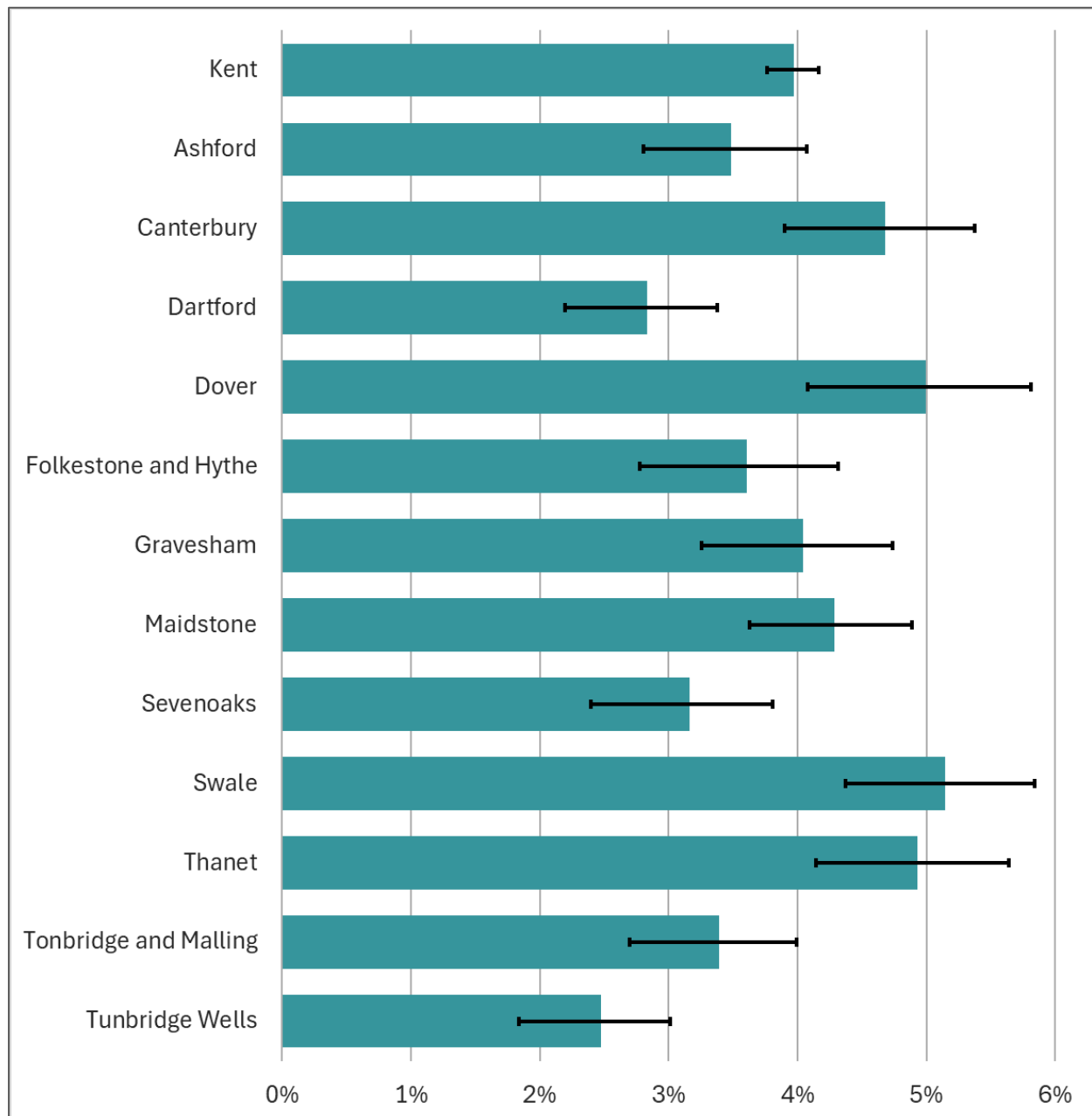
Figure 12: Proportion (%) of 16-17 year olds not in education employment or training or whose activity is unknown. Kent, South East and England, 2019 - 2025



Source: OHID Fingertips, Department of Education.

The graph below was produced from internal KCC figures that differ from those published by the Dept for Education, but allow details to be shown at District level for year 12 and 13s in Kent schools. The proportions recorded as NEET show that Canterbury, Dover, Swale, and Thanet districts have been higher than other districts.

Figure 13: Proportion (%) of year 12 and year 13s recorded as NEET by districts in Kent.  
Snapshot at end of January 2025



Source: KCC Management Information Unit

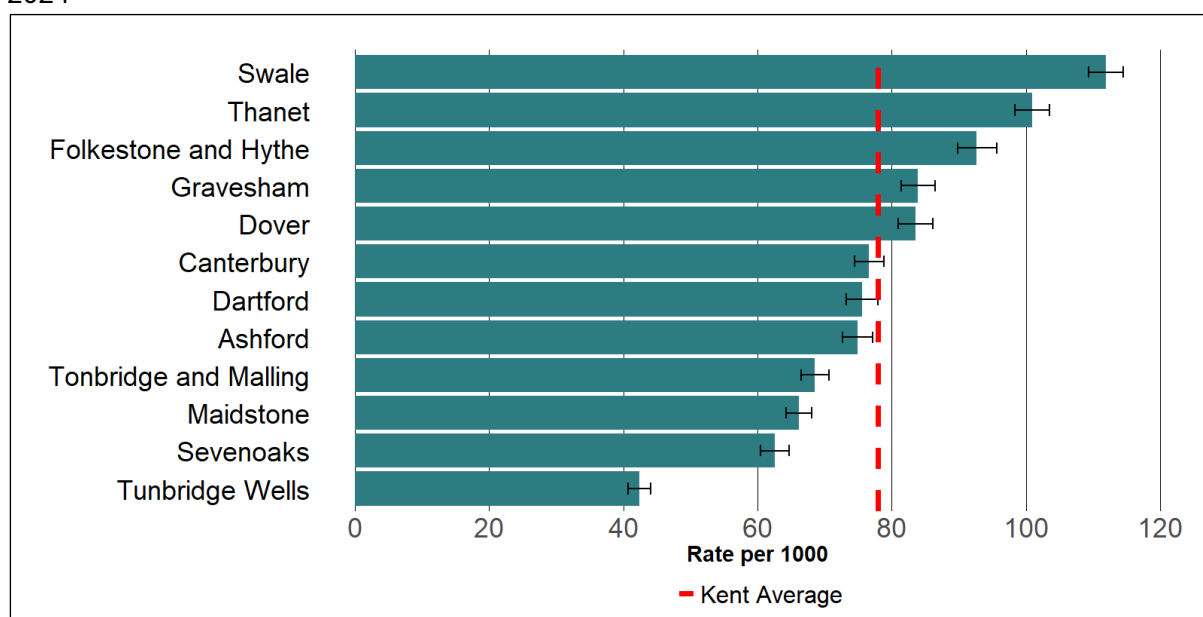
## 2.7 Disability Living Allowance Claimants

Disability Living Allowance (DLA) is a tax-free benefit for disabled people who need help with mobility or care costs. You can claim for DLA if you are under 16 years and live in

England or Wales and while transitioning onto personal independent payment [PIP]. The figure below captures both cohorts. From 8 April 2013, DLA for people of working age was replaced by Personal Independence payment (PIP) for new claims. PIP is gradually replacing existing DLA claims for people of working age.

The figure below illustrates the differences for claims across the districts in Kent with the rate of DLA claimants during 2019-2024, ranging from 42.4 per 1,000 population (aged 11 -18 years) in Tunbridge Wells to 111.9 per 1,000 in Swale.

Figure 14: Rates of Disability living allowance per 1,000 11-18 year olds by Kent districts 2019 – 2024



Source: Department for Work and Pensions.

## 2.8 Insights from Schools and Professionals on secondary school aged children's needs.

To support this Health Needs Assessment (HNA), a targeted survey was conducted with schools and professionals working directly with secondary school-aged children across Kent. The purpose was to help inform a detailed Health Needs Assessment for this population, aiming to provide a deeper understanding of the health and wellbeing needs as observed by those who work most closely with young people. This includes the everyday experiences, emerging concerns, and strengths seen within educational and support settings.

All secondary schools in Kent were invited to participate, recognising their unique and valuable insight into the lives of this age group. Respondents included staff from schools, youth services, and health and wellbeing teams, offering a rich and diverse perspective on the current landscape.

The insights gathered through this survey are essential in building a more complete and grounded understanding of the needs of secondary school-aged children. By drawing directly on the experiences and observations of professionals who support young people daily, this survey reflects the current issues, concerns, and strengths seen across Kent. These perspectives add depth and context to the wider evidence base, ensuring that the Health Needs Assessment is informed by the day-to-day realities and professional insights of those working with this population.

## 2.9 Survey Findings from Schools and Professionals on secondary school aged children's needs

### 2.9.1 Understanding the Health and Wellbeing Landscape for KS3 Students

Secondary school respondents have highlighted a complex and evolving picture of the health and wellbeing challenges faced by Key Stage 3 (KS3) students. **At the forefront of concern is emotional health and wellbeing, ranked as the most pressing issue.** This reflects growing awareness of how emotional regulation, mood, and general psychological resilience are foundational to young people's development and daily functioning.

Closely following is mental health, indicating a continued rise in anxiety, depression, and other mental health concerns among early adolescents. These issues are often exacerbated by social media, which ranks third. The digital world, while offering connection and creativity, also introduces pressures around appearance, popularity, and constant connectivity, which can negatively impact self-worth and mental stability.

Resilience and challenging behaviour are tied in fourth place, suggesting that many students struggle to cope with setbacks or express their emotions constructively. This may be linked to peer pressure (ranked 6th) and self-esteem (7th), both of which are critical during the formative years of adolescence when identity and belonging become central.

Relationships (8th) and body image (9th) also feature prominently, reflecting the social and physical changes that KS3 students navigate. These issues are often influenced by both peer interactions and media portrayals, contributing to internalised stress and confusion.

Home life issues (10th) and bullying (11th) underscore the importance of safe and supportive environments both at home and in school. While educational achievement (12th) is a concern, it is notably ranked lower than emotional and social factors, suggesting that wellbeing is increasingly seen as a prerequisite for academic success.

At the lower end of the ranking, issues such as aspiration and inability to make informed choices (tied at 13th), puberty (15th), and self-care (16th) indicate areas where students may lack guidance or confidence. Learning difficulties (17th) and sexual wellbeing/health (18th) are also noted, though perhaps underreported due to stigma or lack of awareness.

Exam pressure (19th), substance abuse, and young carer responsibilities (tied at 20th) highlight the additional burdens some students face, while gang association (22nd), alcohol use (23rd), and transition to post-education (24th) round out the list, suggesting these are either less prevalent or less visible at this stage.

### 2.9.2 Understanding the Health and Wellbeing Landscape for KS4 & KS5 Students

Secondary school respondents have identified a range of health and wellbeing issues affecting students in Key Stage 4 and 5, reflecting the increasing complexity of challenges faced as young people progress through adolescence and prepare for adulthood.

At the top of the list is emotional health and wellbeing, followed closely by mental health, indicating that psychological and emotional support remains a critical need for older students. These concerns are likely intensified by academic pressures, social dynamics, and the transition to greater independence.

Social media ranks third, continuing to play a significant role in shaping self-perception and peer interactions. This is closely linked to self-esteem (4th) and body image (8th), highlighting the impact of digital environments on young people's confidence and identity.

Exam pressure (5th) emerges as a key issue, particularly relevant for students preparing for GCSEs, A-levels, or other qualifications. Alongside this, resilience and peer pressure (tied at 6th) suggest that many students are navigating high expectations and social influences, which can affect their ability to cope and make healthy decisions.

Mid-ranked concerns such as relationships (9th), home life issues, and educational achievement (tied at 10th) reflect the broader context in which students live and learn. These factors can significantly influence wellbeing and academic engagement.

Emerging risks such as substance abuse (12th), sexual wellbeing/health (13th), and alcohol use (15th) point to the need for targeted education and support around safe behaviours and informed choices. Meanwhile, challenging behaviour (14th) and bullying (16th) remain relevant, though less prominent than in younger age groups.



Lower-ranked issues such as inability to make informed choices, learning difficulties, and puberty (17th–18th) may reflect developmental progress or reduced visibility at this stage. However, they still warrant attention, particularly for vulnerable students.

Finally, concerns around transition to post-education (20th), gang association (21st), self-care, young carer responsibilities (tied at 22nd), and aspiration (24th) suggest that while these may affect fewer students, they represent significant barriers for those impacted and should be considered in service planning.

### 2.9.3 Summary of Health and Wellbeing Needs – KS3 to KS5

Survey responses from secondary schools across Kent highlight that emotional health and wellbeing and mental health are the top concerns for students across all key stages. These issues underpin many other challenges and are seen as critical to students' overall development and success.

Social media, self-esteem, and peer pressure are also consistently ranked highly, reflecting the influence of digital environments and social dynamics on young people's confidence and relationships. For older students (KS4 & KS5), exam pressure, substance use, and sexual wellbeing become more prominent, indicating a shift toward academic stress and risk behaviours as students approach adulthood.

While issues like bullying, home life, and learning difficulties rank lower, they remain important, particularly for vulnerable groups. **The findings suggest a need for continued focus on emotional resilience, digital literacy, and targeted support for students facing complex life challenges.**

### 2.9.4 Stakeholder Perspectives: Added Value and Key Differences

Stakeholder responses aligned with schools in identifying emotional health and wellbeing as the top concern across all key stages. However, they placed greater emphasis on bullying, peer pressure, sexual wellbeing, and substance use, particularly for older students. These issues may be more visible to professionals working with vulnerable or at-risk groups outside the classroom.

In contrast, schools focused more on mental health, exam pressure, and academic achievement, reflecting their day-to-day experience within the education environment.

Stakeholder input strengthens the findings by offering insight into challenges that may occur beyond the school environment, helping to shape a more comprehensive and inclusive understanding of young people's health and wellbeing needs.

