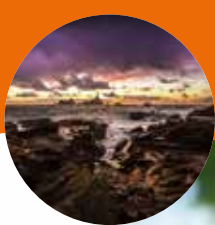




National Children's
Bureau



An Outcomes Framework for Early Childhood in Jersey

Final Report: Produced as part of the Early Childhood
Development Programme

March 2018



National Children's
Bureau



A resource which supports a focus on what we want to achieve for young children in Jersey



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Background & Acknowledgements

The Early Childhood Development Programme

In late 2015, Optimus (founded by UBS) appointed NCB as the partner of choice to develop a strategy for improving early childhood development outcomes across Jersey. NCB's strategy for the Early Childhood Development Programme (ECDP) has five key elements, namely:

- 1. Implementation of an evidence-based approach to improve the quality of early years settings and service provision (including extending the Making it REAL project¹);**
- 2. High quality partnership working across the services and key organisations for early years, therefore improving communication and collaboration;**
- 3. Up to date knowledge of 'what works', accessible to practitioners and parents and based on a belief that knowledge makes change, improving Early Childhood Development (ECD) capacity;**
- 4. Development of an Outcomes Framework for Jersey, co-produced with stakeholders; and**
- 5. Securing the support of the States of Jersey Government for the programme.**

This document relates to item 4 above and presents an Outcomes Framework for young children in Jersey. The ECD programme is being supported by a Steering Group, brought together to challenge and support the delivery of the UBS/ Optimus-funded programme. Specific roles of the Steering Group include:

- Providing local intelligence to inform the delivery of the ECD programme;
- Disseminating information regarding progress of the ECD programme; and
- Making connections with other activity and stakeholders in Jersey to avoid duplication and maximise impact.

The Steering Group comprises the following members:

- Dr Cathy Hamer, Chair of the Early Years and Childhood Partnership;
- Andrew Heaven, Director of Children's Policy, Community and Constitutional Affairs;
- Dr Helen Miles, Director – Criminal Justice, Department of Community and Constitutional Affairs;
- Nicola Mulliner, Head of Early Years, Education Department;
- Fiona Vacher, Executive Director, Jersey Child Care Trust; and
- Dr Ian Skinner, Assistant Director, Strategic Planning & Performance, Chief Minister's Department

NCB would like to thank all of those who have contributed to the development of this Outcomes Framework for the Early Childhood Development (ECD) Programme. In particular, we would like to thank the members of the Programme Steering Group for informing discussion on the data and assisting in shortlisting the outcomes and indicators that are included within the Framework.

We would also like to thank Michelle Cummings (FNHC), Lisa Perkins (Jersey Health & Social Services) and the range of States of Jersey officials who supported NCB in collating up-to-date data for the indicators included within the Framework, including: Beverley Edwards; Christine Robinson; Dr Duncan Gibaut; Giselle Willis; Graeme Sproats; Jill Birbeck; Katie Fall; Mandy Le Tensorer; Marguerite Clarke; Paul Mahrer; Tracey Wilkinson; and Sue Duhamel.

¹ Making it REAL sets out to improve the way practitioners work with parents; to hand over knowledge and build confidence through meaningful early literacy activities to support the early home learning environment and ultimately improve literacy and wider outcomes for young children and their families.



What is an Outcomes Framework?

The overall purpose of the Framework is to:

- Support a coordinated approach by States of Jersey departments, statutory, community and voluntary sector agencies, in service planning and delivery as they work to support children and families in the early years;
- Help focus resources on activities that have been shown to have a positive impact on children and families;
- Enable agencies to monitor progress and strengthen transparency and accountability in their work and the work of others; and
- Inform actions taken to continue to improve services, ensuring the best possible services for children and families.

This Outcomes Framework is a resource which supports a focus on what we want to achieve for young children in Jersey, and linking to this, what activities we do to achieve this.

The Approach – Outcomes Based Accountability

This Outcomes Framework for Early Childhood in Jersey draws heavily on the principles underpinning Outcomes Based Accountability (OBA²). OBA is an approach to planning and improving services that relies on the discipline of collaborative working and impact data-driven decision making.

The OBA approach helps to do three key things:

- **Create a common language:** it helps stakeholders to agree on a common language and does so by clearly defining core concepts (e.g. 'outcome'- *the conditions of well-being that stakeholders want for children, families and their communities*);
- **Brings together stakeholders for a common purpose:** OBA as a tool can help to bring together key stakeholders from across a variety of different contexts and it provides a structured approach to engage them in discussions and actions about how to define and continually improve outcomes; and
- **Provides a framework for managing performance:** OBA provides a framework for measuring the impact of services and programmes on service users and enables discussions to take place about how to continually improve impact.

Components of the Outcomes Framework

The Framework has the following components:

1. Overview of Outcomes Based Accountability – this provides a summary of the key concepts and principles of OBA;
2. Outcomes and Indicators – what we want to achieve for young children in Jersey; and
3. Turning-the-Curve – embedding outcomes in service planning and delivery.

² The term Outcomes Based Accountability is also known as Results Based Accountability (RBA)



Overview of Outcomes Based Accountability

OBA is a useful lens through which to begin discussions about improving outcomes. It begins with 'ends', i.e. the outcomes which stakeholders would like to achieve for children, young people and their communities. In addition, it helps to make a clear distinction between two levels of accountability – population accountability and performance accountability – as illustrated below:

- **Population accountability:** this focuses on the outcomes that we want for our people and communities, such as healthy children or a safe community³. These outcomes are population outcomes as they refer to whole populations of a city, region or country. By their very nature, these outcomes will be quite broad and multi-faceted, and cannot be achieved by a single organisation, service or programme working in isolation. Rather, it takes sustained and concerted action from many organisations, services and programmes and can only be delivered through effective partnership working across key stakeholders.
- **Performance accountability:** This relates to how well particular services or programmes perform. Each programme will typically have a set of performance measures which would relate to whether programme participants are any better off as a result of participating in the programme, e.g. *how many pre-school children can communicate better as a result of taking part in the REAL programme*. (See Appendix 3 for a copy of the report card for the REAL programme which operates across early years settings in Jersey).

In addition to understanding the two types of accountability, there are a number of other important definitions that need to be understood to enable OBA to be used as an effective tool, including:

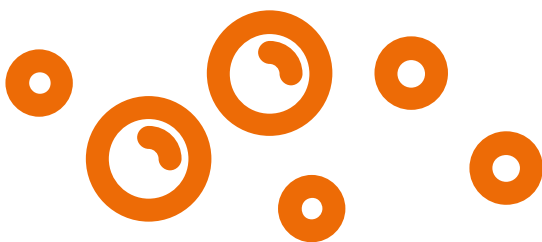
- **Outcomes:** These are the overarching conditions of wellbeing that we want for children, families and communities in Jersey;
- **Indicators:** These are the measures that are used to help quantify the achievement of a population outcome and provide an insight into how well we are doing. So, for example, if the outcome is a safe community to live in, a potential indicator could be 'recorded number of criminal offences per 10,000 population';
- **Performance measures:** These are used to evaluate how well a project, programme or service is performing, and ask three questions: How much did we do? How well did we do it? Is anyone better off? This can be represented in a simple diagram as set out in Figure 1 overleaf. Looking at a drug reduction programme for example, measures for *How much did we do?* could include the number of people participating in the programme or number of sessions delivered. Measures for *how well did we do it?* could include attendance levels or drop-out rates for programme participants. The last part of the jigsaw is compiling measures for *is anyone better off?* This could include measures like the number and percentage of people with reduced levels of drug consumption.

³ For an extensive discussion on Outcomes Based Accountability, see Friedman, M. (2005) *Trying hard is not good enough*. Marston Gate: Amazon.

Figure 1: Performance measurement categories

	Quantity	Quality
Effect	How much did we do?	How well did we do it?
Effort	Is anyone better off?	
	Number who are better off	% who are better off

- *Baseline*: This is a multi-year display with two parts – an historical part which shows what has happened in the past and a forecast part that shows the future likely direction if things stay as they are. Baselines enable us to define success as doing better than the baseline or 'turning-the-curve'.
- *Turning-the-curve*: This is the discipline of embedding the OBA approach in the planning and delivery of services, enabling partnership working and data-driven decision making. This process is outlined later in this document.





Outcomes and Indicators: what we want to achieve for young children in Jersey

Defining the outcomes

The first step in developing this Framework is centred on defining the outcomes, i.e. the conditions of well-being that we want for young children in Jersey.

Existing initiatives in Jersey such as the *1001 Critical Days report*⁴, underpinned much of the initial discussion by the Steering Group as the strategy set out a clear vision that all children and young people in Jersey grow up in a safe, supportive island community in which they achieve their full potential and lead happy, healthy lives. Alongside this, the *Children's and Young People's Strategic Framework*⁵ established a series of six outcomes it set out to achieve for all children and young people growing up on the island. From these, the ECDP Steering Group prioritised a total of three outcomes for the 0-5 age group for inclusion in this Outcomes Framework for Early Childhood. These included: Be Healthy; Achieve and Do; and Be Safe. Following recommendations from the publication of the *Independent Jersey Care Enquiry*⁶, work has been undertaken to begin the development of a Children's Plan for Jersey. The wording of the outcomes used in this Outcomes Framework now reflects this work as follows:

All young children in Jersey:

- Live healthy lives;
- Learn and achieve; and
- Grow up safely.

Identifying and assessing the indicators

Having agreed to prioritise work on the three outcomes above, actions then focused on identifying the potential range of indicators that will allow stakeholders to gauge whether the outcomes are being achieved.

It is important to note that indicators should provide a picture of the whole population e.g. all young children in Jersey (currently estimated to be approximately 5,000 based on an average of 1,000 births per year), rather than groups of particular service users. To facilitate the process of identifying population indicators, NCB compiled an audit of all existing population level data relating to the various outcomes above and presented trend and comparative information for each. The full data audit can be accessed [here](#). It should be noted that the data audit, which precedes this Outcomes Framework, was a snapshot of the indicators at the time it was undertaken. This document comprises some additional, and more recent, data for each of the indicators.

All indicators identified for each outcome were assessed using the following criteria:

- **Communication power:** Does the indicator communicate to a broad and diverse audience? To what extent does it help explain the outcome? For example, if you had to stand in a public square and explain the outcome to people, what 2-3 pieces of data would you use?
- **Proxy power:** Does it say something of central importance about the outcome? Is it a close enough representation of the outcome? Is it likely to influence direction of travel of other indicators? For example, we know “% of young people entitled to free school meals” is a good proxy for levels of socio-economic deprivation among families.
- **Data power:** Is the indicator a high quality piece of data and is it available on a timely basis e.g. annually?

It is important to note that the data audit identified a number of limitations in terms of available data relevant to the 0-5 age group, disaggregated data across the island, and the quality of some data available.

