

*Poverty*

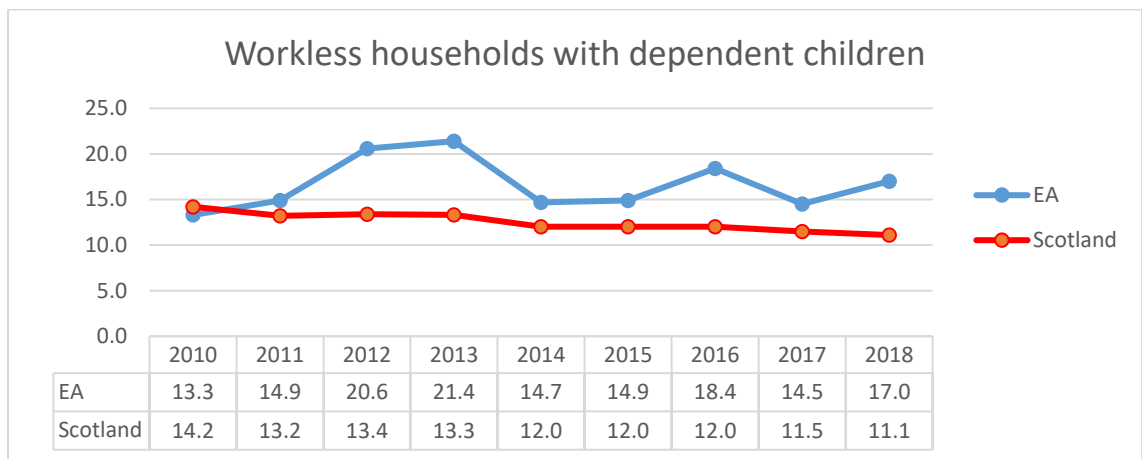
Data relating directly to child poverty is still relatively undeveloped, and a number of different indicators are available which help piece together an understanding of the problem.

Information contained in the Child Poverty Action Plan (coming from End Child Poverty) shows that just over one in every four children (26%) lives in relative poverty as measured at 60 per cent of the national median income. This level has reduced by two percentage points since 2016 and East Ayrshire has moved from having the third highest level of relative child poverty to the eighth highest in Scotland. However, this still accounted for almost 7,000 children and young people, and there is significant variation in the level of child poverty across East Ayrshire communities.

Other information that is useful includes:

**Workless households**

This measure shows the proportion of households with dependent children which are workless. While the rate in Scotland has been slowly falling over time, the rate in East Ayrshire has not, leaving a widening gap. By 2018, 17% of households with dependent children in East Ayrshire were workless (compared with 11% in Scotland).

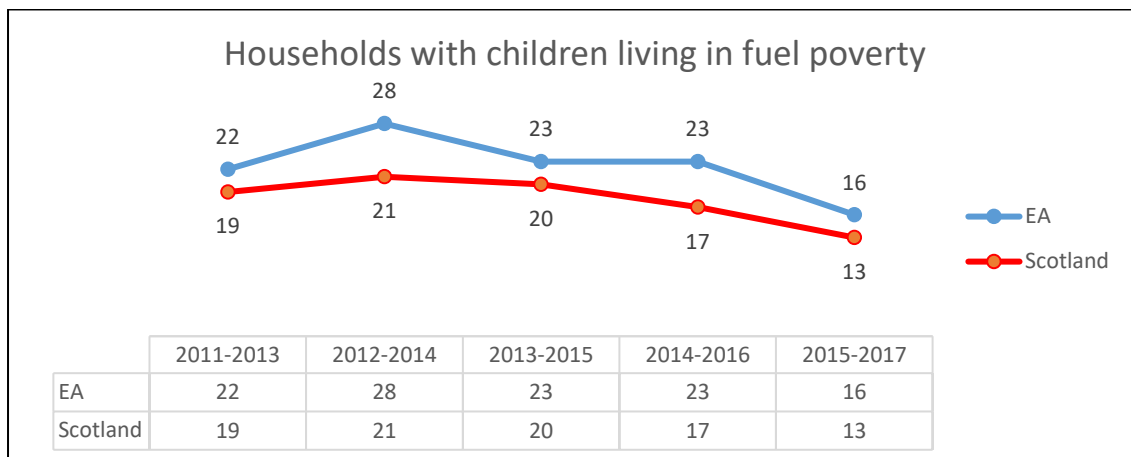


This pattern of workless households is seen despite a rising rate of employment and a falling unemployment rate for 18-64 year olds over the same period. Both of these rates, however, compare unfavourably with the national levels. From national data<sup>1</sup>, we are able to see that factors including being a single parent household, whether one or two adults in the household work, and whether there is a disabled adult in the household are key determinants of child poverty.