The survey also asked about the needs of neurodivergent secondary school-aged pupils, particularly those in Key Stages 4 and 5. This feedback was provided by school

staff, who highlighted a complex range of challenges. Commonly reported issues included difficulties with self-esteem, emotional regulation, and anxiety—often linked to social pressures and the influence of social media. Staff noted increased instances of self-harm, school avoidance (ABSA), and communication difficulties, particularly in expressing emotions or needs. Mental health concerns, including suicidal ideation and trauma, were also raised. Additional themes included sensory overload, difficulties forming relationships, and long waiting times for diagnosis and support. Gender identity, gaming addiction, and the need for structured emotional and social support were also mentioned. These findings point to the importance of timely, tailored interventions and clearer referral pathways to ensure neurodivergent students receive the support they need.

The survey also asked non-school stakeholders about the needs of neurodiverse pupils, offering a broader perspective beyond the classroom. Their responses highlighted significant concerns around anxiety, school refusal, and challenging behaviour, often linked to difficulties with emotional regulation, social interaction, and peer relationships. Many reported issues with self-esteem, mental health, and sensory processing, as well as the impact of long waiting times for diagnosis and post-diagnosis support. Stakeholders also noted that neurodiverse pupils often feel misunderstood, particularly when behaviours are misinterpreted, and that mainstream education settings may not always meet their needs. Additional concerns included bullying, exclusion from education, and the need for individualised support plans. **These insights reinforce the importance of timely assessments, tailored interventions, and inclusive environments that recognise and respond to the diverse needs of neurodivergent young people.**

Emotional health and wellbeing was the most frequently reported concern across all key stages and respondent groups, with mental health issues such as anxiety, low mood, and self-harm commonly observed. Social pressures: including peer influence, social media, and self-esteem, were particularly prominent among neurodivergent pupils and female students, who were more likely to internalise distress. Staff reported high levels of anxiety, self-harm, eating disorders, and body image concerns among girls, often linked to the influence of social media and pressure to conform to appearance standards. Gender identity exploration, including name and pronoun changes, was also more frequently observed in female pupils. In contrast, male pupils were more likely to externalise difficulties through aggression, risk-taking behaviours, and reluctance to seek help due to stigma around vulnerability and masculinity. Academic stress, including exam pressure and school avoidance, was a recurring theme across all groups, especially for those with additional needs. Neurodivergent students were reported to face complex, overlapping challenges, often compounded by long waits for diagnosis and limited access to tailored support. While schools focused

more on in-class and academic concerns, external stakeholders highlighted broader social, emotional, and service-related issues.

### 2.9.5 Comparison of Health and Wellbeing Issues Between Male and Female Secondary School Pupils

While both groups are affected by social pressures and emotional challenges, the way these issues present can differ significantly. Male pupils are more likely to externalise difficulties through behaviour, substance use, or disengagement, often influenced by masculine stereotypes and reluctance to seek help. In contrast, female pupils tend to internalise distress, with higher reports of anxiety, self-harm, eating disorders, and social media-related pressures. These patterns highlight the importance of gender-sensitive approaches to support and intervention. **These findings underscore the need for coordinated, inclusive, and gender-sensitive support systems that address both the emotional and practical needs of all young people, particularly those who are neurodivergent.**

This table summarises the key differences in health and wellbeing concerns observed between male and female secondary school pupils.

| Theme                  | Male Pupils                                                        | Female Pupils                                                 |
|------------------------|--------------------------------------------------------------------|---------------------------------------------------------------|
| Help-Seeking Behaviour | Less likely to seek help; fear of appearing weak                   | May avoid support to avoid standing out                       |
| Emotional Health       | Emotional suppression, low resilience, anger                       | High anxiety, emotional dysregulation, fear of failure        |
| Mental Health          | Under-identified in self-harm, eating disorders                    | High levels of self-harm, eating disorders, suicidal thoughts |
| Social Media Influence | Linked to aggression, misogyny, peer pressure                      | Strong influence on body image, relationships, and self-worth |
| Behavioural Issues     | Aggression, anti-social behaviour, substance use, gaming addiction | School avoidance (EBSA), social media bullying, perfectionism |
| Relationships          | Limited understanding, peer pressure, lack of role models          | Difficulties forming and maintaining healthy relationships    |
| Gender Identity        | Less gender identity exploration reported                          | More gender identity exploration, name/pronoun changes        |
| Substance Use          | Vaping, drugs, alcohol more common                                 | Present but less frequently mentioned                         |

|                   |                                     |                                            |
|-------------------|-------------------------------------|--------------------------------------------|
| Academic Pressure | Lower aspirations,<br>disengagement | High academic pressure,<br>fear of failure |
|-------------------|-------------------------------------|--------------------------------------------|

The survey findings present a clear and consistent picture of the health and wellbeing challenges facing secondary school-aged children in Kent, with important differences emerging across gender and neurodiversity.

## 3.0. Social environment and wellbeing

The social environment and wellbeing of secondary school-aged children are critically important because they directly influence young people's development, academic success, and long-term health outcomes.

### 3.1 The transition to secondary school: A critical developmental stage.

#### 1. Emotional and Mental Health Development

Adolescence is a key period for emotional growth. Supportive social environments—such as positive relationships with peers, teachers, and family—help build resilience, self-esteem, and coping skills. Poor social environments can contribute to anxiety, depression, and other mental health issues.

#### 2. Academic Performance

Students who feel safe, supported, and connected at school are more likely to engage in learning and perform better academically. A positive school climate and strong peer relationships can reduce absenteeism and improve concentration and motivation.

#### 3. Identity and Social Skills

Secondary school-aged children are forming their identities and learning how to navigate complex social dynamics. Healthy social environments provide opportunities to develop empathy, communication skills, and a sense of belonging.

#### 4. Risk Prevention

Supportive environments can act as protective factors against risky behaviours such as substance misuse, bullying, or self-harm. When wellbeing is prioritised, students are more likely to seek help and make healthier choices.

#### 5. Long-Term Health Outcomes

Early experiences with social support and wellbeing shape future behaviours and attitudes toward health. Investing in these areas during adolescence can reduce health inequalities and improve outcomes into adulthood.

The transition to secondary school can be a challenging and, for some, even a traumatic experience influenced by a combination of emotional, social, academic, and developmental factors. Pupils often face the loss of familiar teachers, classmates, and routines, which can trigger feelings of anxiety and insecurity. They must also navigate new social dynamics, form new friendships, and manage concerns about fitting in and finding the correct classroom. Academically, the shift to Key Stage 3 introduces a more demanding curriculum and unfamiliar teaching styles, which can feel overwhelming particularly for those with learning difficulties or lower confidence. This period also

coincides with significant developmental changes, including the onset of puberty, which can intensify emotional responses and stress. The transition is further complicated by the typically larger and more complex secondary school environment, which may be intimidating for children with additional needs or social anxieties.

### 3.2 COVID-19 impact

Between March 2020 and March 2021, schools in the UK were closed to most pupils due to the COVID-19 pandemic, resulting in significant disruptions to education and affecting the transition from primary to secondary school. This transition occurs during a critical stage of child development, and evidence suggests it can have a wide range of impacts on pupil wellbeing and academic performance.

The COVID-19 pandemic added another layer of difficulty to this already sensitive transition. Many primary and secondary school-aged pupils experienced disrupted learning and reduced access to traditional transition support, such as school visits and induction days. These changes limited opportunities to build familiarity with their new school environment and contributed to increased uncertainty. Social isolation during lockdowns also affected emotional wellbeing, leaving some students with reduced confidence and heightened anxiety. The pandemic made it more challenging to form new peer and teacher relationships, and schools have since reported ongoing challenges, including lower resilience, reduced engagement, and increased emotional needs among students entering secondary school.

A qualitative study by the University of Dundee in 2023<sup>8</sup> involving interviews with transition leads from 12 secondary schools and revealed that the pandemic contributed to heightened anxiety and diminished emotional intelligence among pupils. Educators voiced concerns about students' wellbeing and social development, highlighting how lockdowns disrupted opportunities to build relationships and emotional resilience. The study identified several key findings which included the potential benefits from the digitalization of teaching practices, which appeared to enhance pupil inclusion and improve staff efficiency. Virtual tours and online open evenings also strengthened engagement with new parents. However, the shift to remote learning raised questions about the adequacy of current teacher training in supporting virtual education. Concerns were also noted around pupil wellbeing, with increased anxiety and reduced emotional intelligence linked to the effects of lockdowns. While the overall impact of the pandemic was likely detrimental to pupils' education and transition experiences, the study highlights that some meaningful educational opportunities have emerged as a result.

Children who were in Year 6, their final year of primary school when the COVID-19 pandemic and national lockdowns began in March 2020 will have completed their

General Certificate of Secondary Education (GCSE) exams during 2025. However, their academic journey has been shaped by prolonged disruptions to learning, reduced in-person teaching, and limited access to support services throughout their secondary education. These challenges have raised concerns about the long-term impact on academic outcomes, exam preparedness, and emotional wellbeing, particularly for students who experienced key developmental years under pandemic-related restrictions.

Among secondary school pupils in England, Year 9 students (typically aged 13–14 years) appear to have been the most significantly affected emotionally by the COVID-19 pandemic. According to a 2023 study by University College London (UCL), emotional engagement with school among Year 9 pupils dropped sharply between 2019 and 2023.<sup>9</sup> The proportion of students who strongly agreed that they liked being in school fell from 19% to just 11%, and those who felt safe at school declined from 42% to 26%. The impact was particularly pronounced among girls, who experienced a 22% drop in feelings of safety—more than double the decline seen among boys. These declines were among the steepest globally, suggesting that early-to-mid secondary school students, especially girls in Year 9, experienced the most pronounced emotional and psychological impacts of the pandemic.

The COVID-19 pandemic caused a major disruption to the well-established transition process from primary to secondary school. Pupils entering Year 7 in 2020 did so following prolonged school closures, fragmented learning experiences, and limited access to traditional transition support. Many arrived with varying levels of academic preparedness and significant social and emotional challenges. In response, researchers at UCL Institute of Education, supported by the UCL Coronavirus Response Fund, explored how best to support this cohort.<sup>10</sup> Their findings emphasised the importance of relationship-building over immediate academic catch-up, the value of flexible routines, the need for digital literacy, and the benefits of prioritising physical activity and wellbeing.

Five years on, several lessons from the pandemic period remain highly relevant. Strong teacher-student and peer relationships continue to be central to a successful transition to secondary school. Schools that prioritised pastoral care and community-building during the early stages of the pandemic have reported sustained improvements in student wellbeing and engagement.<sup>11</sup> However, academic gaps caused by school closures have proven more persistent than initially anticipated. Research has shown that uneven prior learning continues to affect progress, prompting ongoing discussions around curriculum flexibility, differentiation, and mixed-ability teaching. These findings reflect the broader challenges faced by secondary-aged pupils, whose educational and emotional development was significantly disrupted during key transitional years.

The pandemic accelerated the integration of digital learning into mainstream education. While blended models are now common, digital inequalities particularly in home access remain a challenge for some. Flexibility in teaching and assessment has become more valued, helping schools better support diverse learning needs.

Mental health and wellbeing has moved to the forefront of education policy. Many schools now embed wellbeing initiatives into daily practice, recognising their importance for academic success and student engagement. This needs to further develop to reflect the current context and evidence. In addition has been a recent rapid review of the mental health needs of young adults aged 18 – 24 years which reflects a continuation of emotional health and wellbeing needs.<sup>12</sup>

### 3.3 Societal impacts on learning

The impacts of poverty on learning, are reflected in school attendance. ‘A concerning 38.9% of secondary school pupils eligible for FSM are persistently absent..... For FSM-eligible secondary school pupils, our analysis shows that this figure is 11 percentage points (p.p.) greater than it was pre-pandemic whereas the rate of persistent absence among secondary school pupils not eligible for FSM has risen by 5.6 p.p. over the same period.’<sup>13</sup>

Recent research looking at mental health and school attendance among 5-16 year olds concludes that ‘when children miss school, they are more likely to struggle with their mental health, and their poorer mental health further contributes to additional school absences.’<sup>14</sup>

Research from 2022<sup>15</sup> explored how boys are being taught at school about consent and how they relate to and interpret educational messages about consent. The findings of this research support earlier research ‘that factual knowledge about what constitutes consent from a legal and affirmative perspective may not automatically translate into ethical and equitable sexual consent cultures.’ Since this was published there has been growth in access to online misogyny and pornography. ‘The influence of the manosphere over young men’s attitudes, and their downstream consequences for women and girls’ mental health, represent a pressing concern.’<sup>16</sup>

There have been published reports <sup>17, 18</sup> which have focused on attitudes toward girls in education. These illustrate the challenges and vulnerabilities of girls, risks to their personal safety in school and travelling to school. The recent publication of the national strategy Violence towards girls and women has the opportunity to increase awareness on the impacts on their lives. Illustration in the reports from the fourth national annual survey from 2026 <sup>19</sup> among 13-17 year olds on ‘Children, violence and vulnerability’ includes mental health and the experience of violence, and violence in relationships.

The context for secondary aged pupils experiencing the commencement of and regularity of menstruation can be debilitating as the impacts of pain are adjusted to, or



the opportunities to access toilets and sanitary wear present a challenge. A recently published cohort study ‘suggests that heavy or prolonged bleeding and menstrual pain, are associated with lower school attendance and educational attainment.’ The study goes on to suggest that ‘More research is needed to understand the mechanisms behind these associations, and to develop public health measures to mitigate negative impacts of menstrual symptoms on education and tackle menstruation-related inequalities.’<sup>20</sup>

The impacts of unstable accommodation on learning are seen with a direct correlation between the number of home moves across the school years and in GCSE results in year 11 which has found there is lower attainment where there are more home moves.<sup>21</sup> A snapshot picture of the rate per 1,000 11-17 year olds living in temporary accommodation during the period June – September 2025 by districts in Kent ranged from 15.0 to 1.1 per 1,000 11-17 year olds.<sup>22</sup> Whilst this presents information for 11-17 year olds age and found Dartford and Gravesham districts had the highest rates, this does not present previous moves during the years of primary education or years spent in temporary accommodation.

## 4.0 Health needs requiring secondary healthcare

This chapter has used data on admissions and A&E attendances sourced from Hospital Episode Statistics (HES) and specific notes on this data for this chapter.