⁴ The 1001 Critical Days agenda has now been subsumed into the work of the Early Years and Childhood Partnership (<https://www.gov.je/Caring/Organisations/EYCP/Pages/EYCPTermsOfReference.aspx>)

⁵ <https://www.gov.je/Government/Pages/StatesReports.aspx?ReportID=668>

⁶ <https://ijci-public.sharepoint.com/Pages/Final-Report.aspx>

This is a common issue at the start of the OBA implementation process. We are aware that government departments are already working to improve the quality and availability of data and this should further inform work as new information emerges. Where indicator data is available for the 0 to 5 population it has been sourced and included, where not available the indicator data used represents all children in Jersey.

The indicators assessed and areas of concern identified

The final indicators identified are included in tables throughout this next section, along with a note on latest data point and trend/direction of travel (if available). Using trend data, baselines and comparisons with wider UK figures, a number of indicators have been highlighted as being areas of particular concern. For the purposes of this Framework, areas of concern have been identified where trends have worsened or remained the same, where benchmarking comparisons show Jersey performing less favourably, or where the latest available figure seems high for the given population. These areas should be further explored and considered as the key focus of future partnership efforts in the planning and delivery of services aimed at improving outcomes for young children in Jersey. Appendix 1 of this document contains the detailed trend information and information source for each indicator which should support any future efforts on the island to maintain this resource.

Trend Key: Getting better Roughly the same Getting worse

Outcome 1: All young children in Jersey live healthy lives: Indicators assessed

Indicators assessed	Latest data point & direction of travel	Latest comparable value for England
<ul style="list-style-type: none"> • % of babies born small for their gestational age (based on three year average) 	2.0%	Data not comparable due to differences in definition
<ul style="list-style-type: none"> • Still birth rates (based on three year average) 	3.0 per 1000 births	4.4
<ul style="list-style-type: none"> • No. of births by age of mother 	18 births to mothers aged under 20 61 births to mothers aged over 40	n/a
<ul style="list-style-type: none"> • Breastfeeding initiation rates 	74% of mothers	74%
<ul style="list-style-type: none"> • Breastfeeding rates (either fully or partially) at 6-8 weeks 	53% of mothers	43%
<ul style="list-style-type: none"> • Breastfeeding rates at 9 months 	17% of mothers No trend data available	No comparable data
<ul style="list-style-type: none"> • Average number of decayed, missing or filled teeth in 5 year old children 	0.57 teeth per child	0.84
<ul style="list-style-type: none"> • Number of 0-4 year olds admitted to hospital per 1,000 children in Jersey under the age of 5 	134 per 1000	Data not available

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Indicators assessed	Latest data point & direction of travel	Latest comparable value for England
<ul style="list-style-type: none"> Immunisation coverage by the age of 1 for <ul style="list-style-type: none"> DTaP/IPV/HIB Pneumococcal 1st dose Rotavirus Immunisation coverage by the age of 2 for: <ul style="list-style-type: none"> DTaP/IPV/HIB 1st dose MMR HIB/Men C Booster Pneumococcal Booster Immunisation coverage by the age of 5 for: <ul style="list-style-type: none"> DTaP/IPV/HIB 1st dose MMR DTaP/IPB Booster HIB/Men C Booster 2nd dose MMR <p>Note: Rates of immunisations have improved for most types of immunisations. This has therefore been shaded green.</p>	97.4% 97.4% 95.8% 97.1% 95.9% 94.2% 94.6% 97.6% 97.2% 89.3% 95.6% 91.5%	93.4% 93.5% 89.6% 95.1% 91.6% 91.5% 91.5% 95.6% 95.0% 86.2% 92.6% 87.6%
<ul style="list-style-type: none"> % of reception age children (typically aged 5) who are overweight or obese (based on three year average) 	21%	23%
<ul style="list-style-type: none"> % of new-borns who are at risk of passive smoking 	17% of new-borns	Not available
<ul style="list-style-type: none"> % two-year old children developing typically across all developmental domains: communication; gross motor; fine motor; personal-social, and; problem solving 	84% No trend data available yet	90%

Indicators identified as being areas of concern:

- Breastfeeding initiation rates
- Breastfeeding rates (either fully or partially) at 6-8 weeks
- % of reception age children (typically aged 5) who are overweight or obese
- % of new-borns who are at risk of passive smoking
- % of two-year old children developing typically across all developmental domains

Some work in engaging partners in discussions about potential actions for improving trends in some of these indicators has already taken place through the ECDP. Outputs from this work are included in Appendix 2. It should be noted that taking steps to improve one of the indicators - % of two-year olds developing typically across all developmental domains – may have a range of positive impacts on other aspects of children's lives e.g. improving performance in EYFS.

Outcome 2: All young children in Jersey learn and achieve: Indicators assessed

Indicators assessed	Latest data point & direction of travel	Latest comparable value for England
<ul style="list-style-type: none"> The percentage of pupils with Special Educational Needs (SEN) (all age groups)* 	12.6% (Nursery) 14.2% (Primary) 14.1% (Secondary)	13.7% 13.5% 12.4%
<ul style="list-style-type: none"> % children referred for speech and language therapy (under 3 years, aged 3-5 years) 	7.1% (<3) 5.5% (3-5)	No comparable data available for England as a whole (see further below)
<ul style="list-style-type: none"> % young children achieving at the expected level in each of the 17 Early Learning Goals 	46% No trend data available	69%

* The direction of travel of this indicator has not been shaded. An increase in the percentage of children with Special Educational Needs is not necessarily a negative trend and may be reflective of children who have greater needs who, without additional support, may struggle to achieve their full potential. Data for Jersey relate to the summer term in each year. See Appendix 1 for details of the number of children with Special Educational Needs.

With regard to the Early Learning Goals data, scores are recorded for % children achieving the required level in each of the 17 early learning domains, as well as an overall score for those who have achieved the required level in all 17 domains. There is currently only 1 year of data for this indicator, showing that 46% of children assessed reached the expected level in all 17 early learning goals (compared to 69% in England). The specific early learning goals with the lowest percentage of children achieving the required standard are: writing (61%); numbers (71%) and; reading (72%).

It is important to note that no indicator data for either end of Key Stage 1 or Key Stage 2 assessments has been included within the Outcomes Framework. Assessment at Key Stage 1 and 2 has recently changed in Jersey in line with the introduction of the Jersey Curriculum in 2014. Under the new assessment framework, the terms 'Emerging', 'Developing', and 'Secure' are used to show the extent to which a pupil has understood and can apply what they have been taught at the end of each academic year. An indicator to reflect expected attainment at the end of Key Stage 1 (Year 2) and Key Stage 2 (Year 6) will be agreed later this year.

Indicators identified as being areas of concern:

- % young children achieving at the expected level in each of the 17 Early Learning Goals.

It should be noted that the trend for speech and language therapy referrals has roughly stayed the same and analysis in 2015 of the percentage of children on the speech and language therapy caseload in reception year is in line with the most recent UK prevalence estimates for language disorder⁷. This is not therefore listed as an area of concern but language and communication development is embedded in the indicators for Early Learning Goals and children developing typically across all developmental domains.

⁷ Norbury, C. F., Gooch, D., Wray, C., Baird, G., Charman, T., Simonoff, E., Vamvakas, G., and Pickles, A. (2016). The impact of nonverbal ability on prevalence and clinical presentation of language disorder: evidence from a population study. *Journal of Child Psychology and Psychiatry*, 57 (11), pp. 1247-57. doi:10.1111/jcpp.12573.

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Outcome 3: All young children in Jersey grow up safely: Indicators assessed

Indicators assessed	Latest data point & direction of travel	Latest comparable value for England
• No. of police referrals where CSE is noted as a safeguarding concern	53 referrals	n/a
• No. of anti-social behaviour incidents per 1,000 population	17.5	31
• No. of domestic violence incidents per 1,000 population	2.6	7
• No. of children aged under 18 in households where domestic incidents are recorded (rate per 1,000 children in Jersey aged under 18)	21	Data not comparable
• No. of children aged under 18 who are recorded as victims of crime per 1,000 children in Jersey aged under 18	16	Data not comparable
• No. of children on the Child Protection Register per 10,000 population*	57*	43
• No. of Looked After Children per 10,000 population*	49*	62
• Percentage of children reporting being bullied	24%	Data not comparable
• No. of serious road traffic collision injuries (involving those under the age of 18)	8	Data not comparable
• No. of children under 13 years presenting to A&E due to a preventable accident	2,809 No trend data available ⁸	Data not comparable
• No. of babies <12 months presenting to A&E due to preventable accident	129 No trend data available	Data not comparable

* These two indicators have not been shaded as an increase in either of these may not necessarily be a negative trend but may be a necessary action to safeguard children and ensure their safety. Based on current trend data, the number of children on the Child Protection Register per 10,000 population has been put forward as an indicator of concern given the increase over the last number of years. The decision to prioritise this indicator for action rests with local stakeholders.

⁸ 2016 has been taken as the base year. Statistical data for previous years (2013 and 2015) are not comparable. This indicator is focused exclusively on preventable accidents and excludes a number of categories, including non-trauma medical, non-trauma surgical, review visits and primary care. The remaining data is then examined and any other injuries which do not fall under the umbrella of unintentional injury are also discarded, e.g. assaults or psychiatric episodes.

Indicator(s) identified as being areas of concern:

- No. of children on the Child Protection Register per 10,000 population
- No. of Looked After Children per 10,000 population
- Percentage of children reporting being bullied
- No. of babies <12 months presenting to A&E due to a preventable accident (129 babies seems high however further exploration is recommended to understand the reasons behind presentation to A&E)

Summary: Indicators identified as being areas of concern

Outcome: all young children in Jersey:	Indicators
<i>Live healthy lives</i>	<ul style="list-style-type: none"> • Breastfeeding initiation rates • Breastfeeding rates (either fully or partially) at 6-8 weeks • % of reception age children (typically aged 5) who are overweight or obese • % of new-borns who are at risk of passive smoking • % of children developing typically across all developmental domains
<i>Learn and achieve</i>	<ul style="list-style-type: none"> • % young children achieving at the expected level in each of the 17 Early Learning Goals
<i>Grow up safely</i>	<ul style="list-style-type: none"> • No. of children on the Child Protection Register per 10,000 population • No. of Looked After Children per 10,000 population • Percentage of children reporting being bullied • No. of babies <12 months presenting to A&E due to a preventable accident