<sup>1</sup> See, for example, children in families with limited resources  
<https://statistics.gov.scot/resource?uri=http%3A%2F%2Fstatistics.gov.scot%2Fdata%2Fchildren-in-families-with-limited-resources>

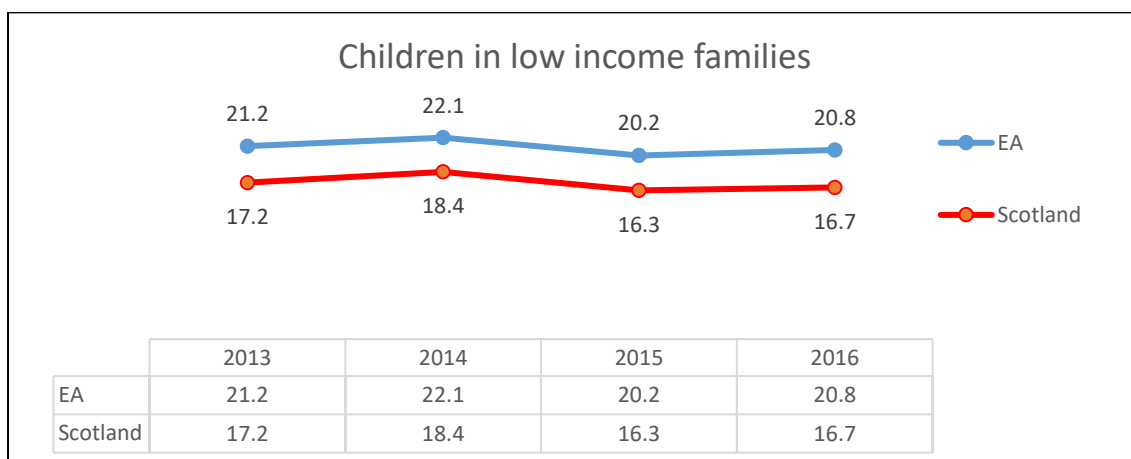
## Fuel poverty

The proportion of households with children which experience fuel poverty has fallen in East Ayrshire (to 16%). The falling trend follows the national trend, although the estimates at local authority level are subject to a high degree of uncertainty. If we accept the data, the falling trend still leaves East Ayrshire at a persistently higher level than the national average, with a gap that has not narrowed during the past five reporting years.



## Children in low income families

The ScotPHO reported measure of children in low income families<sup>2</sup> shows a slight fall in East Ayrshire. Again, the trend mirrors the national one, and remains persistently above it.



This feature in the data (following the national trend with little or no change in the gap) suggests national economic influences on child poverty, and that local initiatives have been unable to mitigate these. It may be worth revisiting previous action plans with a view to assessing whether this is something that could be changed.