A key limitation in interpreting hospital admission trends relates to changes in clinical coding practices. Historically, short-stay hospital care has been recorded within admitted patient care datasets from HES, however, some NHS trusts have begun coding certain short-stay admissions in the Emergency Care Datasets (ECDS) instead. **Kent County Council currently does not have access to ECDS, meaning these episodes are excluded from our analysis.** Adoption of ECDS has not been consistent across trusts; some have transitioned earlier and more extensively than others. **This creates a risk that apparent reductions in admissions for certain conditions reflect coding changes rather than genuine decreases in activity.**

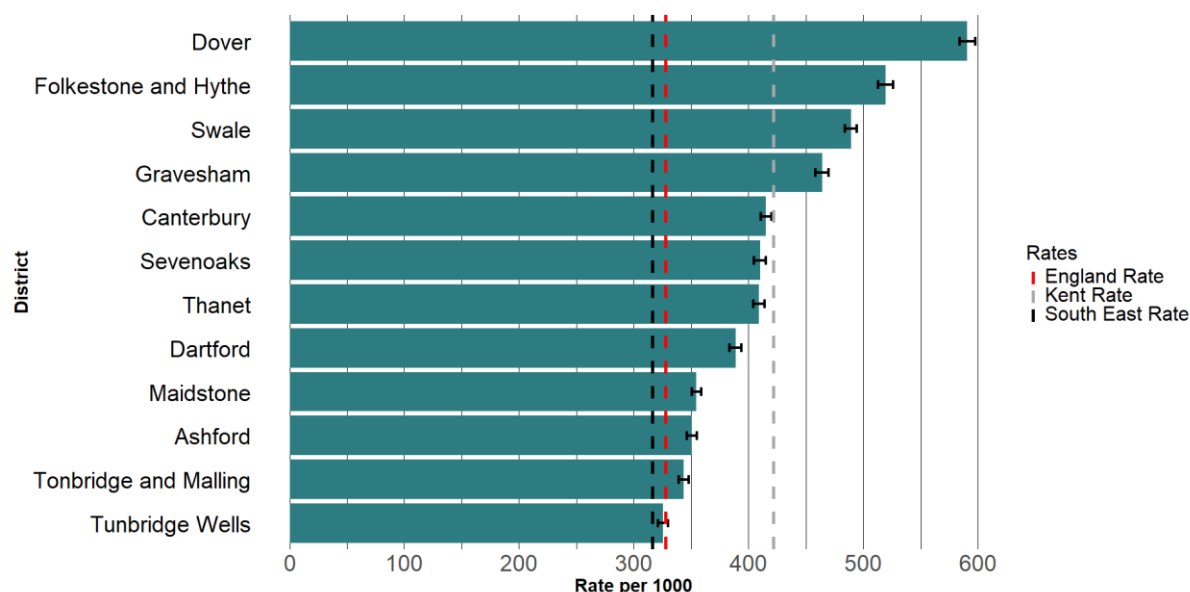
This issue is most likely to affect conditions typically managed in short-stay settings, such as admissions for alcohol-related harm, mental health crises, and self-harm, although it may impact many other short-duration admissions. East Kent University Hospital NHS Trust and Medway Foundation NHS Trust adopted this coding approach earlier, which may explain the larger decreases observed in these areas since 2022/23. Consequently, trend analysis should be interpreted with caution, and findings should be caveated to acknowledge that observed patterns may partly result from changes in data collection rather than underlying shifts in population health or service use.

Confidence intervals at 95% are shown on trend charts as shaded areas.

### 4.1 A&E attendances

The number of A&E attendances for persons aged 11 to 18 years using data from NHS Digital, Hospital Episode Statistics, over a 5-year period (April 2019 to March 2024). Rates have been calculated per 1,000 of the total population of the relevant age using ONS mid-year population estimates.

Figure 15: Crude rates of A&E attendances per 1,000 11-18 year-olds by district in Kent, 2019/20 – 2023/24

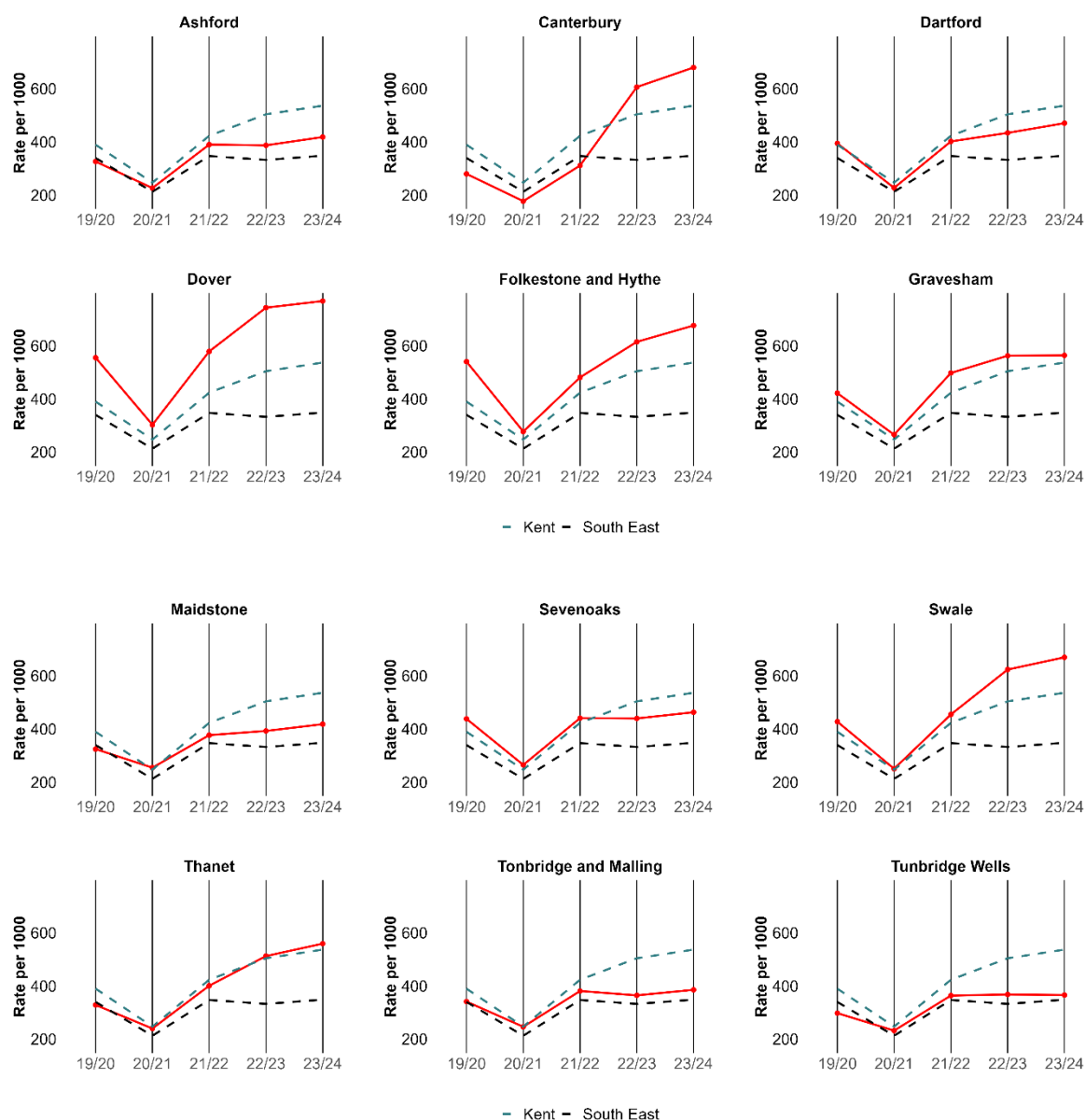


Source: Hospital Episode Statistics (HES)

Over the five-year period from April 2019 to March 2024, Dover had the highest rate of A&E attendances within the 11 to 18 age group. Dover, Folkestone and Hythe, Swale, and Gravesham districts were significantly higher than the Kent average. All districts apart from Tunbridge Wells were above the England and South East rates.

The following figure shows annual rates by district, highlighting a sharper rise in the post covid pandemic period particularly in the districts that recorded the highest attendance rates in the previous figure and in Canterbury district. The steeper increases observed comparing 2019/20 rates with 2023/24 rates can be seen in Canterbury, Swale and Thanet districts. Access to and availability of primary care health services may be a factor in these observed changes to A&E attendances.

Figure 16: Crude rates of A&E attendances per 1,000 11–18 year-olds by district, Kent and South East region, 2019/20 – 2023/24

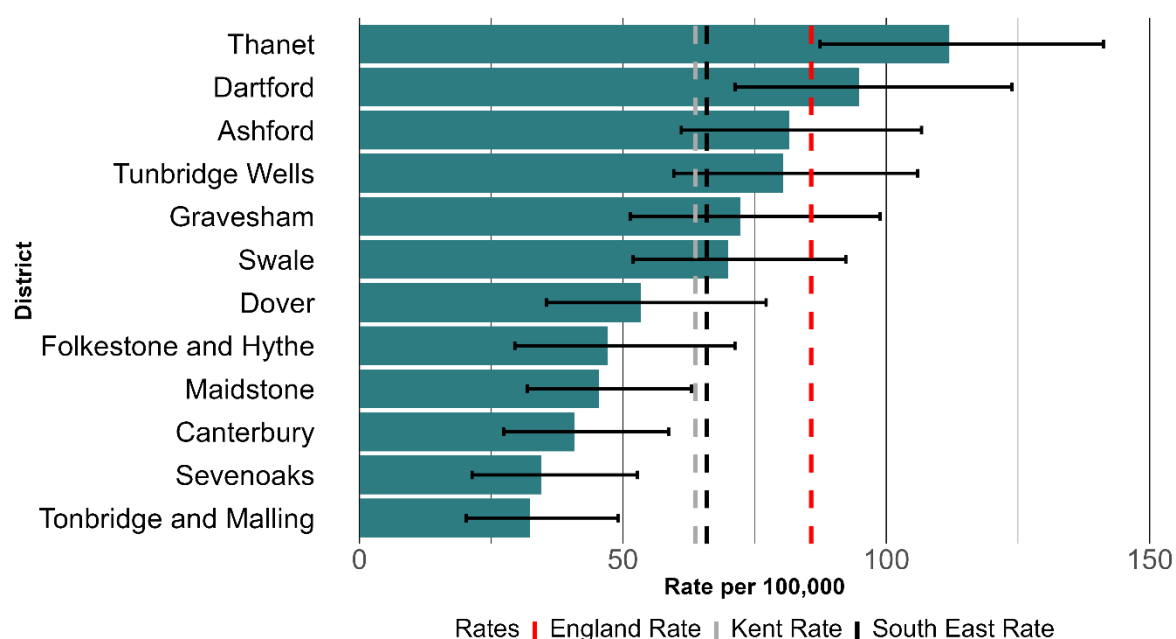


Source: Hospital Episode Statistics

## 4.2 Hospital Admissions due to Asthma

The number of emergency hospital admissions for persons aged 11 to 18 years with primary diagnosis of either J45: Asthma or J46: Status asthmaticus, using data from NHS Digital Hospital Episode Statistics, over a 5-year period (April 2019 to March 2024). Rates have been calculated per 100,000 of the total population of the relevant age using ONS mid-year population estimates.

Figure 17: Crude rates of hospital admission for asthma per 100,000 11–18 year-olds by district in Kent, 2019/20 – 2023/24

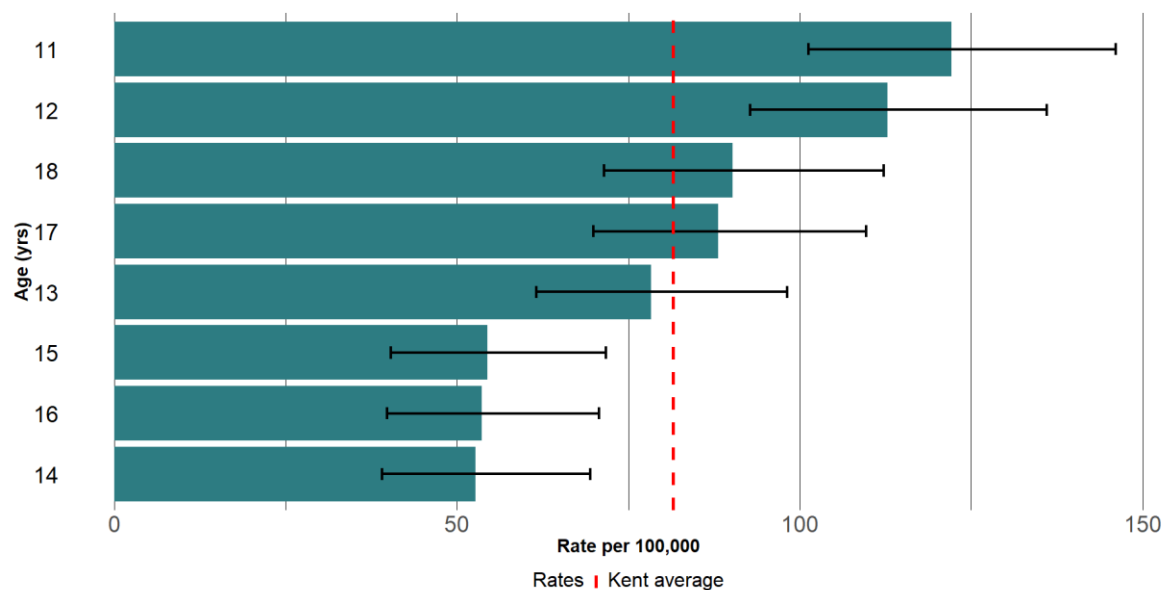


Source: Hospital Episode Statistics

The Kent and South East averages are both lower than the England average. Thanet and Dartford districts had significantly higher rates of hospital admissions due to asthma amongst 11- to 18 year-olds than the Kent and South East averages over the five-year period presented.

Looking at this data by age, the rate of hospital admissions due to asthma in Kent across the five-year period is significantly higher among 11- and 12 year-olds than the Kent average for persons aged 11-18 years.