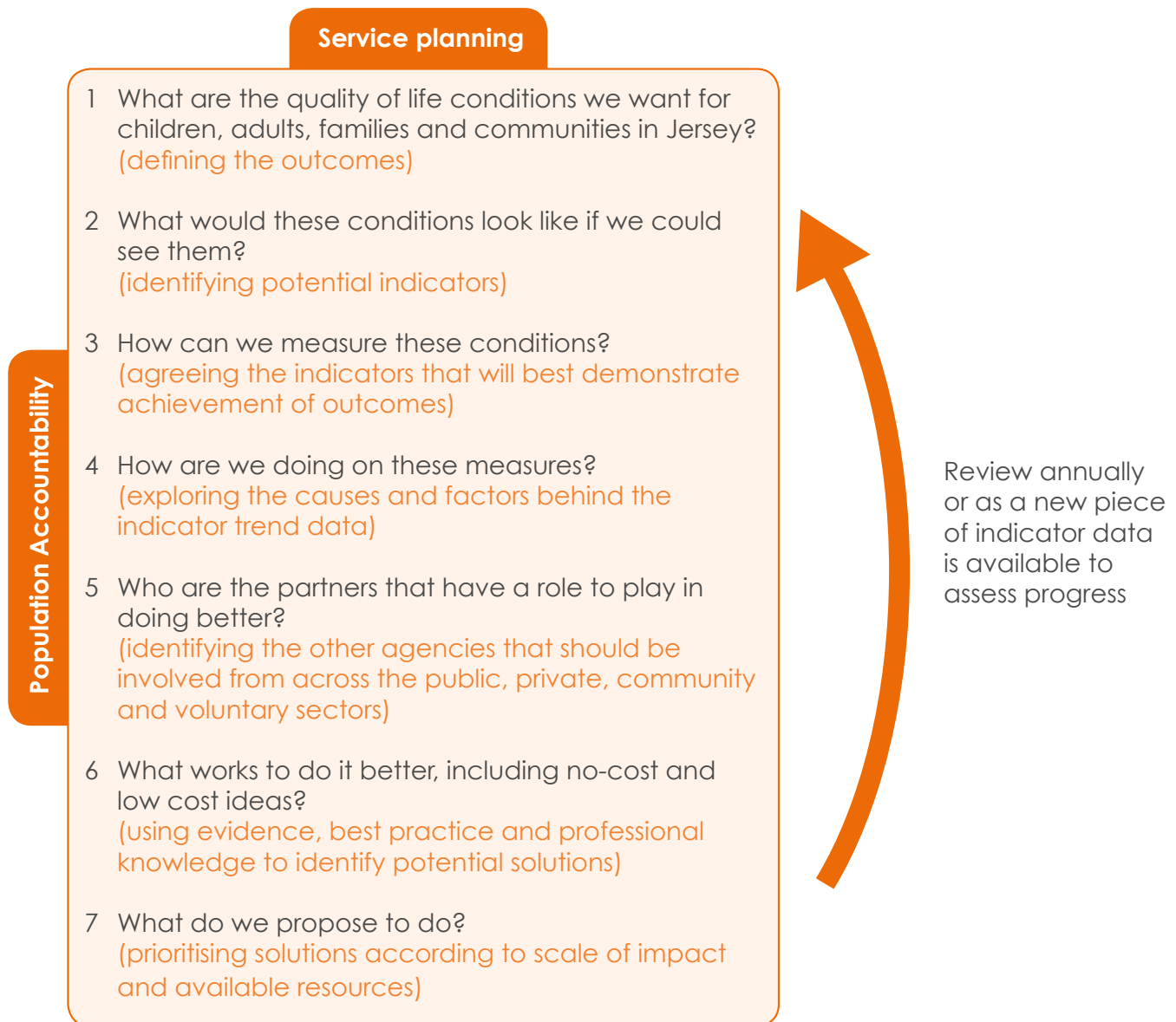
Moving forward in using this Framework, it is recommended that initial efforts are focused on further scrutinising and understanding the indicators which have been identified as an area of concern to enable prioritisation of those that warrant action.

The next section provides an overview of the process within OBA by which action planning can commence on these prioritised areas.



Turning the Curve: embedding outcomes in service planning and delivery

The Turning the Curve approach is the process within OBA that gets us from talk to action, using the discipline of data and partnership working. When planning services for better outcomes at a population level, the following seven steps are taken:



The information presented in the previous section of this Framework represents the outworking of steps 1-3 above i.e. the identified outcomes and indicators that set the strategic direction of travel for service planning and delivery for young children in Jersey.

The remaining steps involve the following:

Step 4: The baseline & story behind the data:

looking at the historic trend data for a particular indicator over a period of time (e.g. 3 to 5 years) and forecasting the future direction of travel if no new action is taken. Exploring the causes and factors driving the existing trend and the forecast.

Step 5: The partners that have a role to play:

identifying and actively engaging the key people that need to be involved in improving the direction of travel from across the public, private & community sectors as well as service users.

Step 6: Identifying what works:

partners working together to identify the range of potential solutions for improving trends over time.

Step 7: Action planning: partners assessing the range of solutions according to their feasibility and likelihood of impact to develop a shortlist of specific actions to be taken forward.

As actions are then implemented, these four steps are repeated on a regular and timely basis across partnerships to assess progress and identify new actions or improvements to be made. It may make sense to undertake this review process as, and when, the most recent piece of indicator data is published and added to the existing trend information. Appendix 2 of this document contains a sample of outputs from the ECDP where this 'Turning the Curve' process has been undertaken with a range of stakeholders on two indicators in areas of concern relating to young children's health.



Summary and next steps for the Outcomes Framework for Early Childhood in Jersey

Figure 1⁹ below takes the information contained in this Framework and presents it in a visual format which can be used by stakeholders to summarise the Framework going forward.

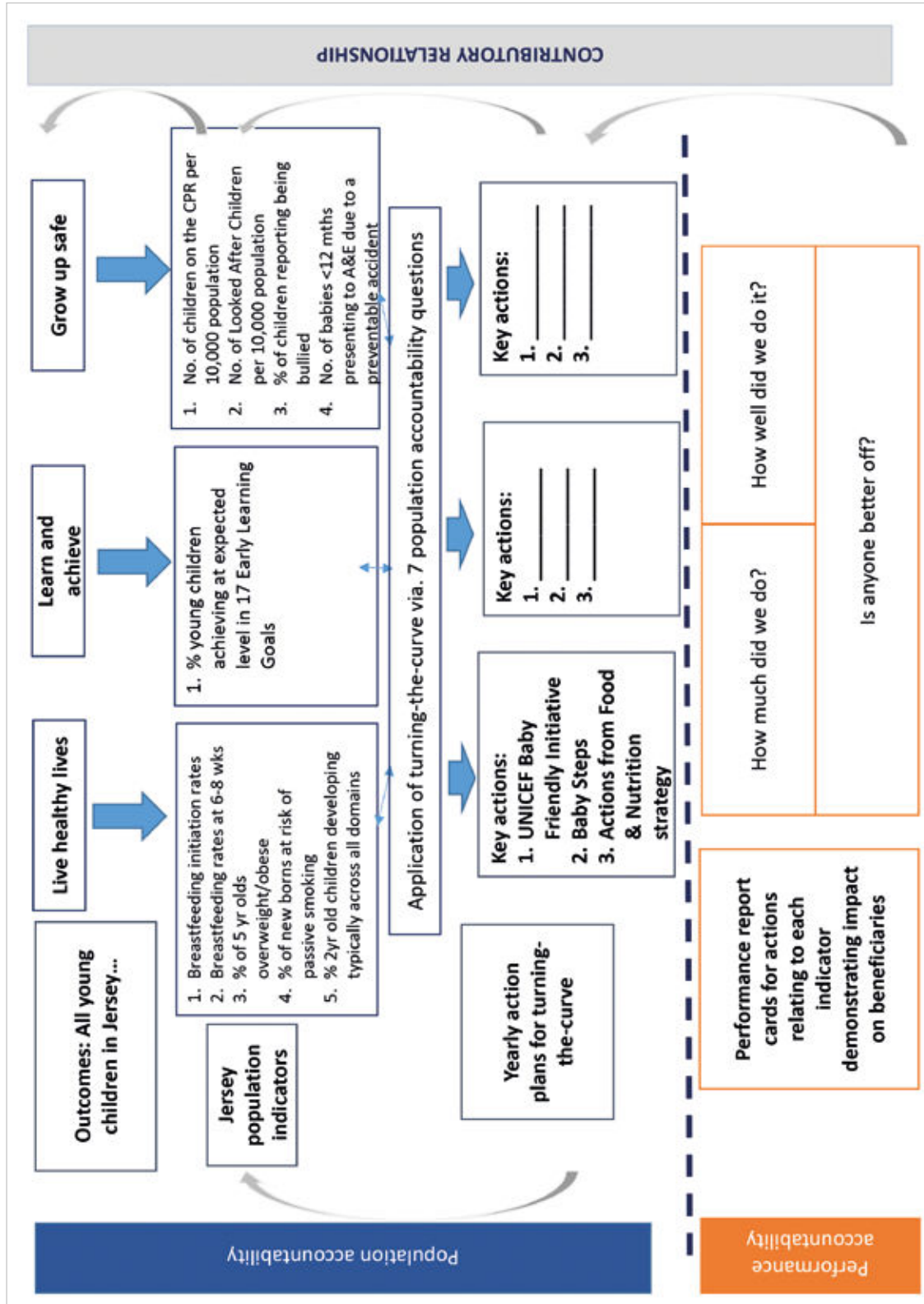


Figure 1: Summary Outcomes Framework: Phase 1.¹⁰

⁹ The indicators that have been proposed for inclusion in the Outcomes Framework are those that, based on current data, are presently showing cause for concern. In the future, these may change depending on any changes in the trend or how Jersey compares to other countries/regions.

¹⁰ Turning-the-Curve workshops were undertaken on health indicators only which is the reason why this outcome is the only one that currently has activities listed. This will change when turning-the-curve workshops are held for the other outcomes.

Further key steps in embedding the Framework in outcomes planning include:

- **Capacity building in the use of OBA:** As part of the ECDP, NCB has already delivered a range of introductory training courses on OBA to stakeholders in Jersey. NCB is currently working with the ECDP Steering Group to develop an OBA Champions model to further build capacity in this new way of working. The model has two aspects: (i) the production of a range of tailored OBA outputs for disseminating information on OBA in meetings, discussions, workshops, and (ii) developing a network of OBA lead practitioners on the island, supported by Train the Trainer courses and coaching in implementation.
- **Using performance accountability to understand the impact of actions:** As Turning the Curve becomes embedded and actions are implemented, it is crucial that the impact of these actions on service users is understood using the performance accountability framework within OBA. This involves assessing service performance in 3 areas: how much did we do? (quantity of service delivered); how well did we do it? (quality of service provided); and most importantly, is anyone better off? (the impact on service users' lives). An example of a report card for the Raising Early Achievement in Literacy (REAL) programme operating in Jersey can be found in Appendix 3.
- **Establishing effective data management processes:** This Outcomes Framework is predicated on extensive use of data both as a tool for understanding the achievement of population level outcomes and as a way of understanding whether implemented actions are having the desired impact on service users. It is important therefore that data for prioritised indicators is kept up-to-date and is updated as soon as new data becomes available. It is also imperative that service providers are commissioned and supported to collect performance data, particularly relating to understanding the impact on service users and to use this data to improve their service. In addition to this and as already alluded to above, there is a need for greater quality assurance of publically held data (specifically data that has not been published) to ensure accuracy, reliability and validity for use as population indicators.
- **Implementing phase 2 of an Early Childhood Outcomes Framework:** The Turning the Curve process should be implemented for the identified indicators under the 'Learn and achieve' and 'Grow up safely' outcomes. As noted in section 1 of this framework, the outcome areas of initial focus are aligned with the Children's Plan work. Phase 2 of this Outcomes Framework should also consider the remaining outcome area, namely 'All young children in Jersey are seen and heard' and follow the same process of identifying and assessing indicators, agreeing actions via the Turning the Curve process, and reviewing progress and impact. This is demonstrated in Figure 2 below.