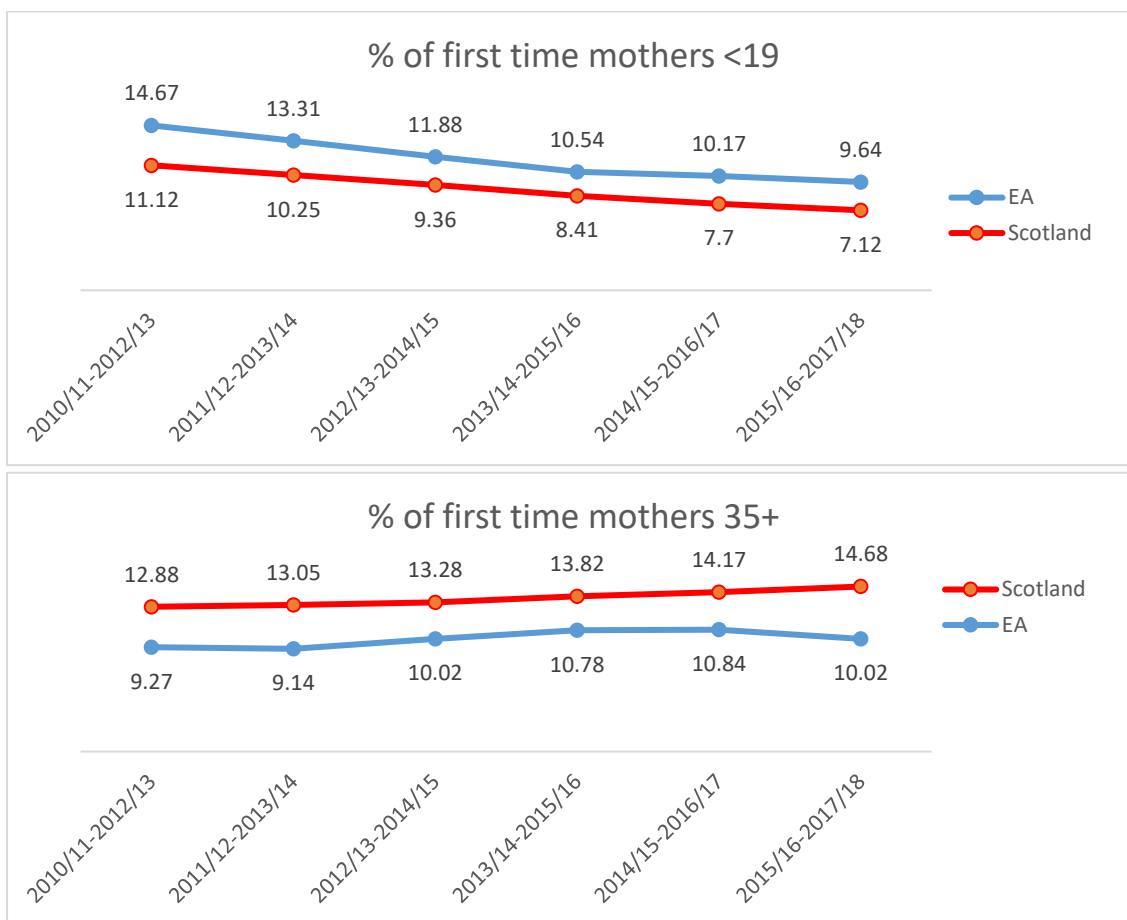
<sup>2</sup> Percentage of dependent children (under 20) in families in receipt of out-of-work benefits or in receipt of child tax credits (reported income is less than 60% of UK median)

Here, data on wellbeing is analysed in relation to

- pregnancy and birth and
- childhood.

**Pregnancy and birth**

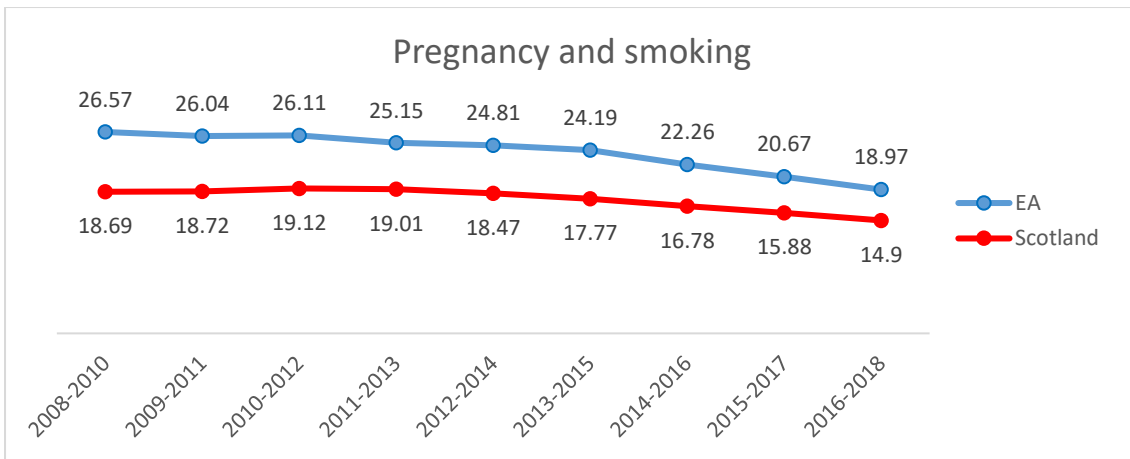
One of the factors that can influence a child’s start in life and future wellbeing is the mother’s age. The proportion of first time mothers who are under 19 has been falling over time, and the higher East Ayrshire level has been falling a little faster than the national one, so while there is still a gap, it is narrowing.



Conversely, there has been a slightly greater tendency for first time mothers over 35. This level is higher at the national level, and has been rising faster than the East Ayrshire level.