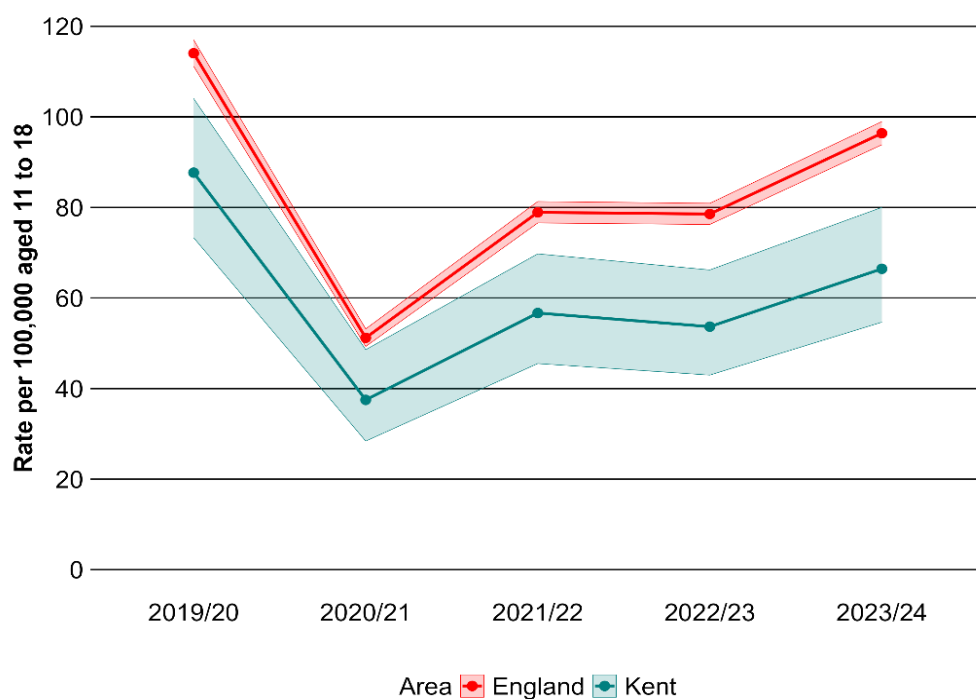
Figure 18: Crude rates of hospital admissions due to asthma per 100,000 11- 18 years old population by age, Kent, 2019/20 – 2023/24



Source: Hospital Episode Statistics

The next figure shows the trend in admissions for Asthma for Kent and England between 2019/20 and 2023/24 for 11 – 18 year olds. Admissions fell in 2020/21 during the early pandemic, but have increased since then, although they remain lower than 2019/20 levels. Kent has been significantly lower than England across the time periods.

Figure 18a: Crude rates of hospital admissions due to asthma per 100,000 population aged 11 – 18 years, Kent and England, 2019/20 – 2023/24



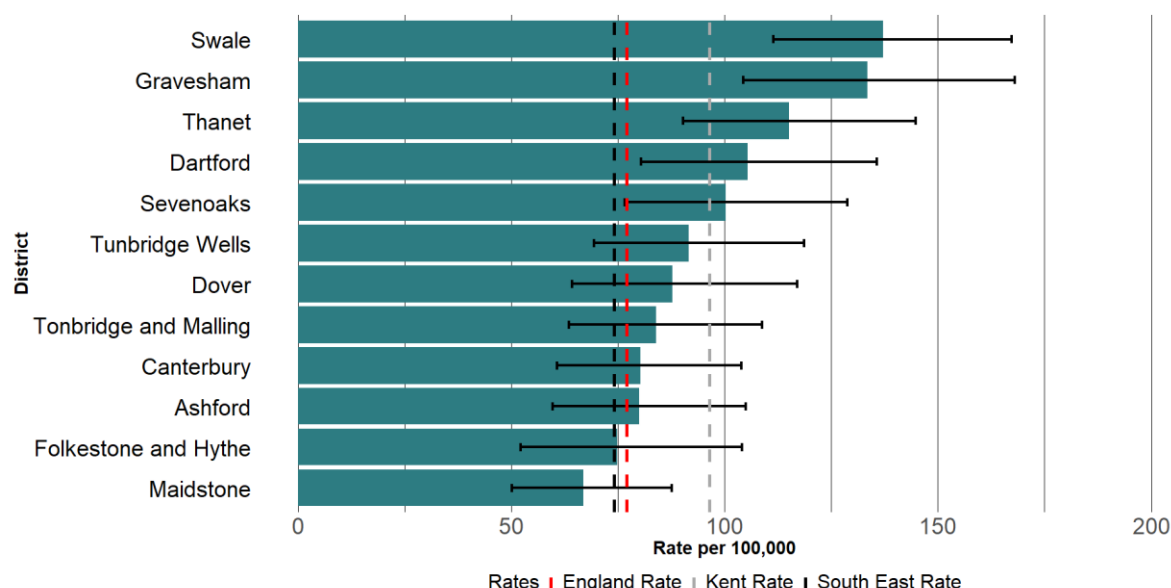
Source: Hospital Episode Statistics

### 4.3 Hospital Admissions for Diabetes

The number of emergency hospital admissions for persons aged 11 to 18 years with primary diagnosis of type 1, E10: Insulin-dependent diabetes mellitus, is presented using data from NHS Digital Hospital Episode Statistics, over a 5-year period (April 2019 to March 2024). The rates have been calculated per 100,000 of the total population of the relevant age using ONS mid-year population estimates.

The figure below shows that the rates of hospital admissions due to diabetes among 11-18 year olds over the five year timeframe have been higher in Kent compared to England and South East averages. Swale and Gravesham districts had higher rates of hospital admissions due to diabetes over this combined five year time frame.

Figure 19: Crude rates of hospital admission due to diabetes per 100,000 population aged 11-18 years by districts in Kent combined years 2019/20 – 2023/24



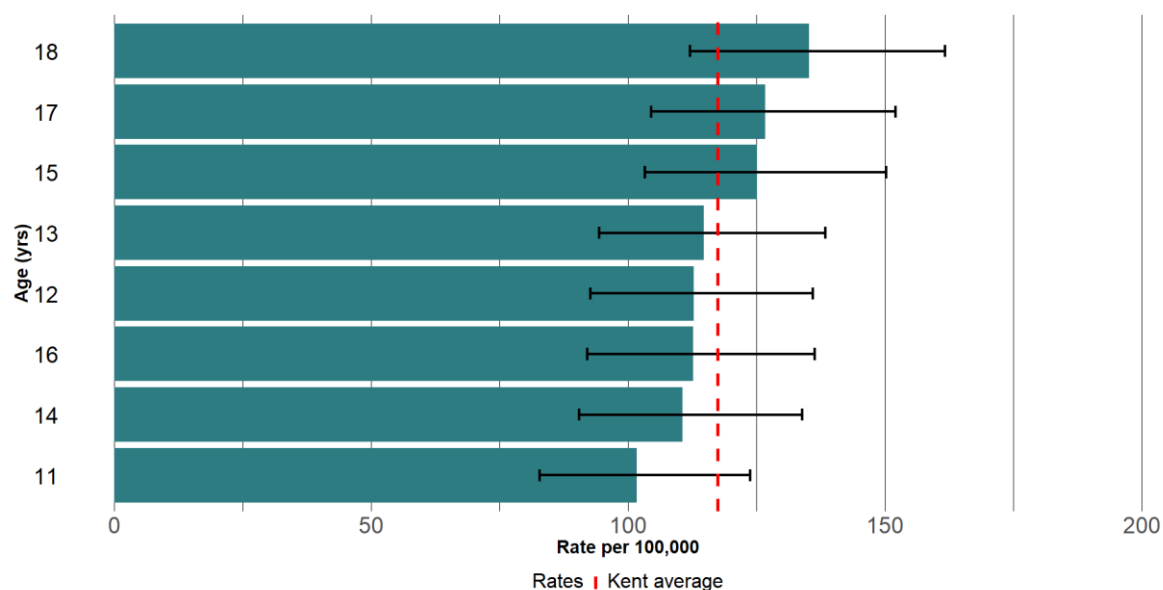
Source: Hospital Episode Statistics

The healthcare inequalities identified by NHSE in the CYP core 20 plus 5 in 2021 referred to increasing 'access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds.'<sup>23</sup>

There is a need to ensure that this has been implemented to help prevent hospital admissions for diabetes amongst these identified population groups and that young people have increased understanding of and/or support to manage their diabetes.

The next figure provides presentation of admissions due to diabetes by age among 11-18 year olds, a period of transitions and change. Over the combined five year time frame rates of admission were higher among 15, 17 and 18 year olds.

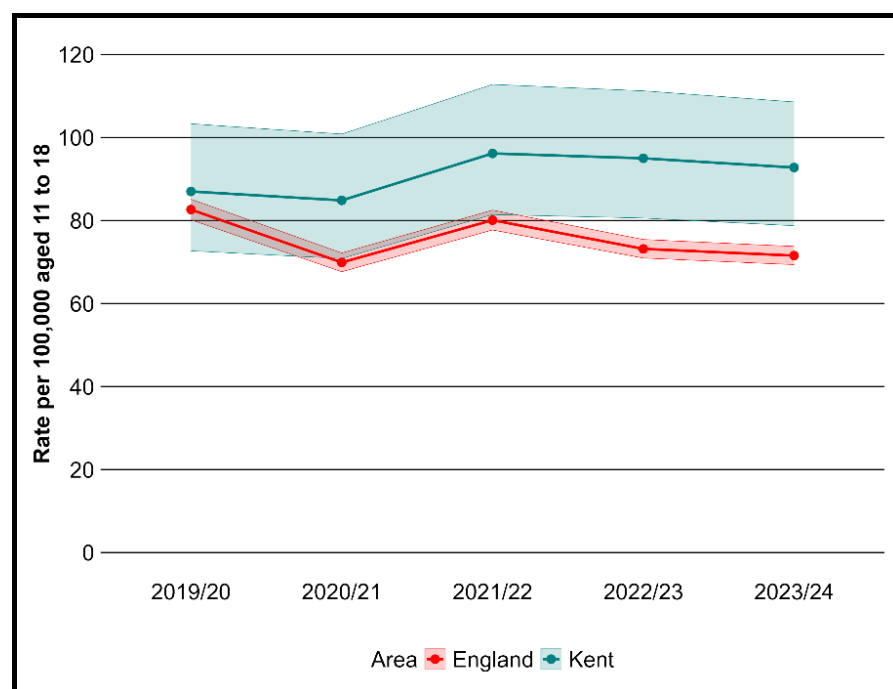
Figure 20: Crude rates of hospital admissions due to diabetes per 100,000 population 11 –18 years, by age, Kent, combined years 2019/20 – 2023/24



Source: Hospital Episode Statistics

The next figure shows the trend in admissions for diabetes for Kent and England between 2019/20 and 2023/24 among 11 – 18 year olds. Across the time period, the gap has gradually widened, and Kent has become significantly higher than England.

Figure 21: Crude rate of Hospital admissions due to diabetes per 100,000 11–18 year-olds, Kent and England, 2019/20 – 2023/24



Source: Hospital Episode Statistics

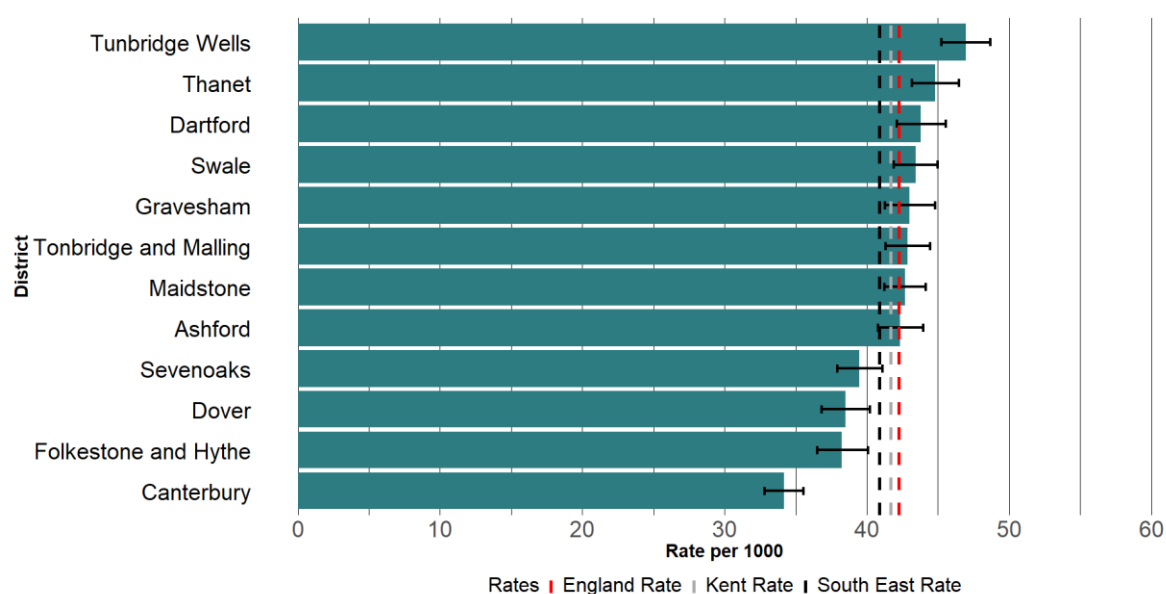


## 4.4 Emergency Admissions

The figure below shows emergency hospital admissions for persons aged 11 to 18 years using data from NHS Digital Hospital Episode Statistics, over a 5-year period (April 2019 to March 2024). These rates have been calculated per 1,000 of the total population of the relevant age using ONS mid-year population estimates.

Of note is that over this period there has been revision to the emergency care data set, which is used to record why individuals attend emergency departments and the treatment they receive.