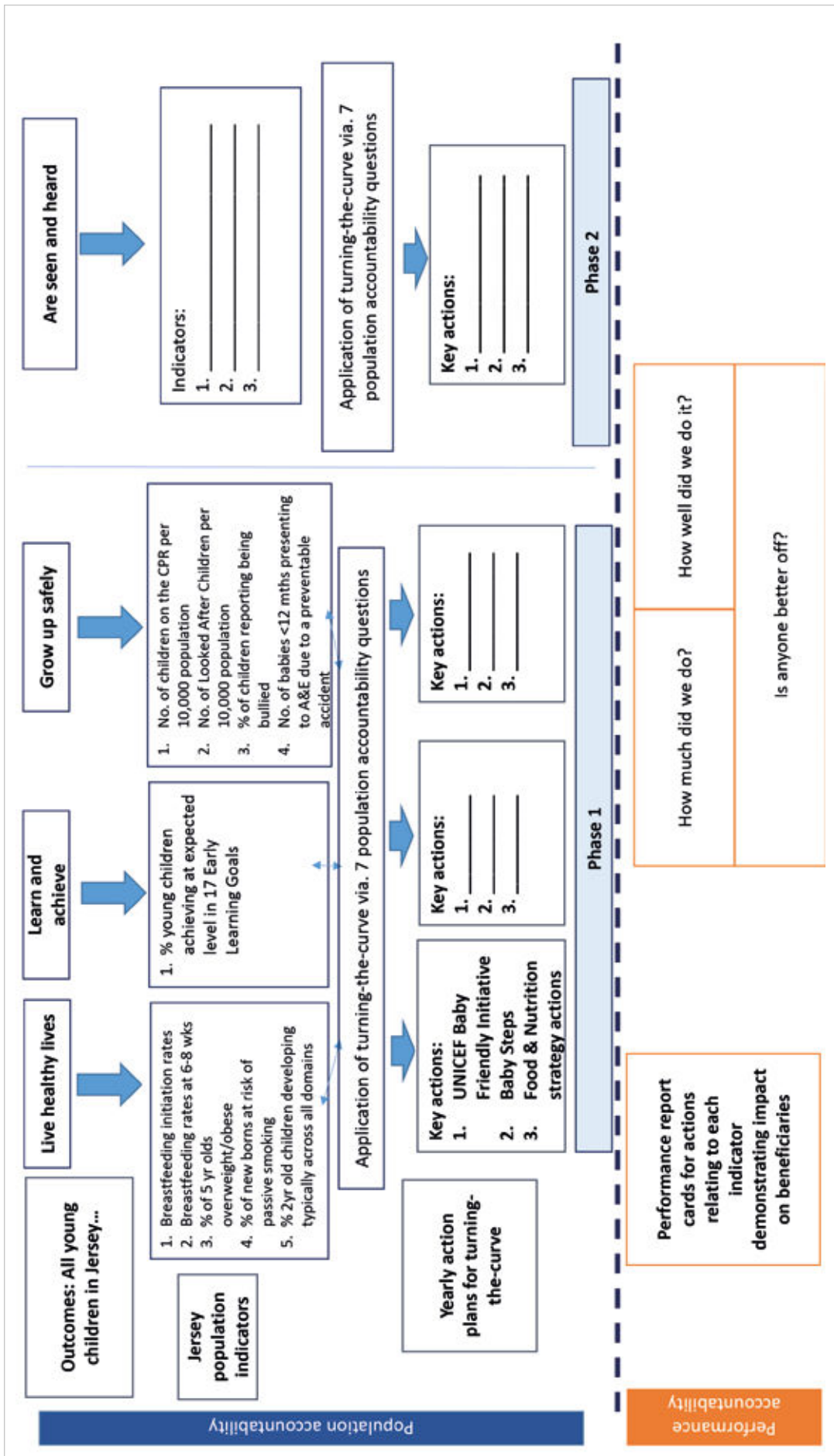
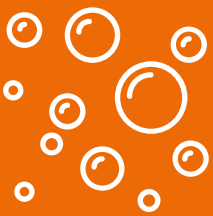


Figure 2: Summary Outcomes Framework: Phase 1 & 2



Appendix 1: Trend data for indicators

OUTCOME: All young children in Jersey live healthy lives

Indicator/ Source	Latest value for Jersey / Year	Latest value for England	Trend	Indicator chart																																														
<p>% of babies born small for their gestational age (based on 3 year average)</p> <p>Source: Graeme Sproats, Statistics Unit, Chief Ministers Department</p>	2% (2014/16)	Data not comparable due to differences in definition	↓	<p>% of babies born small for their gestational age</p> <table border="1"> <caption>% of babies born small for their gestational age</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2012-14</td> <td>2.6%</td> </tr> <tr> <td>2013-15</td> <td>2.4%</td> </tr> <tr> <td>2014-2016</td> <td>2.0%</td> </tr> </tbody> </table>	Year	Percentage	2012-14	2.6%	2013-15	2.4%	2014-2016	2.0%																																						
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<p>No. of still births per 1,000 births (based on 3 year average)</p> <p>Source: Jersey Health Profile 2016</p>	3.0 (2013/15)	4.4 (2015)	↓	<p>Stillbirth Rates, 3-year averages, 1950-2015</p> <table border="1"> <caption>Stillbirth Rates, 3-year averages, 1950-2015</caption> <thead> <tr> <th>Year</th> <th>Stillbirths per 1,000 births</th> </tr> </thead> <tbody> <tr> <td>1950-1952</td> <td>14</td> </tr> <tr> <td>1953-1955</td> <td>16</td> </tr> <tr> <td>1956-1958</td> <td>18</td> </tr> <tr> <td>1959-1961</td> <td>17</td> </tr> <tr> <td>1962-1964</td> <td>16</td> </tr> <tr> <td>1965-1967</td> <td>15</td> </tr> <tr> <td>1968-1970</td> <td>14</td> </tr> <tr> <td>1971-1973</td> <td>13</td> </tr> <tr> <td>1974-1976</td> <td>12</td> </tr> <tr> <td>1977-1979</td> <td>10</td> </tr> <tr> <td>1980-1982</td> <td>8</td> </tr> <tr> <td>1983-1985</td> <td>4</td> </tr> <tr> <td>1986-1988</td> <td>4</td> </tr> <tr> <td>1989-1991</td> <td>4</td> </tr> <tr> <td>1992-1994</td> <td>5</td> </tr> <tr> <td>1995-1997</td> <td>4</td> </tr> <tr> <td>1998-2000</td> <td>3</td> </tr> <tr> <td>2001-2003</td> <td>3</td> </tr> <tr> <td>2004-2006</td> <td>2</td> </tr> <tr> <td>2007-2009</td> <td>3</td> </tr> <tr> <td>2010-2012</td> <td>2</td> </tr> <tr> <td>2013-2015</td> <td>4</td> </tr> </tbody> </table>	Year	Stillbirths per 1,000 births	1950-1952	14	1953-1955	16	1956-1958	18	1959-1961	17	1962-1964	16	1965-1967	15	1968-1970	14	1971-1973	13	1974-1976	12	1977-1979	10	1980-1982	8	1983-1985	4	1986-1988	4	1989-1991	4	1992-1994	5	1995-1997	4	1998-2000	3	2001-2003	3	2004-2006	2	2007-2009	3	2010-2012	2	2013-2015	4
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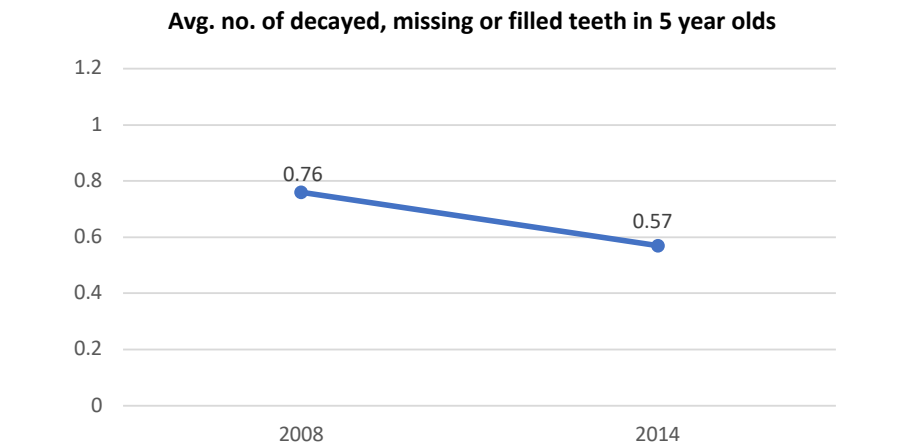
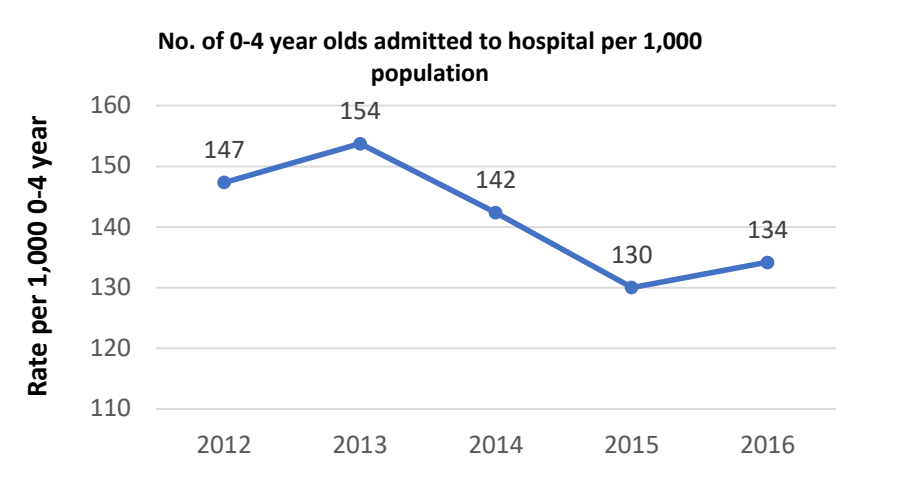
OUTCOME: All young children in Jersey live healthy lives

Indicator/ Source	Latest value for Jersey / Year	Latest value for England	Trend	Indicator chart
<p>No. of births by age of mother</p> <p>Source: Graeme Sproats, Statistics Unit, Chief Ministers Department</p>	<p>Under 20 years: 18 births</p> <p>Over 40 years: 61 births</p> <p>(2016)</p>	<p>n/a</p>	<p>↓</p> <p>↓</p>	<p>The chart shows the number of births per year across different age groups. The 30-34 age group consistently has the highest number of births, peaking around 400. The 25-29 age group shows a significant decline from over 300 in the late 1980s to around 200 by 2016. The 35-39 age group shows a steady increase from around 170 to 210. The 20-24 age group remains relatively stable around 100-120. The 40+ age group shows a slight increase from around 50 to 80. The Under 20 age group remains very low, around 10-15 births per year.</p>
<p>Breastfeeding initiation rates</p> <p>Source: Jersey Health Intelligence Unit</p>	<p>74% (2015)</p>	<p>74% (2015)</p>	<p>↓</p>	<p>The chart shows a slight downward trend in breastfeeding initiation rates. The percentage starts at 76% in 2010, drops to 75% in 2011, rises back to 76% in 2012 and 2013, then falls to 75% in 2014 and 74% in 2015.</p>