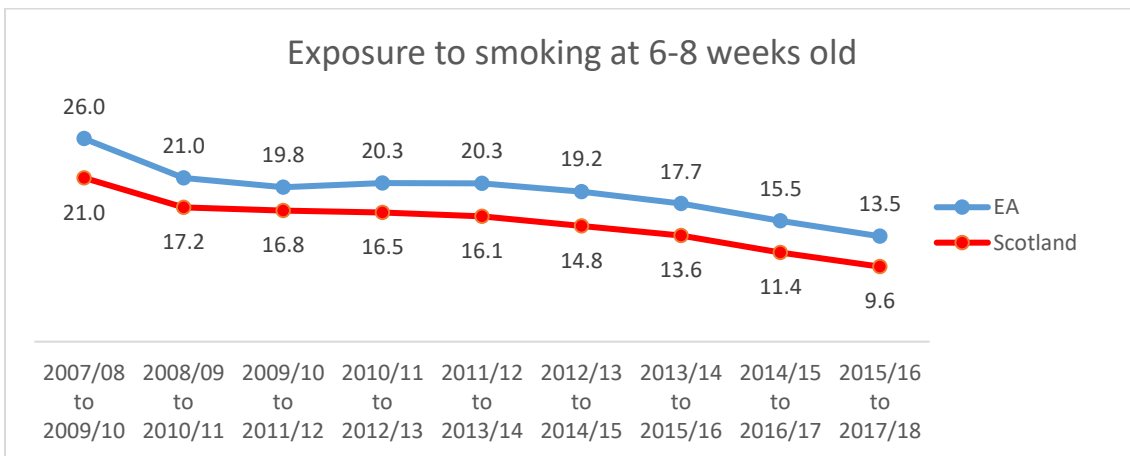
Smoking during pregnancy is associated with children’s health and wellbeing, and a number of measures are available. The one reported by the Scottish Government<sup>3</sup> is typical of these, in that it shows a falling trend in the proportion of women who disclose at their ante-natal booking appointment that they are a smoker.

<sup>3</sup> <https://statistics.gov.scot/resource?uri=http%3A%2F%2Fstatistics.gov.scot%2Fdata%2Fsmoking-at-booking>



By its nature, this particular measure (being self-reported, being subject to stigma, and being difficult to verify) might be treated with some caution. However, it is notable that smoking during pregnancy is more of a problem in East Ayrshire than is the case nationally, but that the gap is narrowing. Whereas in the 2008-2010 period more than a quarter of women were smoking during pregnancy in East Ayrshire, fewer than one in five were in 2016-2018. The East Ayrshire rate has fallen faster than the national one.

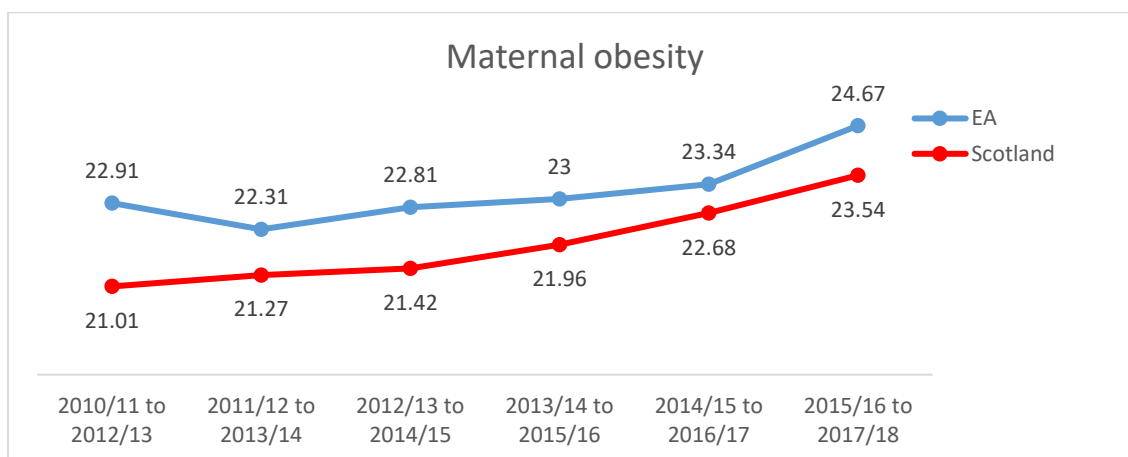
Another useful measure is of exposure to second-hand smoke at 6-8 weeks old<sup>4</sup>.



Here, there is also a falling trend both nationally and in East Ayrshire. The East Ayrshire level remains higher than the national one, with no convincing narrowing of the gap and suggesting that more than one in eight babies are exposed to second-hand smoking (compared with fewer than one in ten nationally).