Figure 22: Crude rates of emergency admissions per 1,000 population 11 –18 year olds by district in Kent combined 2019/20 – 2023/24

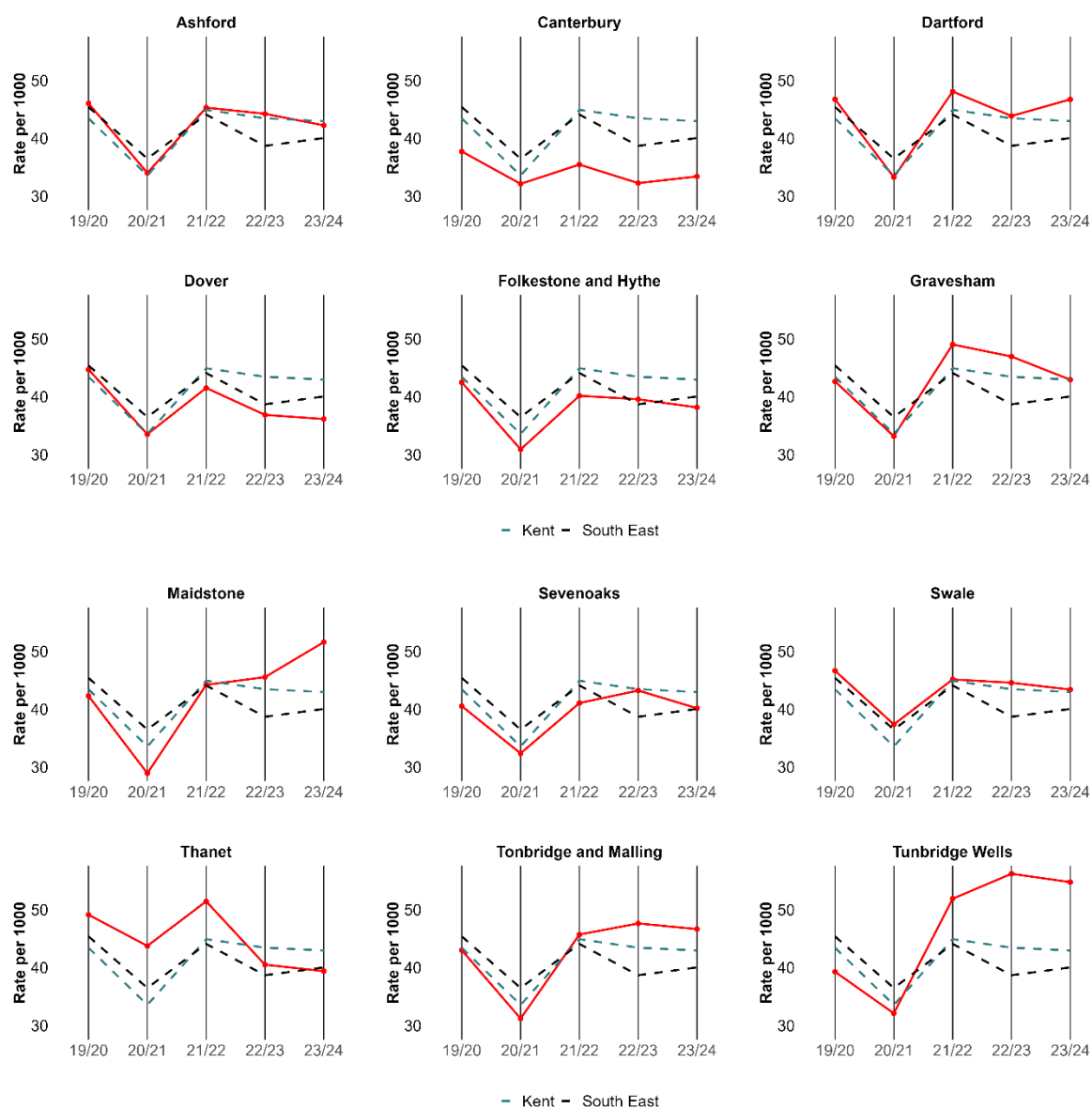


Source: Hospital Episode Statistics

The rates of emergency admissions in Kent, South East and England are similar in this five year period. By district, Tunbridge Wells, and Thanet districts have had significantly higher emergency admissions.

The figure below shows the trend by year between 2019/20 to 2023/24 by district. Rates of emergency admissions per 1,000 11 – 18 year olds have reduced or are similar in most districts when comparing 2019/20 to 2023/24. The exceptions to this are the districts of Maidstone, Tonbridge and Malling and Tunbridge Wells where rates have increased.

Figure 23: Crude rates of emergency admissions per 1,000 population aged 11–18-years by district in Kent, 2019/20 – 2023/24

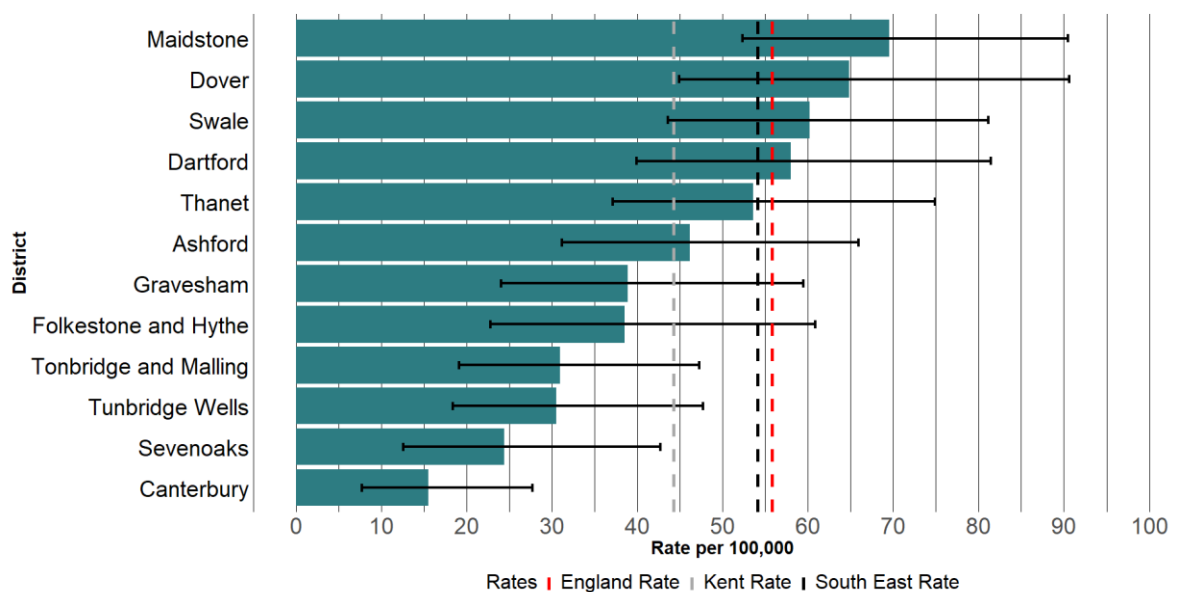


Source: Hospital Episode Statistics

## 4.5 Hospital Admissions for Epilepsy

The number of emergency hospital admissions for persons aged 11 to 18 years with primary diagnosis of either G40: Epilepsy or G41: Status epilepticus using data from NHS Digital Hospital Episode Statistics, over a 5-year period (April 2019 to March 2024). Rates have been calculated per 100,000 of the total population of the relevant age using ONS mid-year population estimates.

Figure 24: Crude rates of hospital admissions for epilepsy per 100,000 population aged 11 –18 years by district, Kent, combined 2019/20 – 2023/24

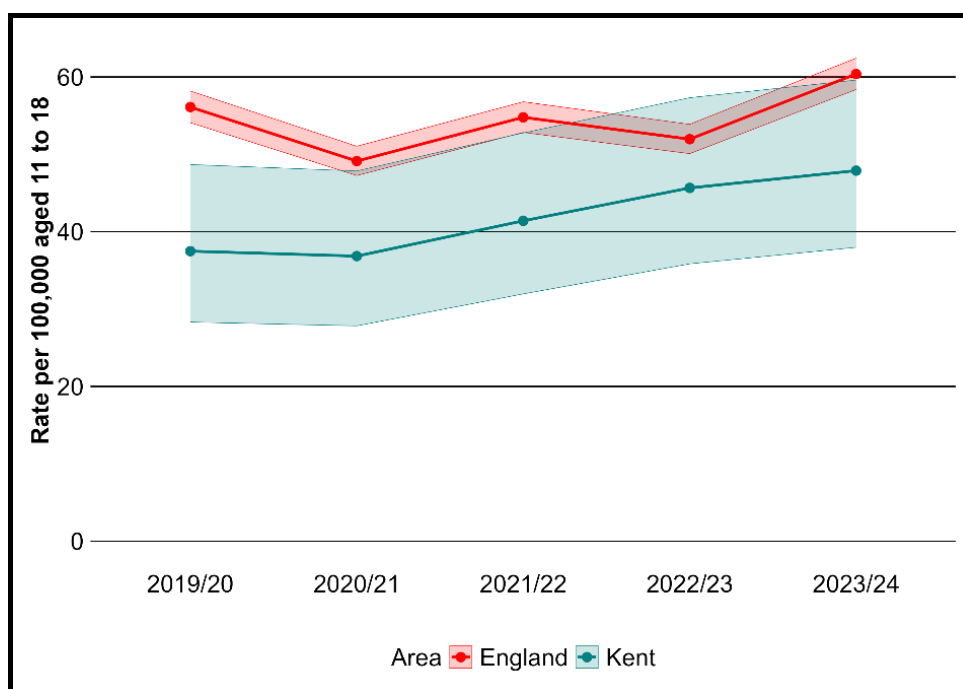


Source: Hospital Episode Statistics

The rates of hospital admissions for epilepsy among 11- 18 year-olds is lower than the South East and England averages in Kent. Maidstone district has a significantly higher rate of hospital admissions than Kent due to epilepsy, but it is not known whether this may be low numbers of repeat admissions or more individuals. Counts are relatively low for this type of admission, so confidence ranges are wide.

The figure below shows the trend of admissions for epilepsy for Kent and England between 2019/20 to 2023/24. Rates for Kent are generally lower than England, but have been gradually increasing in both areas.

Figure 25: Crude rates of hospital admissions for epilepsy per 100,000 11–18 year-olds, Kent and England, 2019/20 – 2023/24

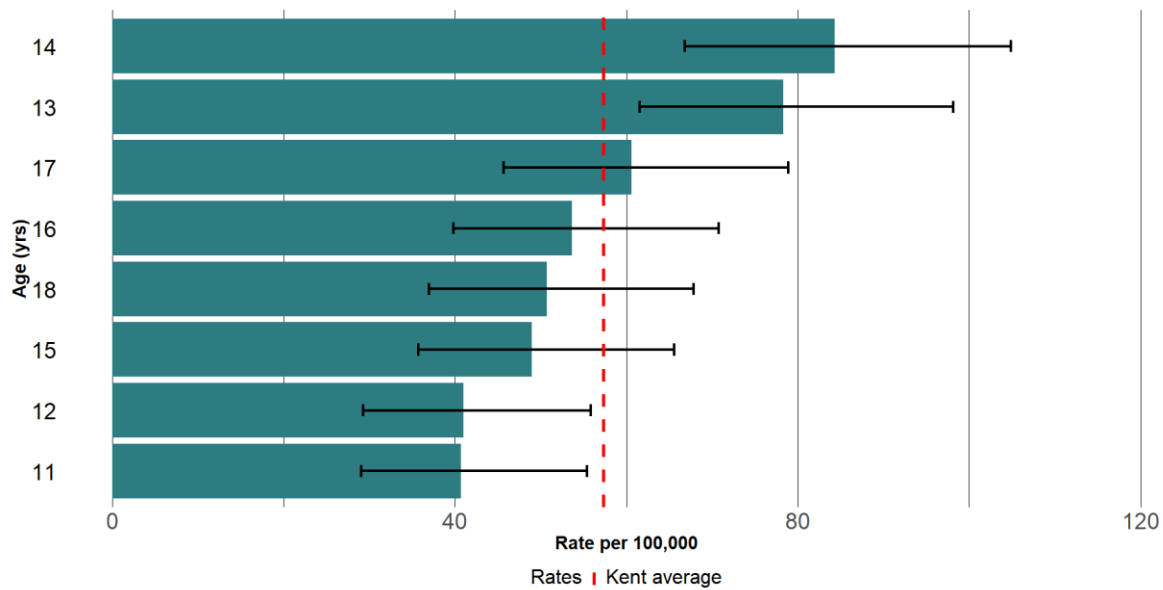


Source: Hospital Episode Statistics

Looking at hospital admissions for epilepsy by age from 11 – 18 years may indicate that numbers are small given the long confidence intervals as shown in next figure.

The higher rates of admission for epilepsy among 13- and 14 year-olds may reflect new diagnosis of epilepsy or developing independence in the management of their condition. The healthcare inequalities identified by NHSE in the CYP core 20 plus 5 in 2021 referred to increasing ‘access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.’<sup>24</sup>

Figure 26: Crude rates of hospital admissions for epilepsy per 100,000 population aged 11 – 18 years in Kent, by age, combined 2019/20 to 2023/24



Source: Hospital Episode Statistics

## 4.6 Hospital Admissions for Mental Health

Emotional health and mental wellbeing has been a consistent factor across different population groups and also noted here. The number of hospital admissions for persons aged 11 to 18 years with primary diagnosis codes of F00 to F99 (Mental and behavioural disorders) has used data from NHS Digital Hospital Episode Statistics, over a 5-year period (April 2019 to March 2024). Rates have been calculated per 100,000 of the total population of the relevant age using ONS mid-year population estimates.

The next figure presents mental health related admissions for Kent and England over a five year period. Many of these admissions will have come through the emergency department and as noted previously there has been revision to the emergency care data set so there needs to be caution in the reading of the data presented.