OUTCOME: All young children in Jersey live healthy lives

Indicator/ Source	Latest value for Jersey / Year	Latest value for England	Trend	Indicator chart												
<p>Breastfeeding rates (either fully or partially) at 6-8 weeks</p> <p>Source: <i>Jersey Health Intelligence Unit</i></p>	53% (2015)	43% (2015)	↓	<p>% of mothers breastfeeding (fully/partially) at 6-8 weeks</p> <table border="1"> <caption>Data for Breastfeeding Rates at 6-8 Weeks</caption> <thead> <tr> <th>Year</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>51%</td> </tr> <tr> <td>2012</td> <td>53%</td> </tr> <tr> <td>2013</td> <td>54%</td> </tr> <tr> <td>2014</td> <td>54%</td> </tr> <tr> <td>2015</td> <td>53%</td> </tr> </tbody> </table>	Year	Rate (%)	2011	51%	2012	53%	2013	54%	2014	54%	2015	53%
Year	Rate (%)															
2011	51%															
2012	53%															
2013	54%															
2014	54%															
2015	53%															
<p>Breastfeeding rates at 9 months</p>	17% (2015)	No comparable data	n/a	<ul style="list-style-type: none"> Note: Data is only available for 2015. No trend graph is available. 												

OUTCOME: All young children in Jersey live healthy lives

Indicator/ Source	Latest value for Jersey / Year	Latest value for England	Trend	Indicator chart												
<p>Average number of decayed, missing or filled teeth in 5 year old children</p> <p>Source: Jersey Health Intelligence Unit</p>	0.57 teeth per child (2014)	0.84 (2014/15)	↓	<p>Avg. no. of decayed, missing or filled teeth in 5 year olds</p>  <table border="1"> <caption>Avg. no. of decayed, missing or filled teeth in 5 year olds</caption> <thead> <tr> <th>Year</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>0.76</td> </tr> <tr> <td>2014</td> <td>0.57</td> </tr> </tbody> </table>	Year	Rate	2008	0.76	2014	0.57						
Year	Rate															
2008	0.76															
2014	0.57															
<p>No. of 0-4 year olds admitted to hospital per 1,000 children in Jersey under the age of 5</p> <p>Source: PAS System (Supplied by Beverley Edwards, Health and Social Services)</p>	134 [Rate per 1,000 compiled by NCB using 2011 census data]	Data not available	↑	<p>No. of 0-4 year olds admitted to hospital per 1,000 population</p>  <table border="1"> <caption>No. of 0-4 year olds admitted to hospital per 1,000 population</caption> <thead> <tr> <th>Year</th> <th>Rate per 1,000 0-4 year</th> </tr> </thead> <tbody> <tr> <td>2012</td> <td>147</td> </tr> <tr> <td>2013</td> <td>154</td> </tr> <tr> <td>2014</td> <td>142</td> </tr> <tr> <td>2015</td> <td>130</td> </tr> <tr> <td>2016</td> <td>134</td> </tr> </tbody> </table>	Year	Rate per 1,000 0-4 year	2012	147	2013	154	2014	142	2015	130	2016	134
Year	Rate per 1,000 0-4 year															
2012	147															
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2016	134															

OUTCOME: All young children in Jersey live healthy lives

Indicator/ Source	Latest value for Jersey / Year	Latest value for England	Trend	Indicator chart																																																																
Immunisation coverage by the age of 1, 2 and 5 years Source: Jersey Public Health Statistics Unit	12 mths (2017) - DTaP/IPV/HIB (97.4%) - Pneumococcal (97.4%) - 1st Dose Rotavirus (95.8%)	12 mths (2017) - DTaP/IPV/HIB (93.4%) - Pneumococcal (93.5%) - 1st Dose Rotavirus (89.6%)	↑	<table border="1"> <thead> <tr> <th></th> <th>2015</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td colspan="4">Immunisations rates by the age of 12 months</td> </tr> <tr> <td>DTaP / IPV / HIB</td> <td>97.1%</td> <td>96.6%</td> <td>97.4%</td> </tr> <tr> <td>Pneumococcal</td> <td>96.9%</td> <td>96.3%</td> <td>97.4%</td> </tr> <tr> <td>1st Dose Rotavirus</td> <td>94.8%</td> <td>94.5%</td> <td>95.8%</td> </tr> <tr> <td colspan="4">Immunisation rates by the age of 24 months</td> </tr> <tr> <td>DTaP / IPV / HIB</td> <td>97.4%</td> <td>97.6%</td> <td>97.1%</td> </tr> <tr> <td>1st dose MMR</td> <td>92.6%</td> <td>94.3%</td> <td>95.9%</td> </tr> <tr> <td>Hib/Men C Booster</td> <td>93.0%</td> <td>94.2%</td> <td>94.2%</td> </tr> <tr> <td>Pneumococcal Booster</td> <td>93.2%</td> <td>94.3%</td> <td>94.6%</td> </tr> <tr> <td colspan="4">Immunisation rates by the age of 5 years</td> </tr> <tr> <td>DTaP/IPV/HIB</td> <td>97.7%</td> <td>98.6%</td> <td>97.6%</td> </tr> <tr> <td>1st dose MMR</td> <td>96.6%</td> <td>96.8%</td> <td>97.2%</td> </tr> <tr> <td>DTaP/IPV Booster</td> <td>89.0%</td> <td>89.3%</td> <td>89.3%</td> </tr> <tr> <td>Hib/Men C Booster</td> <td>83.9%</td> <td>94.5%</td> <td>95.6%</td> </tr> <tr> <td>2nd dose MMR</td> <td>91.3%</td> <td>91.5%</td> <td>91.5%</td> </tr> </tbody> </table>		2015	2016	2017	Immunisations rates by the age of 12 months				DTaP / IPV / HIB	97.1%	96.6%	97.4%	Pneumococcal	96.9%	96.3%	97.4%	1st Dose Rotavirus	94.8%	94.5%	95.8%	Immunisation rates by the age of 24 months				DTaP / IPV / HIB	97.4%	97.6%	97.1%	1st dose MMR	92.6%	94.3%	95.9%	Hib/Men C Booster	93.0%	94.2%	94.2%	Pneumococcal Booster	93.2%	94.3%	94.6%	Immunisation rates by the age of 5 years				DTaP/IPV/HIB	97.7%	98.6%	97.6%	1st dose MMR	96.6%	96.8%	97.2%	DTaP/IPV Booster	89.0%	89.3%	89.3%	Hib/Men C Booster	83.9%	94.5%	95.6%	2nd dose MMR	91.3%	91.5%	91.5%
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OUTCOME: All young children in Jersey live healthy lives

Indicator/ Source	Latest value for Jersey / Year	Latest value for England	Trend	Indicator chart																
<p>% of reception-aged children (typically aged 5) who are overweight or obese (based on 3 year average)</p> <p>Source: Marguerite Clarke, Health Intelligence Unit</p>	21% (2014-16)	23% (2016/17)	↓	<p>% of reception age children who are overweight or obese</p> <table border="1"> <caption>Data for % of reception age children who are overweight or obese</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2008-10</td> <td>25%</td> </tr> <tr> <td>2009-11</td> <td>23%</td> </tr> <tr> <td>2010-2012</td> <td>21%</td> </tr> <tr> <td>2011-2013</td> <td>22%</td> </tr> <tr> <td>2012-2014</td> <td>22%</td> </tr> <tr> <td>2013-2015</td> <td>22%</td> </tr> <tr> <td>2014-2016</td> <td>21%</td> </tr> </tbody> </table>	Year	Percentage	2008-10	25%	2009-11	23%	2010-2012	21%	2011-2013	22%	2012-2014	22%	2013-2015	22%	2014-2016	21%
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<p>% of new-borns who are at risk of passive smoking</p> <p>Source: Jersey Health Profile 2014 & 2016</p>	17% (2015)	Not available	↑	<p>% of new-borns who are at risk of passive smoking</p> <table border="1"> <caption>Data for % of new-borns who are at risk of passive smoking</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2012</td> <td>16%</td> </tr> <tr> <td>2015</td> <td>17%</td> </tr> </tbody> </table>	Year	Percentage	2012	16%	2015	17%										
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2015	17%																			

OUTCOME: All young children in Jersey live healthy lives

Indicator/ Source	Latest value for Jersey / Year	Latest value for England	Trend	Indicator chart
<p>% of two-year old children developing typically across all developmental domains</p> <p>Source: Michelle Cummings, Family Nursing and Home Care</p>	<p>84% (Jan-Dec 2017)</p>	<p>90%¹¹ (Oct 2016 – March 2017)</p>	<p>No yearly trend data</p>	<p>No yearly trend data available</p>

¹¹ See: https://www.gov.jk/government/uploads/system/uploads/attachment_data/file/643759/ASQ3_analysis_Oct16_to_Mar17_main_findings.pdf

OUTCOME: All young children in Jersey learn and achieve

Indicator	Latest value for Jersey / Year	Latest value for England	Trend	Indicator chart								
<p>Percentage of pupils with Special Educational Needs*</p> <p>Source: <i>Giselle Willis, Inclusion & Early Intervention, Education Department</i></p>	<p>12.6% (Foundation Stage / Nursery)</p> <p>14.2% (Primary Schools)</p> <p>14.1% (Secondary schools)</p>	<p>13.7%</p> <p>13.5%</p> <p>12.4%</p>	<p>↓</p>	<p>% of children with Special Educational Needs</p> <p>The graph above shows the % of pupils with Special Educational Needs for three school years as at the end of the Summer term in each year. The table below provides data on the number of children in nursery schools (i.e. Foundation Stage) with Special Educational Needs at the end of the Summer term each year.</p> <table border="1"> <thead> <tr> <th>Year</th> <th>No. of children at Foundation Stage with SEN</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>215</td> </tr> <tr> <td>2016</td> <td>208</td> </tr> <tr> <td>2017</td> <td>225</td> </tr> </tbody> </table>	Year	No. of children at Foundation Stage with SEN	2015	215	2016	208	2017	225
Year	No. of children at Foundation Stage with SEN											
2015	215											
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2017	225											

OUTCOME: All young children in Jersey learn and achieve

Indicator	Latest value for Jersey / Year	Latest value for England	Trend	Indicator chart																								
<p>% referred for speech and language therapy</p> <p>Source: Lisa Perkins, Speech and Language Therapy Services & Child Development Centre</p>	<p>7.1% (under 3 yrs)</p> <p>5.5% (3-5 year olds)</p> <p>0.6% (6-17 year olds)</p> <p>(All 2016 data)</p>	<p>No comparable data for England could be sourced</p>	<p>↑</p> <p>↓</p> <p>↔</p>	<p>% of children referred for speech and language therapy</p> <table border="1"> <caption>Data for % of children referred for speech and language therapy</caption> <thead> <tr> <th>Year</th> <th>Under 3 years old</th> <th>3-5 years old</th> <th>6-17 years old</th> </tr> </thead> <tbody> <tr> <td>2012</td> <td>6.40%</td> <td>6.00%</td> <td>0.70%</td> </tr> <tr> <td>2013</td> <td>7.20%</td> <td>7.00%</td> <td>0.70%</td> </tr> <tr> <td>2014</td> <td>7.90%</td> <td>5.10%</td> <td>0.60%</td> </tr> <tr> <td>2015</td> <td>5.60%</td> <td>5.60%</td> <td>0.60%</td> </tr> <tr> <td>2016</td> <td>7.10%</td> <td>5.50%</td> <td>0.60%</td> </tr> </tbody> </table>	Year	Under 3 years old	3-5 years old	6-17 years old	2012	6.40%	6.00%	0.70%	2013	7.20%	7.00%	0.70%	2014	7.90%	5.10%	0.60%	2015	5.60%	5.60%	0.60%	2016	7.10%	5.50%	0.60%
Year	Under 3 years old	3-5 years old	6-17 years old																									
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<p>% of children achieving at the expected level in each of the 17 Early Learning Goals (ELGs)</p> <p>Source: Nicola Mulliner, Standards and Achievement, Education Department</p>	<p>46% (2017)</p>	<p>69% (2017)</p>		<p>No longitudinal data available yet.</p>																								

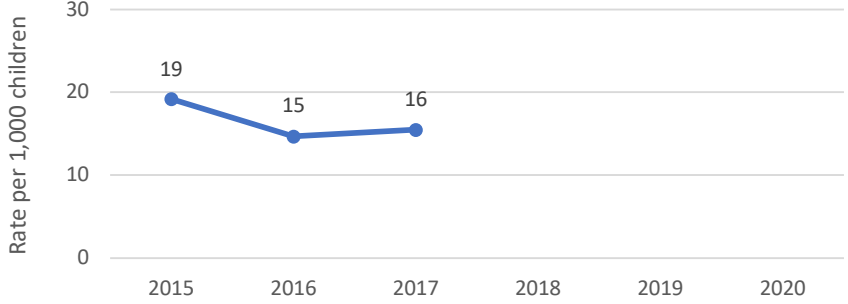
OUTCOME: All young children in Jersey grow up safely

Indicator	Latest value for Jersey / Year	Latest value for England	Trend	Indicator chart																
<p>No. of police referrals where CSE is noted as a safeguarding concern</p> <p>Source: Paul Mahrer, Corporate Development Unit (CDU), States of Jersey Police</p>	53 (2016)	n/a	↓	<p>No. of police referrals where CSE is noted as a safeguarding concern</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Rate per 1,000 population</th> </tr> </thead> <tbody> <tr> <td>2014</td> <td>59</td> </tr> <tr> <td>2015</td> <td>99</td> </tr> <tr> <td>2016</td> <td>53</td> </tr> </tbody> </table>	Year	Rate per 1,000 population	2014	59	2015	99	2016	53								
Year	Rate per 1,000 population																			
2014	59																			
2015	99																			
2016	53																			
<p>No. of anti-social behaviour incidents per 1,000 population</p> <p>Source: Paul Mahrer, CDU, States of Jersey Police</p>	17.5 (2016)	31 (2015/16)	↓	<p>No. of anti-social behaviour incidents per 1,000 population</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Rate per 1,000 population</th> </tr> </thead> <tbody> <tr> <td>2010</td> <td>33.2</td> </tr> <tr> <td>2011</td> <td>26.7</td> </tr> <tr> <td>2012</td> <td>26.6</td> </tr> <tr> <td>2013</td> <td>22.7</td> </tr> <tr> <td>2014</td> <td>24.5</td> </tr> <tr> <td>2015</td> <td>19.1</td> </tr> <tr> <td>2016</td> <td>17.5</td> </tr> </tbody> </table>	Year	Rate per 1,000 population	2010	33.2	2011	26.7	2012	26.6	2013	22.7	2014	24.5	2015	19.1	2016	17.5
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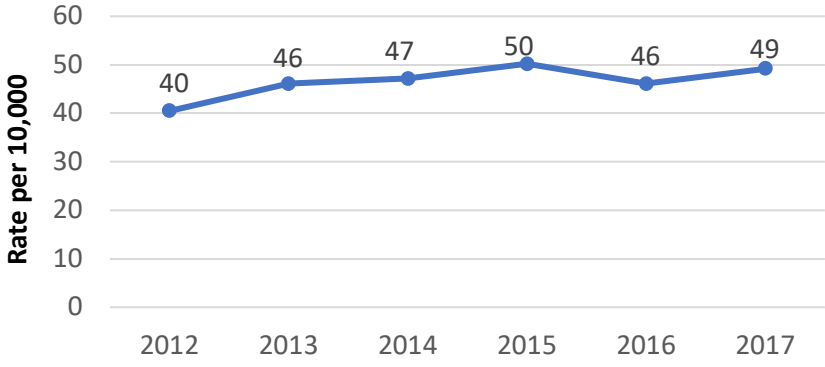
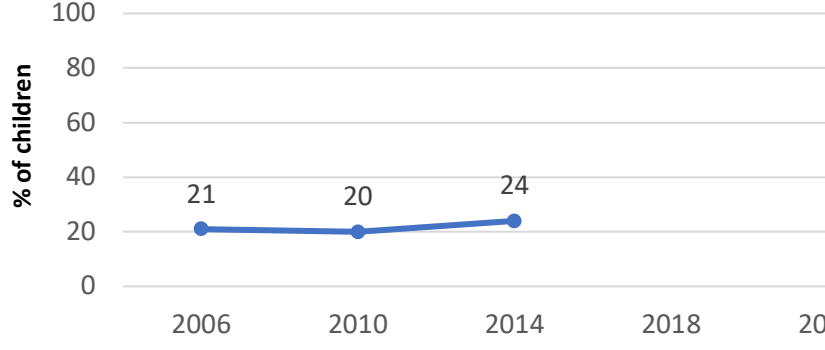
OUTCOME: All young children in Jersey grow up safely

Indicator	Latest value for Jersey / Year	Latest value for England	Trend	Indicator chart																
<p>No. of domestic violence incidents per 1,000</p> <p>Source: Paul Mahrer, CDU, States of Jersey Police</p>	2.6 (2016)	7 (2015/16)	↓	<p>No. of domestic violence incidents per 1,000 population</p> <table border="1"> <caption>No. of domestic violence incidents per 1,000 population</caption> <thead> <tr> <th>Year</th> <th>Rate</th> </tr> </thead> <tbody> <tr><td>2010</td><td>2.5</td></tr> <tr><td>2011</td><td>2.7</td></tr> <tr><td>2012</td><td>3.1</td></tr> <tr><td>2013</td><td>3.2</td></tr> <tr><td>2014</td><td>3.5</td></tr> <tr><td>2015</td><td>3</td></tr> <tr><td>2016</td><td>2.6</td></tr> </tbody> </table>	Year	Rate	2010	2.5	2011	2.7	2012	3.1	2013	3.2	2014	3.5	2015	3	2016	2.6
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2014	3.5																			
2015	3																			
2016	2.6																			
<p>No. of children aged under 18 in households where domestic incidents are recorded</p> <p>Rate per 1,000 children in Jersey <18 years old</p> <p>Source: Tracey Wilkinson, CDU, States of Jersey Police</p>	21 (2017)	Data not comparable to England	↑	<p>Children under 18 in households of recorded domestic incidents</p> <table border="1"> <caption>Children under 18 in households of recorded domestic incidents</caption> <thead> <tr> <th>Year</th> <th>Rate per 1,000 children</th> </tr> </thead> <tbody> <tr><td>2015</td><td>30</td></tr> <tr><td>2016</td><td>29</td></tr> <tr><td>2017</td><td>21</td></tr> </tbody> </table> <p>Note: Resident child population is based upon estimated projections from the Statistics Unit</p>	Year	Rate per 1,000 children	2015	30	2016	29	2017	21								
Year	Rate per 1,000 children																			
2015	30																			
2016	29																			
2017	21																			

OUTCOME: All young children in Jersey grow up safely

Indicator	Latest value for Jersey / Year	Latest value for England	Trend	Indicator chart														
<p>No. of children aged under 18 who are recorded as victims of crime</p> <p>Rate per 1,000 children in Jersey aged under 18</p> <p>Source: Tracey Wilkinson, CDU, States of Jersey Police</p>	<p>16 per 1,000 population (2017)</p>	<p>Data for England and Wales come from the Crime Survey. It only reports crimes against children aged 10-15. Data are therefore not comparable.</p>	<p>↓</p>	<p>Children under 18 who are recorded as victims of crime</p>  <table border="1"> <caption>Children under 18 who are recorded as victims of crime</caption> <thead> <tr> <th>Year</th> <th>Rate per 1,000 children</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>19</td> </tr> <tr> <td>2016</td> <td>15</td> </tr> <tr> <td>2017</td> <td>16</td> </tr> <tr> <td>2018</td> <td>-</td> </tr> <tr> <td>2019</td> <td>-</td> </tr> <tr> <td>2020</td> <td>-</td> </tr> </tbody> </table> <p>Note: Resident child population is based upon estimated projections from the Statistics Unit</p>	Year	Rate per 1,000 children	2015	19	2016	15	2017	16	2018	-	2019	-	2020	-
Year	Rate per 1,000 children																	
2015	19																	
2016	15																	
2017	16																	
2018	-																	
2019	-																	
2020	-																	
<p>No. of children on the Child Protection Register per 1,000 population*</p> <p>Source: Beverley Edwards, HSSD Informatics Team</p>	<p>57 per 10,000 population (2016)</p>	<p>43 (2016)</p>	<p>↑</p>	<p>No. of children on Child Protection Register - per 10,000 population</p>  <table border="1"> <caption>No. of children on Child Protection Register - per 10,000 population</caption> <thead> <tr> <th>Year</th> <th>Rate per 10,000 population</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>25</td> </tr> <tr> <td>2012</td> <td>36</td> </tr> <tr> <td>2013</td> <td>38</td> </tr> <tr> <td>2014</td> <td>48</td> </tr> <tr> <td>2015</td> <td>45</td> </tr> <tr> <td>2016</td> <td>57</td> </tr> </tbody> </table> <p>Note: Rate per 10,000 calculated by NCB using Census 2011 data. Figures for each year are at snapshot at end of December. Figures for England are sourced from the Department for Education.</p>	Year	Rate per 10,000 population	2011	25	2012	36	2013	38	2014	48	2015	45	2016	57
Year	Rate per 10,000 population																	
2011	25																	
2012	36																	
2013	38																	
2014	48																	
2015	45																	
2016	57																	