Figure 27: Crude rate of hospital admissions for mental health per 100,000 population aged 11–18 year-olds, Kent and England, 2019/20 – 2023/24

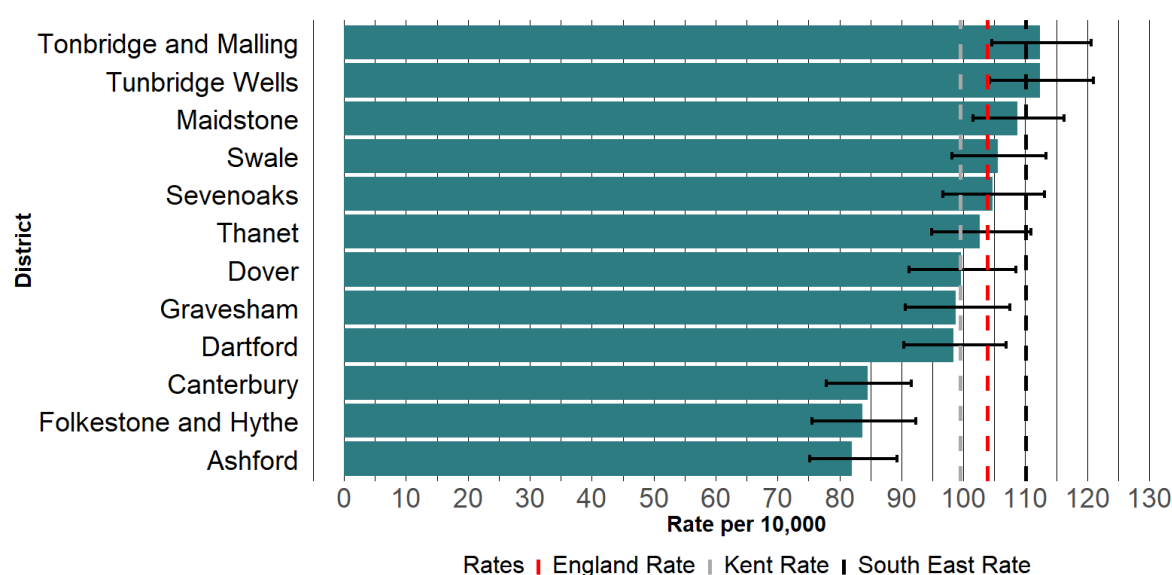


Source: Hospital Episode Statistics

## 4.7 Hospital admissions caused by unintentional and deliberate injuries

The number of finished emergency admissions for persons aged 11 to 18 years with one or more codes for injuries and other adverse effects of external causes (ICD10: S00 to T79 and or V01 to Y36) in any diagnostic field position, over a 5-year period (April 2019 to March 2024). This will include those admitted for observation. Rates have been calculated per 10,000 of the total population of the relevant age using ONS mid-year population estimates.

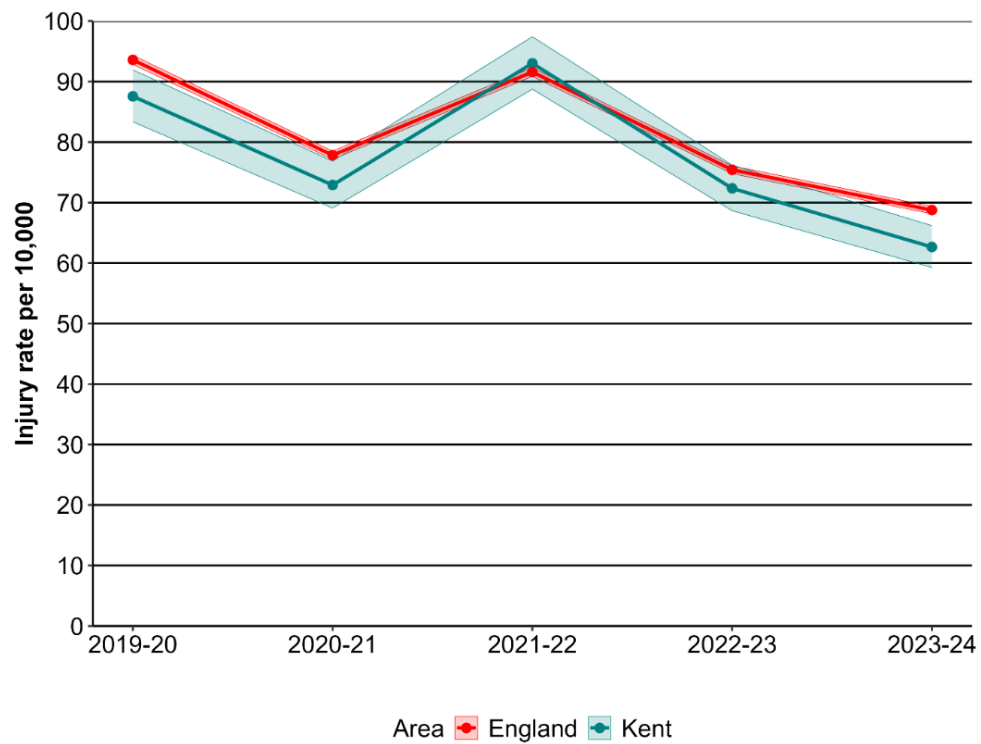
Figure 28: Crude rates of hospital admissions due to unintentional and deliberate injuries per 10,000 population aged 11 to 18 years by district, 2019/20 – 2023/24



Source: Hospital Episode Statistics

Tonbridge and Malling and Tunbridge Wells districts have significantly higher hospital admissions among 11-18 year olds due to unintentional and deliberate injuries compared to the Kent average over the five year time frame. This does not mean that the rates in districts were consistent across each year.

Figure 29: Crude rates of hospital admissions due to unintentional and deliberate injuries per 10,000 population 11 – 18 years of age, Kent and England 2019/20 – 2023/24



Source: Hospital Episode Statistics

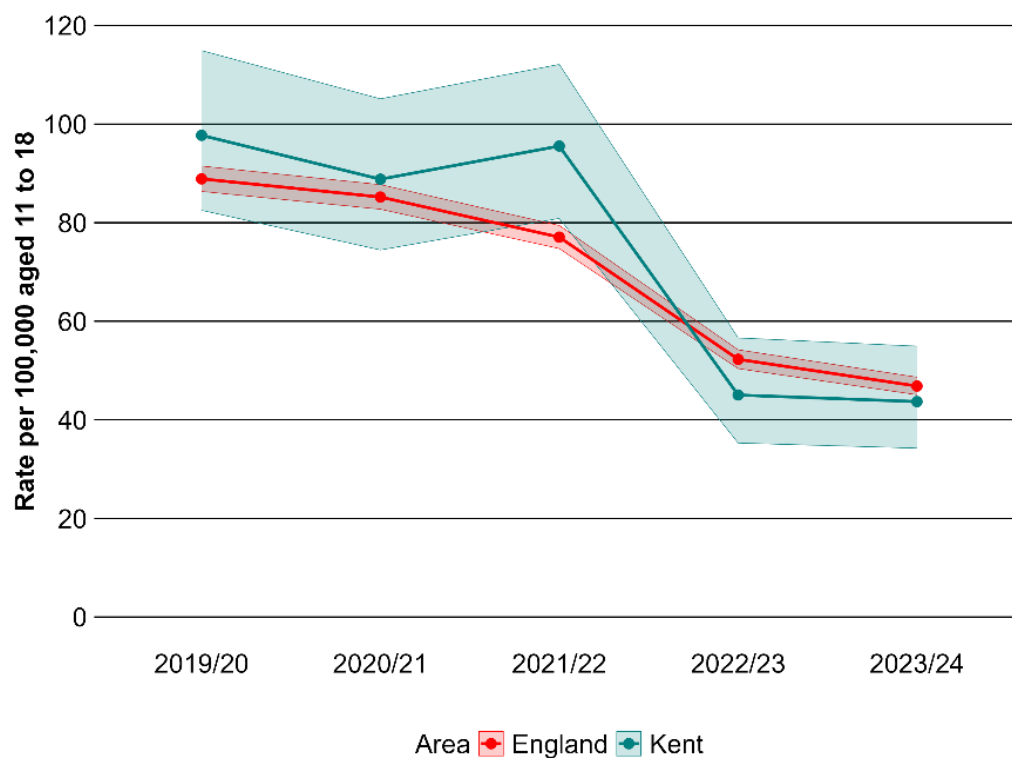


## 4.8 Alcohol Related Hospital Admissions

Alcohol related hospital admissions concern the number of admissions to hospital for persons aged 11 to 18 years inclusive for alcohol specific conditions F10: Mental and behavioural disorders due to use of alcohol, T51: Toxic effect of alcohol, X65: Intentional self-poisoning by and exposure to alcohol & Y91: Mild alcohol intoxication, using data from NHS Digital, Hospital Episode Statistics, over a 5 year period (April 2019 to March 2024). Rates have been calculated per 100,000 of the total population of the relevant age group using ONS mid-year population estimates.

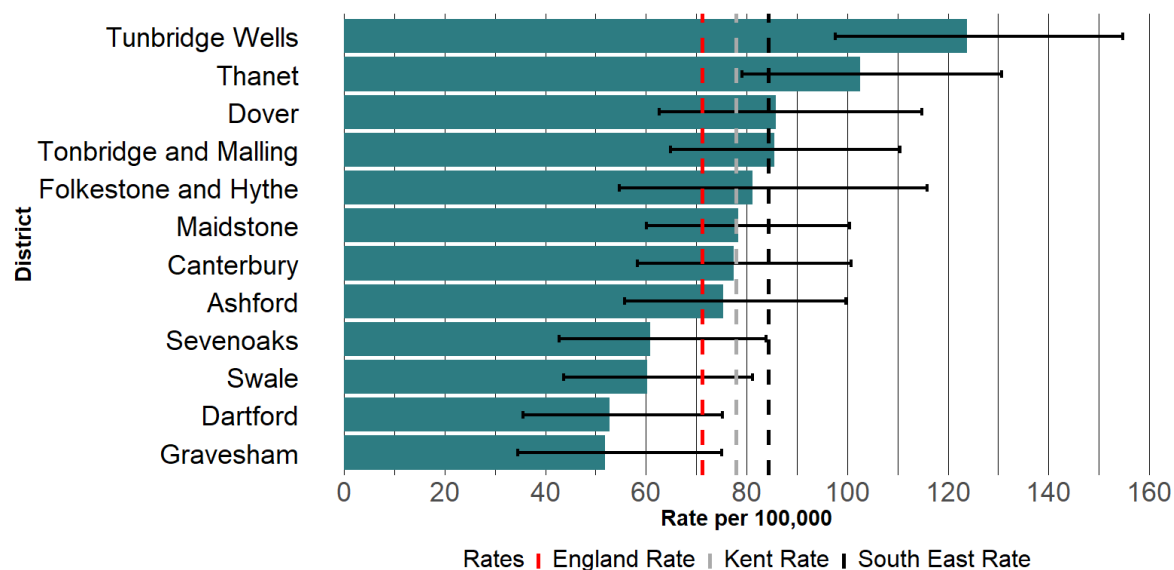
The observed reduction in alcohol-related admission rates is likely influenced by the reallocation of cases to Same Day Emergency Care datasets which is not captured in the admissions data.

Figure 30: Crude rates of alcohol related hospital admissions per 100,000 population aged 11-18 years, Kent and England 2019/20 – 2023/24



Source: Hospital Episode Statistics

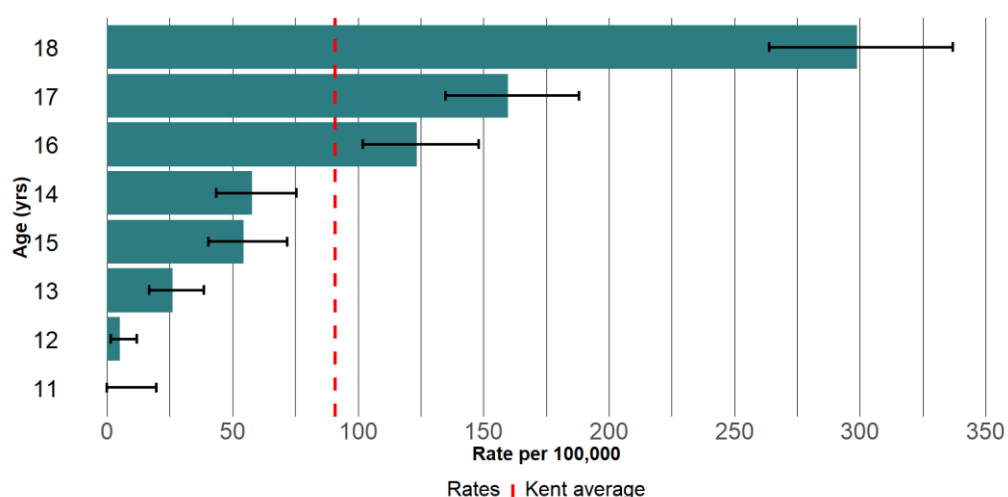
Figure 31: Crude rate of alcohol related hospital admissions per 100,000 population aged 11-18 years, by districts, Kent combined 2019/20 – 2023/24



Source: Hospital Episode Statistics

Over the combined five-year period from April 2019 to March 2024, Tunbridge Wells district shows statistically higher rates of alcohol related admissions among 11–18 year-olds than Kent and England averages.

Figure 31a: Crude rates of alcohol related hospital admissions per 100,000 population 11 – 18 years by age, Kent combined 2019/20 – 2023/24



Source: Hospital Episode Statistics

## Chapter 5: Educational outcomes

### 5.1 Attainment

Levels of education attained are important in terms of future employment, future workplace opportunities and future lives. This chapter presents different factors and inequalities which impact education outcomes.

The following figure illustrates the consistent differences in attainment across four consecutive years by sex and the indices of deprivation. These figures do not include the covid pandemic period 2020 and 2021.