OUTCOME: All young children in Jersey grow up safely

Indicator	Latest value for Jersey / Year	Latest value for England	Trend	Indicator chart
<p>No. of Looked After Children per 10,000 population*</p> <p>Source: Beverley Edwards, Health and Social Services Department Informatics Team</p>	<p>49 (as at end of December 2017)</p>	<p>62 (2016/17)</p>	<p>↓</p>	<p>No. of Looked After Children</p>  <p>Note: Rate per 10,000 calculated by NCB using Census 2011 data. Figures for each year are at snapshot at end of December. Figures for England are sourced from the Department for Education.</p>
<p>Percentage of children reporting being bullied</p> <p>Source: Schools Survey (HRBQ) Years 6, 8 and 10</p>	<p>24%</p>	<p>Data not comparable</p>	<p>↑</p>	<p>Children reporting being bullied at or near school in past 12 months</p>  <p>Note: Survey question "Have you been bullied at/near school in the last 12 mths". Figure represents "Yes" responses</p>

OUTCOME: All young children in Jersey grow up safely

Indicator	Latest value for Jersey / Year	Latest value for England	Trend	Indicator chart																
<p>No. of serious road traffic collision injuries</p> <p>Source: Paul Mahrer, Corporate Development Unit, States of Jersey Police</p>	8 (2016)	Data for England not comparable due to different reporting mechanisms	↓	<p>No. of serious road traffic collision injuries (involving those under the age of 18)</p> <table border="1"> <caption>Rate per 1,000 population</caption> <thead> <tr> <th>Year</th> <th>Rate per 1,000 population</th> </tr> </thead> <tbody> <tr> <td>2010</td> <td>9</td> </tr> <tr> <td>2011</td> <td>11</td> </tr> <tr> <td>2012</td> <td>14</td> </tr> <tr> <td>2013</td> <td>3</td> </tr> <tr> <td>2014</td> <td>7</td> </tr> <tr> <td>2015</td> <td>10</td> </tr> <tr> <td>2016</td> <td>8</td> </tr> </tbody> </table>	Year	Rate per 1,000 population	2010	9	2011	11	2012	14	2013	3	2014	7	2015	10	2016	8
Year	Rate per 1,000 population																			
2010	9																			
2011	11																			
2012	14																			
2013	3																			
2014	7																			
2015	10																			
2016	8																			
<p>No. of children under 13 years of age presenting to A&E due to a preventable accident</p> <p>Source: Mandy Le Tensorer, Child Accident Prevention Jersey</p>	2,809 (2016)	Data not comparable	n/a	No comparable trend data available																
<p>No. of babies less than 12 months old presenting to A&E due to a preventable accident</p> <p>Source: Mandy Le Tensorer, Child Accident Prevention Jersey</p>	129 (2016)		n/a	No comparable trend data available																

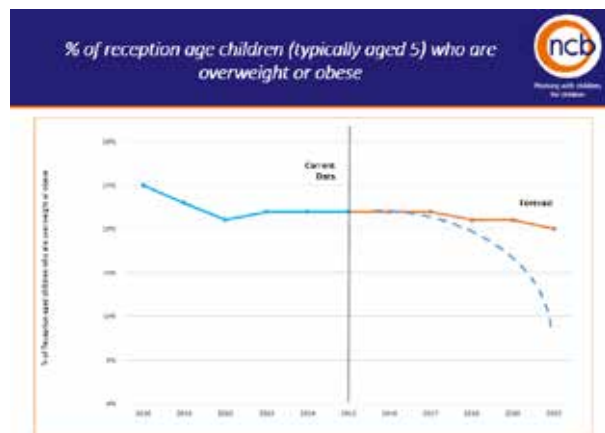
* The directional arrows for these indicators have not been shaded an increase in the number/percentage of children, e.g. on the Child Protection Register is not necessarily negative.



Appendix 2: Turning the curve reports for health indicators

OUTCOME: All young children in Jersey live healthy lives

INDICATOR: % reception age children (typically age 4 or 5) who are overweight or obese



STORY BEHIND THE BASELINE

- Changes in modern living- working parents, driving rather than walking, technology, move away from compulsory PE
- Pressure on parents from media to provide treats
- The price of 'healthy' foods compared to 'junk'
- Lack of skills, opportunities and facilities (in particular inadequate housing – bedsits etc.) to prepare healthy meals.
- Differences in preschool provision for hot meals- private vs state
- Family dynamics and cultural differences
- Food and nutrition strategy due shortly

Data Development Agenda:

- Parish information on nutritional provision in pre-schools
- Data on eating behaviours of young children (e.g. fruit intake)
- Information on ethnic/cultural differences in dietary habits
- What proportion of 2 year olds are currently overweight?
- Relative food costs (e.g. Jersey vs UK)
- Physical aspects of the curriculum e.g. knowing about outdoor space
- Children's dental health



Partners required:

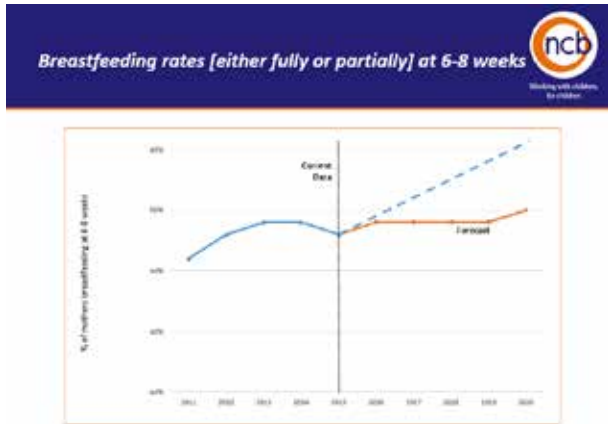
- Nursery/primary education representative
- Jersey sports partnership
- Parent representative from target groups
- Retail Steering Group representative/ Chamber of Commerce
- Wider healthcare professionals e.g. GPs, paediatricians
- Practitioners working with Polish/Portuguese families
- Private health providers (Cleaveland Clinic, Leicester Surgery)
- Relevant Ministers

Suggestions for what might work:

- Junior Parkrun
- Children's menus in restaurants (mini portions of adult food)- Links to 'Real food for kids' scheme (Caring Cooks & Co-op initiative)
- Cross-departmental forum to share good practice
- Free fruit in supermarkets (Tesco already running this)
- Community mobile outreach re cooking skills, specifically targeted at minority ethnic groups and providing bilingual support to reduce inequalities (Caring Cooks** planned initiative)

OUTCOME: All young children in Jersey live healthy lives

INDICATOR: Breastfeeding rates (either fully or partially) at 6-8 weeks



STORY BEHIND THE BASELINE

- Baby Friendly Initiative not currently implemented, but planned for 2017
- High Caesarean rates
- Higher maternal age in Jersey
- Current maternity legislation, high rates of working mothers
- Lack of universal antenatal education
- Cultural and generational attitudes to breastfeeding
- Lack of data sharing facilities between health professionals and inconsistency in messaging given

Data Development Agenda:

Information needed on drop-off point for breastfeeding and reasons behind stopping:

- Initiation rates for exclusive breastfeeding
- Breastfeeding rates at discharge and 14 weeks currently collected
- Ideally would like data at 6 months- currently pick this up retrospectively at 9 months
- How many mums gave up breastfeeding on return to work
- Reasons why mums give up breastfeeding

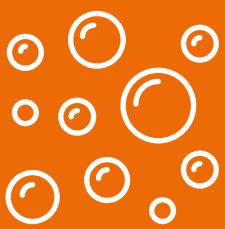


Partners required:

- Wider relevant health professionals including GPs and Paediatricians,
- Education practitioners
- Parents / parents to be
- Wider family, in particular dads and grandparents
- Chamber of Commerce
- Social Security
- Social Security representative
- Education practitioners (representing all school ages as preventative role as important)

Suggestions for what might work:

- Implementation of the Baby Friendly Initiative (planned 2017)
- Education for healthcare practitioners (all those who have contact with an expectant mother) to ensure consistent messaging
- Roll out of a universal antenatal education programme e.g. a modified version of NSPCC Baby Steps
- Change in legislation to support longer paid maternity leave
- Focus on peer support training and provision
- Cultural/attitudinal change through public awareness campaign
- Rebranding of programmes/initiatives already in place to make more inclusive e.g. currently have breastfeeding cafes which could be renamed 'infant feeding group' to include support for weaning etc., These should be women only (**low cost**)
- Education for the wider family, and in particular involving dads



Appendix 3: Report card for the Raising Early Achievement in Literacy (REAL) programme



*Making it **REAL**
Raising
Early
Achievement in
Literacy in
Jersey*

Report Card No. 1

Engaging parents in their children's early literacy development has been shown to improve children's outcomes and help to narrow the gap between less advantaged and other children.

NCB's Making it REAL programme enables practitioners to reach out to parents and families, building confidence and knowledge to support early home learning, with a powerful impact on children's outcomes and on family literacy practice.

All nurseries and pre-schools in Jersey have been offered the opportunity to take part in an island-wide programme which includes a focus on literacy and maths. [This report card reports only to the REAL literacy project and presents data for the 2016/17 school year.](#)