Figure 32: Key stage 4 attainment by deprivation and sex, Kent Schools, 2019 - 2024

| Deprivation Decile | 1 (Most)   | 37.8%       | 44.7%       | 40.3%       | 42.3%       |  | 47.0%         | 51.0%         | 49.0%         | 46.0%         |
|--------------------|------------|-------------|-------------|-------------|-------------|--|---------------|---------------|---------------|---------------|
|                    | 2          | 42.7%       | 51.7%       | 51.4%       | 52.8%       |  | 55.0%         | 59.9%         | 56.2%         | 58.3%         |
|                    | 3          | 51.6%       | 60.9%       | 56.0%       | 55.8%       |  | 64.2%         | 63.0%         | 61.7%         | 61.5%         |
|                    | 4          | 57.7%       | 66.4%       | 60.4%       | 57.9%       |  | 66.7%         | 68.6%         | 67.1%         | 66.4%         |
|                    | 5          | 64.9%       | 65.1%       | 64.5%       | 63.5%       |  | 70.4%         | 74.0%         | 71.3%         | 69.3%         |
|                    | 6          | 66.6%       | 67.9%       | 68.2%       | 64.5%       |  | 74.4%         | 72.2%         | 71.1%         | 69.1%         |
|                    | 7          | 66.3%       | 71.4%       | 69.0%       | 68.2%       |  | 74.5%         | 74.4%         | 73.5%         | 73.7%         |
|                    | 8          | 72.1%       | 73.8%       | 71.8%       | 72.9%       |  | 78.2%         | 79.6%         | 74.2%         | 76.2%         |
|                    | 9          | 73.8%       | 77.0%       | 73.9%       | 75.0%       |  | 81.7%         | 82.2%         | 77.9%         | 77.9%         |
|                    | 10 (Least) | 79.9%       | 82.6%       | 79.2%       | 80.8%       |  | 85.4%         | 86.5%         | 84.7%         | 83.0%         |
|                    |            | 2019 (Male) | 2022 (Male) | 2023 (Male) | 2024 (Male) |  | 2019 (Female) | 2022 (Female) | 2023 (Female) | 2024 (Female) |
| Year and Sex       |            |             |             |             |             |  |               |               |               |               |

Source: KCC school census

The next figure shows post 16 attainment for Kent districts in 2023/24. In Kent, 17.4% of students achieved grades AAB, which was 5.1% lower than the national average of 22.5%.

Figure 33: Post 16 attainment in 2023/24 academic year by districts in Kent and England

| District                       | A Levels - APS Entry | % Achieving AAB Grades In at least two facilitating subjects | Academic Students – APS Entry | Tech level student s – APS Entry | Applied General Students – APS Entry |
|--------------------------------|----------------------|--------------------------------------------------------------|-------------------------------|----------------------------------|--------------------------------------|
| <b>National</b>                | 38.3                 | 22.5%                                                        | 38.3                          | 34.8                             | 33.3                                 |
| <b>Kent</b>                    | 34.2                 | 17.4%                                                        | 34.8                          | 27.2                             | 28.0                                 |
| <b>Ashford</b>                 | 32.5                 | 14.0%                                                        | 32.6                          | 30.1                             | 29.1                                 |
| <b>Canterbury</b>              | 34.6                 | 16.9%                                                        | 34.7                          | 27.3                             | 30.2                                 |
| <b>Dartford</b>                | 34.0                 | 14.6%                                                        | 37.6                          | 25.1                             | 29.3                                 |
| <b>Dover</b>                   | 32.2                 | 13.7%                                                        | 31.5                          | 36.9                             | 24.4                                 |
| <b>Folkestone &amp; Hythe</b>  | 31.5                 | 13.3%                                                        | 31.5                          | 32.1                             | 30.6                                 |
| <b>Gravesham</b>               | 30.6                 | 9.5%                                                         | 30.3                          | 31.6                             | 26.5                                 |
| <b>Maidstone</b>               | 32.7                 | 13.0%                                                        | 32.8                          | 24.7                             | 24.0                                 |
| <b>Sevenoaks</b>               | 31.7                 | 5.9%                                                         | 31.8                          | N/A*                             | 26.4                                 |
| <b>Swale</b>                   | 32.2                 | 15.3%                                                        | 32.4                          | 32.0                             | 29.4                                 |
| <b>Thanet</b>                  | 30.6                 | 14.5%                                                        | 31.5                          | 24.8                             | 27.2                                 |
| <b>Tonbridge &amp; Malling</b> | 39.4                 | 29.5%                                                        | 39.5                          | 32.9                             | 28.9                                 |
| <b>Tunbridge Wells</b>         | 38.9                 | 25.1%                                                        | 38.5                          | 36.1                             | 28.2                                 |

Source: Department for Education

\*There were no students registered in 2023/24.

## 5.2 Free School Meals

Food insecurity can impact on nutrition but the opportunity for free school meals is not taken up for all who are eligible. This may relate to non-attendance, pupils not taking up the opportunity or families not signing up for their children to receive it. The following figure provides the eligibility for free school meals among school years 7 – 13.

Figure 34: Numbers and proportions of secondary aged pupils eligible for free school meals at Kent and England schools, 2019/20- 2024/25

| Year                               | Kent Count    | Kent Percentage | England Percentage |
|------------------------------------|---------------|-----------------|--------------------|
| 2019-20                            | 12,131        | 14.0%           | 17.0%              |
| 2020-21                            | 15,365        | 17.3%           | 20.2%              |
| 2021-22                            | 17,741        | 19.5%           | 22.3%              |
| 2022-23                            | 19,802        | 21.3%           | 24.1%              |
| 2023-24                            | 21,806        | 23.1%           | 25.6%              |
| 2024-25                            | 23,449        | 24.7%           | 27.5%              |
| <b>Change (2019-20 to 2024-25)</b> | <b>11,318</b> | <b>10.7%</b>    | <b>10.5%</b>       |

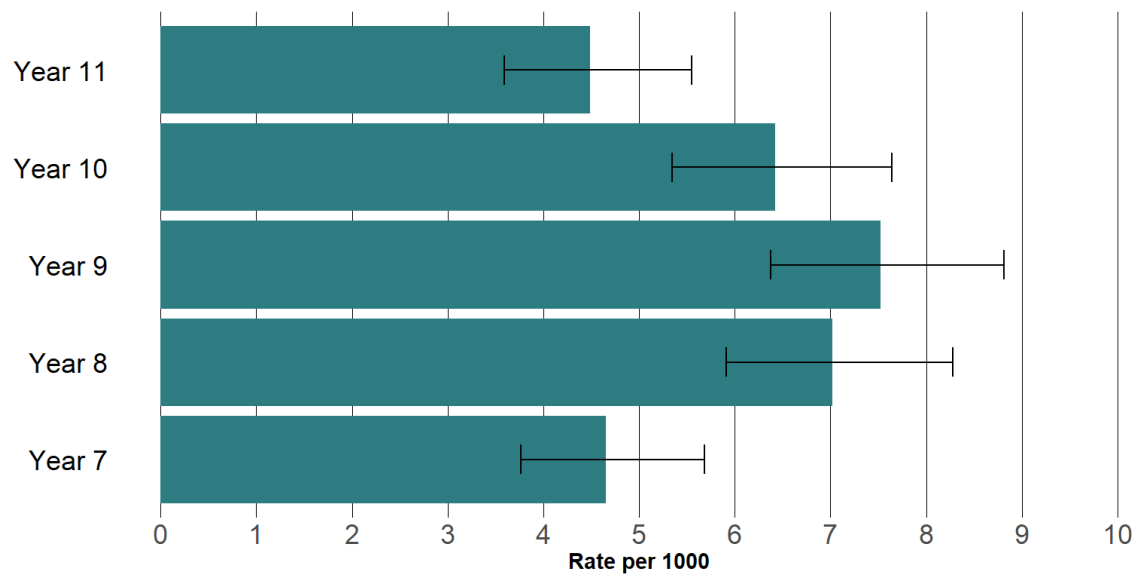
Source: Dept for Education

### 5.3 Missing education

Children missing education are very vulnerable. They are children ‘..of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at a school.’<sup>25</sup> This includes children who are awaiting a school place, offered a school place but not yet started, receiving assessed as unsuitable elective home education, recorded as a child missing education for an extended period.

Those who are at greater risk of becoming a child missing education include children who are: excluded, known to youth justice, USAC, new migrant children, at risk of neglect or harm, from GRT families, from service personnel families or their SEND needs are not supported adequately. When looking at the age of children missing, local analyses suggests that among those known in years 7-11 the rates are highest among year 9 pupils.

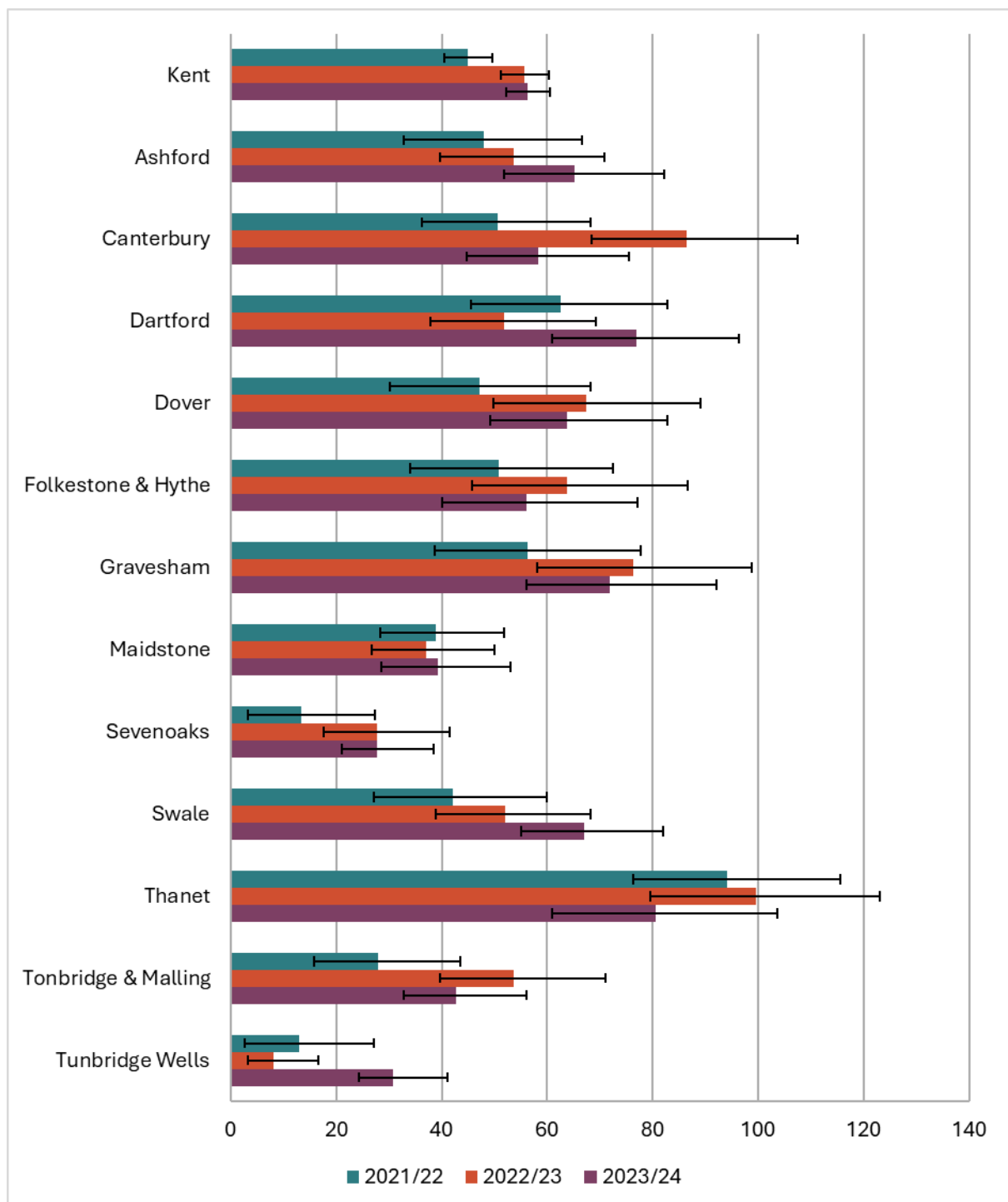
Figure 35: Crude rates of year 7-11 children missing education per 1,000 population by year group Kent, 2023/24



Source: KCC Management Information Unit

There are variations in the rates of secondary aged children in years 7-11 who are missing education across three academic years which are shown in the next figure.

Figure 36: Rates of secondary aged children per 1,000 population in year groups 7-11 missing education (CMEs), by district across the 2021/22-2023/24 academic years



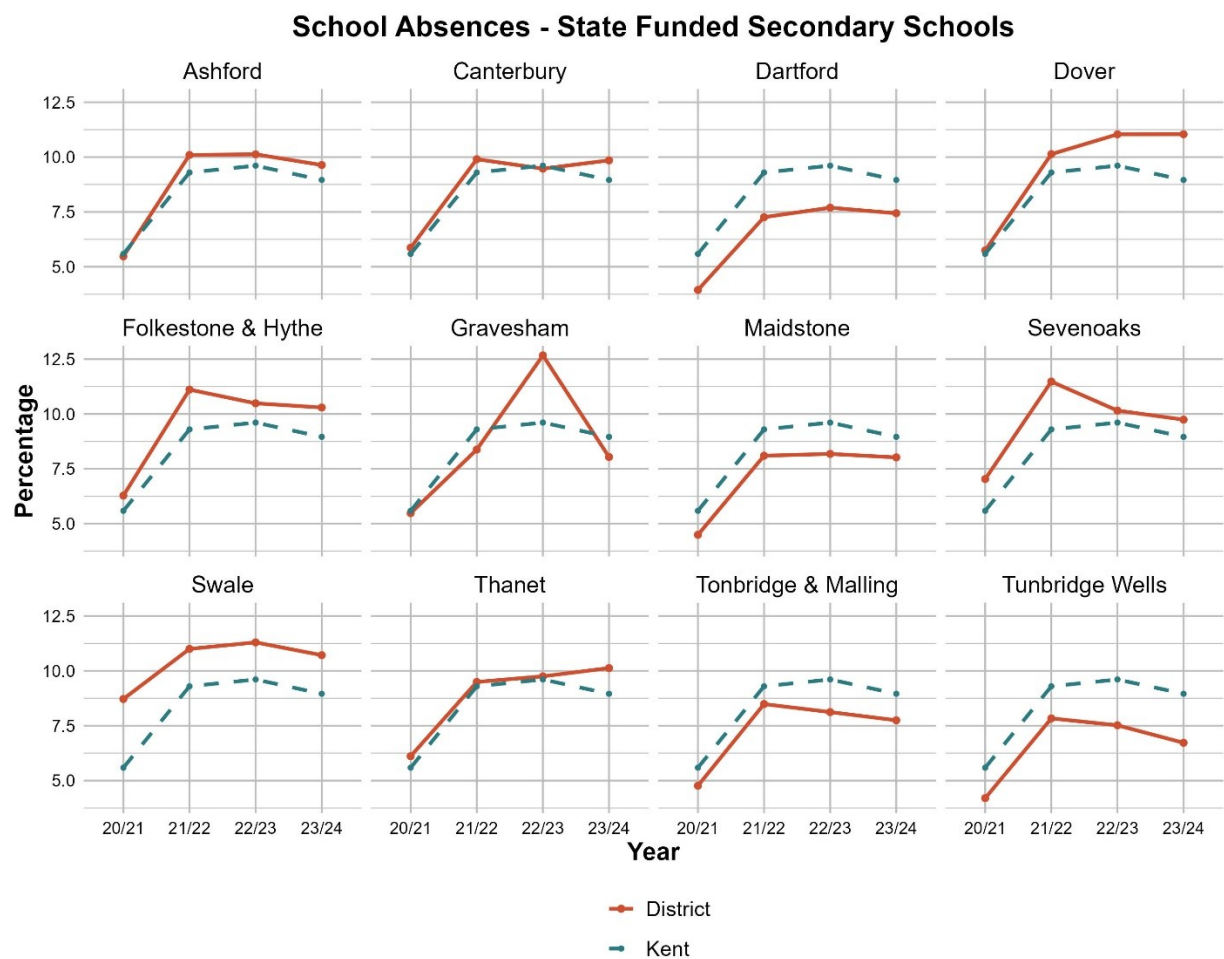
Source: KCC Management Information Unit

## 5.4 School absences

School absences in this section are defined as a proportion of school sessions that have been recorded as an authorised or unauthorised absence.

Absences in state funded secondary schools in Kent have risen across all districts in Kent between 2020/21 - 2023/24 from 5.6% to 9.0%. Dover and Swale districts have the highest rates by district in Kent at over 11% in 2023/24.

Figure 37: Crude rates of absence in state secondary school by district, Kent 2020/21 - 2023/24



Source: Dept for Education.



The table below shows absence rates by type of absence and by district. Dover had the highest proportion of absences considered persistently absent<sup>1</sup> in 2023/24 at 34.4%, compared to the lowest proportion in Tunbridge Wells which at 17.6%. Swale had the highest proportion of absences as severely absent<sup>2</sup> at 6.0%, while Tunbridge Wells had the lowest at 2.1%.

Figure 38: School absences: Percentages of possible sessions missed among school years 7-11 by type of absence and district in Kent in the 2023-24 academic year, and percentages of persistently or severely absent pupils.

| District            | % authorised absence | % unauthorised absence | % total absence | % persistently absent | % severely absent |
|---------------------|----------------------|------------------------|-----------------|-----------------------|-------------------|
| Ashford             | 6.0                  | 3.7                    | 9.6             | 27.6                  | 4.5               |
| Canterbury          | 6.3                  | 3.6                    | 9.9             | 28.6                  | 4.5               |
| Dartford            | 5.1                  | 2.3                    | 7.4             | 23.4                  | 2.5               |
| Dover               | 6.9                  | 4.1                    | 11.0            | 34.4                  | 5.5               |
| Folkestone & Hythe  | 6.4                  | 3.9                    | 10.3            | 31.5                  | 4.7               |
| Gravesham           | 4.5                  | 3.5                    | 8.0             | 24.1                  | 3.2               |
| Maidstone           | 5.8                  | 2.2                    | 8.0             | 23.4                  | 2.7               |
| Sevenoaks           | 5.1                  | 4.7                    | 9.7             | 29.4                  | 4.2               |
| Swale               | 5.3                  | 5.4                    | 10.7            | 31.8                  | 6.0               |
| Thanet              | 6.2                  | 4.0                    | 10.1            | 30.8                  | 4.3               |
| Tonbridge & Malling | 5.3                  | 2.7                    | 8.2             | 24.3                  | 2.8               |
| Tunbridge Wells     | 4.8                  | 1.9                    | 6.7             | 17.6                  | 2.1               |
| Kent                | 5.6                  | 3.3                    | 8.9             | 26.8                  | 3.8               |

Source: KCC Management Information Unit

**To note:**

- 1) A pupil is classed as persistently absent if they miss 10% or more of the sessions it was possible for them to attend.
- 2) A pupil is classed as severely absent if they miss 50% or more of the sessions it was possible for them to attend.
- 3) Data is for the whole academic year (terms 1 to 6) apart from Year 11 pupils whose absence is published for terms 1 to 5 only.

The next figure presents some characteristics for pupil absences in Kent and England secondary schools in 2018/19 and 2023/24. Whilst there was similarity in the proportion of males and females absent from school in 2018/19 the proportion had increased in 2023/24 among females. In both years there were higher proportions of absence seen among those in older year groups, those with social emotional mental health needs, with an education health care plan, eligible for free school meals, and from ethnic

population groups recorded as Gypsy Roma and Irish Traveller. In 2023/24 the proportions absent in Kent across the characteristics were similar to England.

Figure 39: School absences: Percentages of possible sessions missed among school years 7-11 by pupil characteristic, in Kent 2018/9 and 2023/24 and England 2023/24

| Characteristic                      | Kent – 2018/19 | Kent – 2023/24 | England – 2023/24 |
|-------------------------------------|----------------|----------------|-------------------|
| <b>Total</b>                        | 5.9%           | 9.0%           | 8.9%              |
| <b>Male</b>                         | 5.9%           | 8.6%           | 8.5%              |
| <b>Female</b>                       | 5.8%           | 9.4%           | 9.3%              |
| <b>Ethnicity – White</b>            | 6.1%           | 9.7%           | 9.6%              |
| <b>Ethnicity – Gypsy Roma</b>       | 14.5%          | 23.3%          | 22.4%             |
| <b>Ethnicity – Irish Traveller</b>  | 16.7%          | 22.2%          | 22.6%             |
| <b>FSM eligible</b>                 | 11.1%          | 15.5%          | 14.3%             |
| <b>EHCP</b>                         | 9.0%           | 16.1%          | 15.8%             |
| <b>SEN Support</b>                  | 9.2%           | 14.1%          | 13.8%             |
| <b>SEN primary need – SE&amp;MH</b> | 13.4%          | 19.0%          | 19.9%             |
| <b>Year 7</b>                       | 4.5%           | 6.8%           | 6.8%              |
| <b>Year 8</b>                       | 5.5%           | 8.4%           | 8.5%              |
| <b>Year 9</b>                       | 6.1%           | 9.4%           | 9.5%              |
| <b>Year 10</b>                      | 6.5%           | 9.8%           | 10.0%             |
| <b>Year 11</b>                      | 7.1%           | 11.1%          | 10.4%             |
| <b>Year 12</b>                      | 7.2%           | 11.3%          | 10.6%             |

Source: Dept. of Education

## 5.5 School exclusions and suspensions

School exclusions disrupt learning and attainment. The next figure shows the proportions and numbers of school exclusion by type for two complete academic years, 2018/2019 (pre-pandemic) and 2023/24. The proportions are higher in England than Kent, although school and education authority policies can influence rates.

Rates of suspensions and one plus suspensions (individual pupils) have increased in Kent and England between 2018/19 and 2023/24, although the rates in Kent remain below the England average.

Figure 40: School exclusions by exclusion type in Kent and England, 2018/19 and 2023/24 academic years

| Exclusions by type, academic year          | Kent, 2018/19 | England, 2018/19 | Kent, 2023/24 | England, 2023/24 |
|--------------------------------------------|---------------|------------------|---------------|------------------|
| <b>Permanent exclusions</b>                | 30            | 6,753            | 44            | 9,298            |
| <b>Permanent exclusions %</b>              | 0.02%         | 0.20%            | 0.04%         | 0.25%            |
| <b>Suspensions</b>                         | 9,262         | 357,715          | 15,964        | 829,896          |
| <b>Suspension %</b>                        | 9.0%          | 10.7%            | 13.9%         | 22.6%            |
| <b>Pupils with one or more suspensions</b> | 4,685         | 164,214          | 7,173         | 287,265          |
| <b>One plus suspension %</b>               | 4.6%          | 4.9%             | 6.2%          | 7.8%             |

Source: Dept for Education.

The next figure presents a summary of the rates of suspensions among secondary age pupils in Kent by pupil characteristics in 2018/19 (pre-pandemic) and 2023/24, and for England in 2023/24. This suggests that the numbers of suspension per 100 secondary aged pupils were higher in England than in Kent in all pupil characteristics.

Figure 41: The number of suspensions per 100 pupils aged 11-18 years, by pupil characteristics, by year group Kent 2018/19 and Kent & England 2023/24

| Characteristic                     | Kent – 2018/19 | Kent – 2023/24 | England – 2023/24 |
|------------------------------------|----------------|----------------|-------------------|
| <b>Total</b>                       | 9.0            | 13.9           | 22.6              |
| <b>Male</b>                        | 11.5           | 17.4           | 26.8              |
| <b>Female</b>                      | 6.6            | 10.3           | 18.4              |
| <b>Ethnicity – White</b>           | 9.6            | 15.3           | 26.2              |
| <b>Ethnicity – Gypsy Roma</b>      | 46.1           | 57.9           | 110.5             |
| <b>Ethnicity – Irish Traveller</b> | 62.8           | 60.5           | 76.9              |
| <b>FSM eligible</b>                | 29.4           | 37.7           | 55.8              |
| <b>EHCP</b>                        | 28.7           | 48.2           | 55.7              |
| <b>SEN Support</b>                 | 29.6           | 37.6           | 57.5              |
| <b>Year 7</b>                      | 7.0            | 13.0           | 19.9              |
| <b>Year 8</b>                      | 11.0           | 18.0           | 29.4              |
| <b>Year 9</b>                      | 14.3           | 19.3           | 32.3              |
| <b>Year 10</b>                     | 14.0           | 21.6           | 30.0              |
| <b>Year 11</b>                     | 8.7            | 11.3           | 17.6              |

Source: Department for Education

The number of suspensions per 100 pupils across years 7-11 in Kent have increased when comparing 2018/19 with 2023/24. In Kent the number of suspensions per 100 pupils who have an Education Health Care Plan [EHCP] has increased more than any other characteristic group comparing 2018/19 to 2023/24. The numbers of suspensions per 100 pupils in Kent in 2023/24 were higher among those with: an education health care plan; requiring SEN support and or eligible for free school meals.

A more in depth look at the health needs of children and young people with SEND in Kent can be found in the SEND health needs assessment published in 2025. [SEND-Health-Needs-Assessment.pdf](#)

## Key findings

Local survey findings presented a clear and consistent picture of the health and wellbeing challenges facing secondary school-aged children in Kent, with important differences emerging across gender and neurodiversity. The three highest ranking areas of concern in key stages 3, 4 and 5 were the same: emotional health and wellbeing; mental health and social media.

Experiences of living in a rapidly changing and changed context for secondary aged children lives, both during and post pandemic is observed impacting emotional health and mental wellbeing.

The need for continued focus on emotional wellbeing, digital literacy, and targeted support for students facing complex life challenges.

The importance of timely, tailored interventions and clearer referral pathways to ensure neurodivergent students receive the support they need.

A need for coordinated, inclusive, and gender-sensitive support systems that address both the emotional and practical needs of all young people, particularly those who are neurodivergent.

There are multiple factors impacting on attainment and attendance including temporary accommodation.

The trend in admissions for diabetes among 11-18 year olds in Kent between 2019/20 and 2023/24 has remained similar, however the gap between Kent and England has gradually widened and Kent has become significantly higher. Rates are higher than the Kent average in Swale and Gravesham districts.

The rates of 10 -17 year olds receiving their first reprimand, warning or conviction per 100,000 population were statistically significantly higher in Kent compared to the South East and England in 2023. Since analysis was undertaken there has been publication of 2024 data which shows that Kent remains higher compared to the South East and England.

A legacy of the disruption to education during the covid 19 pandemic was seen through the increase in absenteeism from 5.6% in 2020/21 to 9% in 2023/24, with Dover and Swale exceeding 10.5%.

Rates of 11-18 year olds attending A&E have increased steadily since the COVID-19 pandemic and are significantly higher in Kent than England. Rates are nearly double the national average in Dover, and are significantly higher than Kent in Folkestone & Hythe, Swale and Gravesham districts.

The proportion of NEET 16-17 years olds in Kent has been higher than the England average in most years from 2019 - 2025

## **Recommendations**

Identification of and support for the physical and emotional health, well-being and mental health needs among new entrants to the youth justice system utilising a trauma informed healing centred approach.

Establish a designated SCHVN nurse role based in the youth justice team. This will help identify physical and emotional health, well-being and mental health needs among new entrants to the youth justice system utilising a trauma informed healing centred approach.

Building the opportunities to access support to improve emotional health and wellbeing not specifically a service – examples could include local MIND or [www.unstoppablegirls.co.uk](http://www.unstoppablegirls.co.uk)

Where there is opportunity to embed trauma informed healing centred approaches and mental health support teams in schools; strategic leaders need to enable and support.

There is a need to ensure that glucose monitoring has been implemented to help prevent hospital admissions for diabetes amongst identified population groups and that young people have increased understanding of and/or support to manage their diabetes. Integrate recommendation into forthcoming multidisciplinary team for long term conditions.

Work with the PH housing lead and housing teams to improve support for learning among those living in temporary accommodation with access to the internet, designated spaces to study, and increased understanding of the impacts of inadequate accommodation during childhood on educational attainment at GCSE.

Undertake a deep dive to improve understanding of the health and wellbeing needs of children and young people missing education.

Increase understanding for the proportion of NEET 16-17 year olds in Kent compared to the England average.

## References

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- <sup>2</sup> [Mid-year population estimates: Age and sex profile](#)
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- <sup>4</sup> [Inequality, cumulative disadvantage and youth justice: Towards an analytical framework for understanding and addressing inequalities in youth justice decision-making - ScienceDirect 2025](#)
- <sup>5</sup> [Fingertips | Department of Health and Social Care](#)
- <sup>6</sup> [Beyond the Headlines 2025 | Youth Endowment Fund page 67](#)
- <sup>7</sup> [YEF-Poverty-Evidence-Review-Technical-Report-August-2025.pdf](#)
- <sup>8</sup> [Psychology in the Schools - 2023 - Edge - Impact of COVID 19 pandemic on secondary school teaching staff and primary to.pdf](#)
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<sup>22</sup> [Data source Tables on homelessness - GOV.UK](#)

<sup>23</sup> [NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people](#)

<sup>24</sup> [NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people](#)

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