1. About the programme



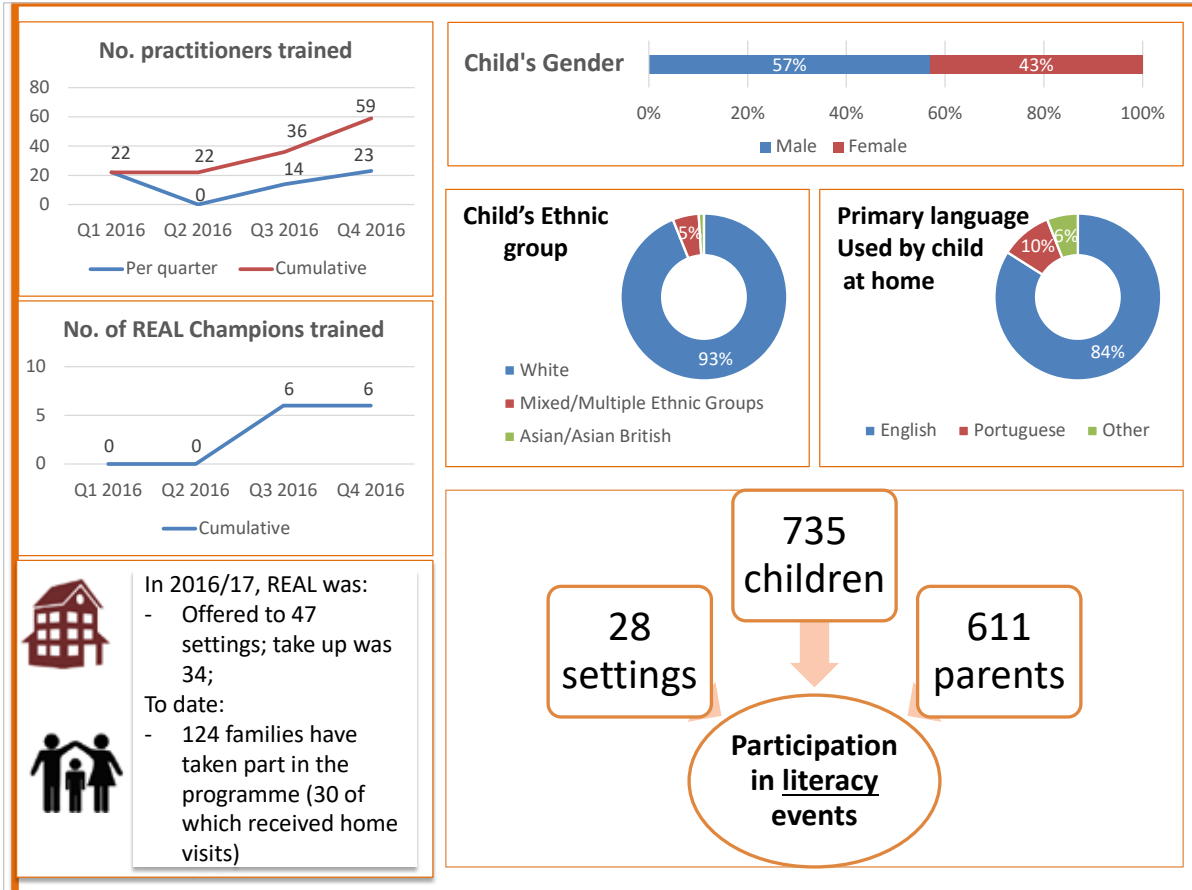
Making it **REAL**



How much did REAL do?	How well did REAL do it?
<ul style="list-style-type: none"> • Training: 59 practitioners & 6 champions • Delivery: REAL offered to 47 settings; take up was 34. Within the settings that took up REAL, 124 families participated - 30 of which received home visits • Gender/ethnicity/language of the child: 57% of participants are boys; 93% are white and over four-fifths (84%) speak English as their first language at home • Literacy events: Literacy events held in 28 settings and attended by: <ul style="list-style-type: none"> - 735 children; and - 611 parents 	<ul style="list-style-type: none"> • Quality of training: 100% of those trained stated it was either Excellent (88%) or Very Good (12%) • Ongoing support: 29% of those trained attended at least 2 network meetings • Reach of programme: <ul style="list-style-type: none"> - 72% of Early Years settings delivering REAL (See note 1) - 24% of children engaged in REAL home visits (Note 2) • Engagement: <ul style="list-style-type: none"> - 39% of children in Early Years settings across Jersey attended literacy events (Note 3) - 32% of eligible families attended literacy events (Note 4)
Is anyone better off?	
<ul style="list-style-type: none"> • Impact on practitioners: 98% (58 of 59) of attendees rated training Excellent/Very Good in terms of “increasing knowledge of engaging with parents to support learning” • Impact on parents: 80% (44 of 55) parents reported increased confidence in terms of them being able to support their child’s early literacy • Impact on children: <ul style="list-style-type: none"> - 71% (55 of 77) of parents reported their child’s literacy, language and communication had improved - Three-fifths or more reported improvements in oral language (76%; 31 of 41); awareness of environmental print (72%; 51 of 71); increased sharing of books (67%; 26 of 39), and improved engagement in early writing (61%; 33 of 54) - Library membership increased from 42% (34 of 81) at the baseline to 68% (55 of 81) at the endpoint 	

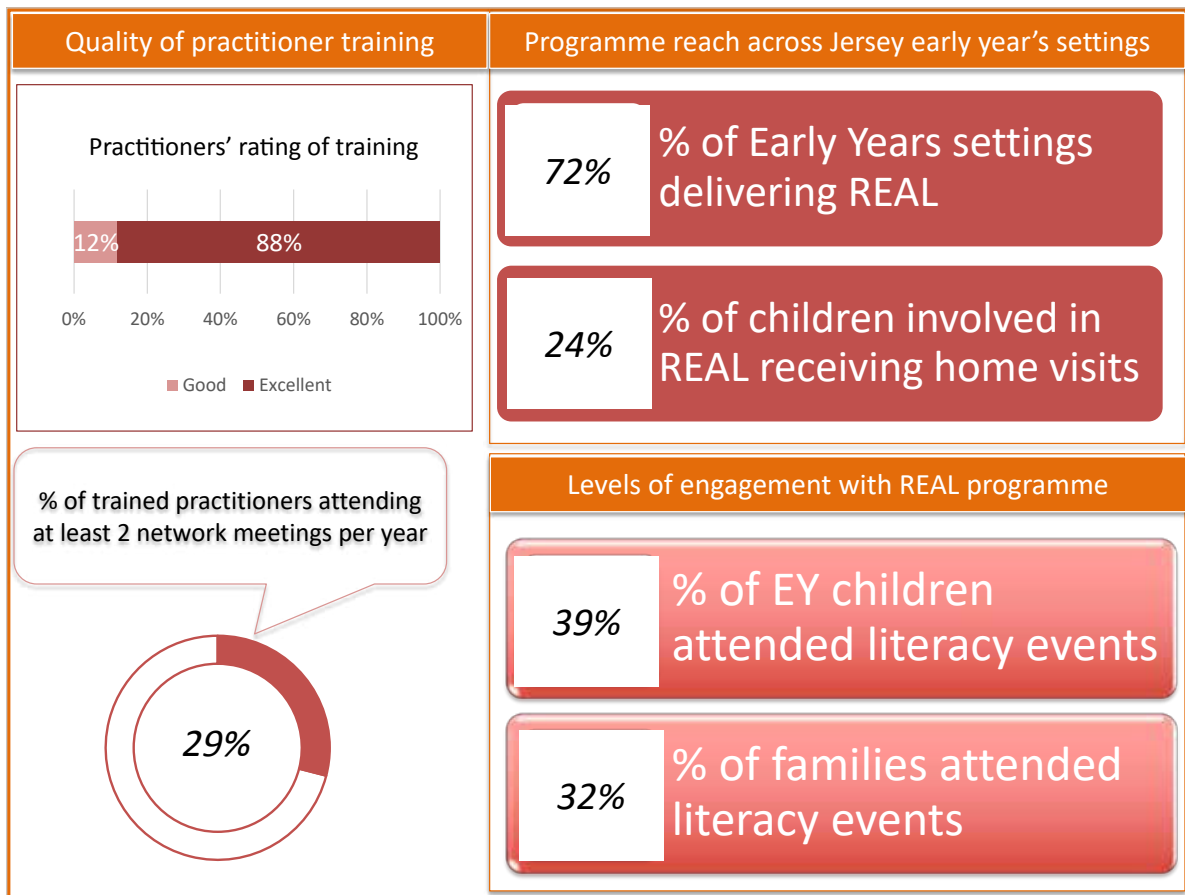
Making it **REAL**

How much?



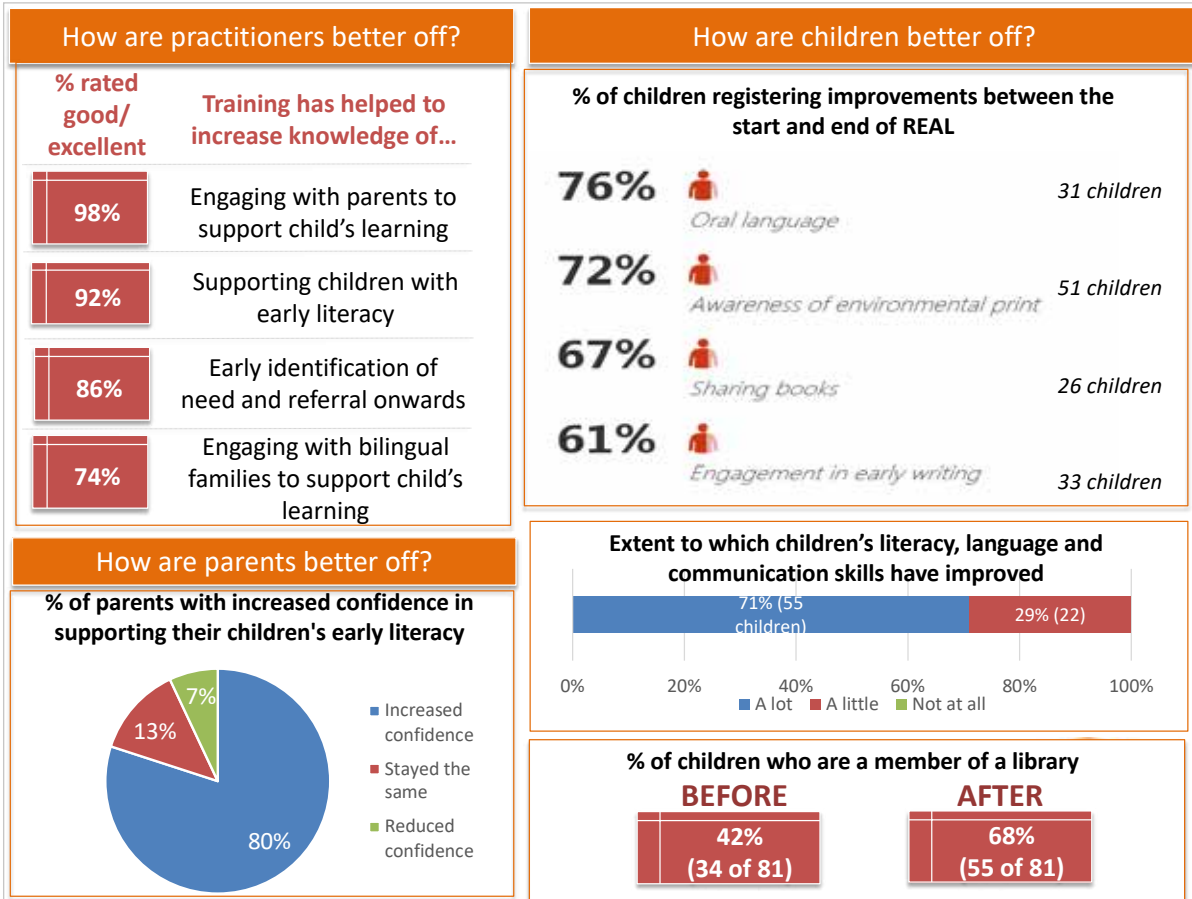
Making it **REAL**

How well?



Making it **REAL**

Is anyone better off?



Notes

1. % of Early Years settings delivering REAL: This is calculated as the number of early years settings participating in REAL (34) divided by the total number of early years settings on Jersey offered the training (47) = 72%.
2. % of children involved in REAL receiving home visits: This is calculated as the total number of children actually receiving home visit(s) (30) divided by the targeted number of children (124) = 24%.
3. % of children attending literacy events: We estimate that there are approximately 1,900 children across the 47 settings based on estimates derived from list of early years settings sourced from Jersey Childcare Trust. A total of 735 children attended literacy events equivalent to 39% of children across the settings attending literacy events.
4. % of families attending literacy events: Assuming there are 1,900 families (1 family per child – may be some double counting) and 611 families attended the events, the % of families who attended the literacy events was 32%.

Making it **REAL**





National Children's
Bureau



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