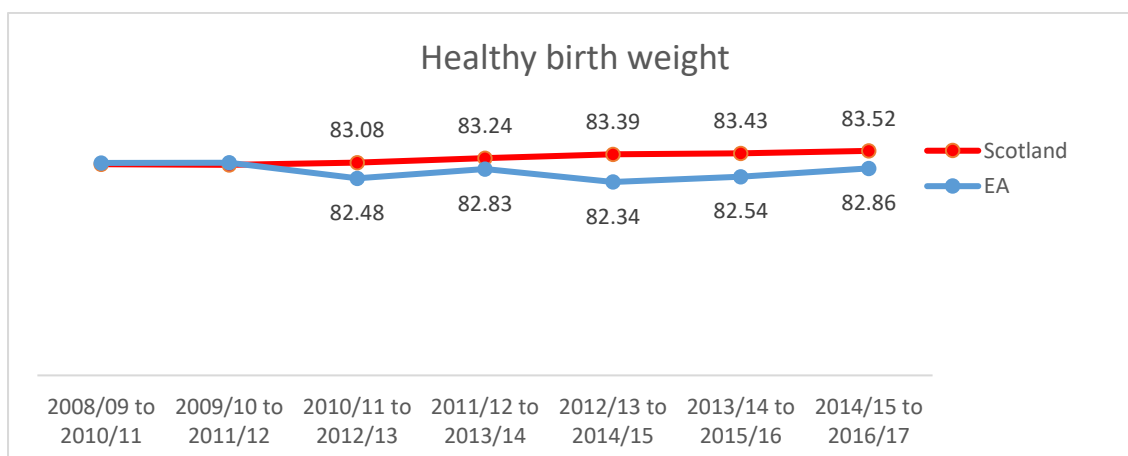
<sup>4</sup> Number of babies reported by parent as being exposed to second-hand smoke at 6-8 week review, published in ScotPHO

Maternal obesity can be an indicator of a child's health and wellbeing. Here, there is an upward trend both nationally and at the East Ayrshire level, although the national level appears to be rising a little faster than the East Ayrshire one, slightly narrowing the gap.



The trend, nevertheless, is concerning and sits within a broader consensus that obesity levels are likely to continue to rise and impact on health outcomes in the population.

Data on healthy birth weight<sup>5</sup> shows a slight but steady increase in the percentage of babies born a healthy weight nationally, but a more variable picture in East Ayrshire, where the data suggests around 17% of babies are not a healthy weight at birth.



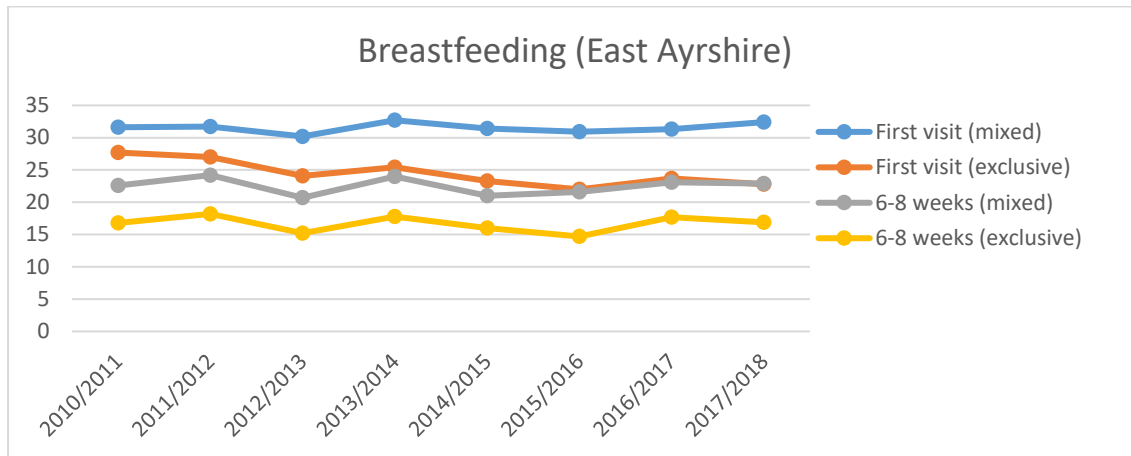
A longer term analysis of the data shows that the East Ayrshire level has tended to be below the national level. Other data, however, on low birth weight (and which is not comparable with the healthy birth weight data) shows a broadly 5 – 6 year cyclical pattern where the East Ayrshire level varies above and below the national level, suggesting no real difference between the two. Nationally, the level of low birth weight has fallen from around 2.5% to remain steady at around 2% for the last ten years.

Breastfeeding is associated with a healthy start to life, and the data shows that about 17% of babies in East Ayrshire are exclusively breastfed by their 6-8 week review. Data is also available for mixed feeding, and feeding at both the 6-8 week review and at the initial visit.

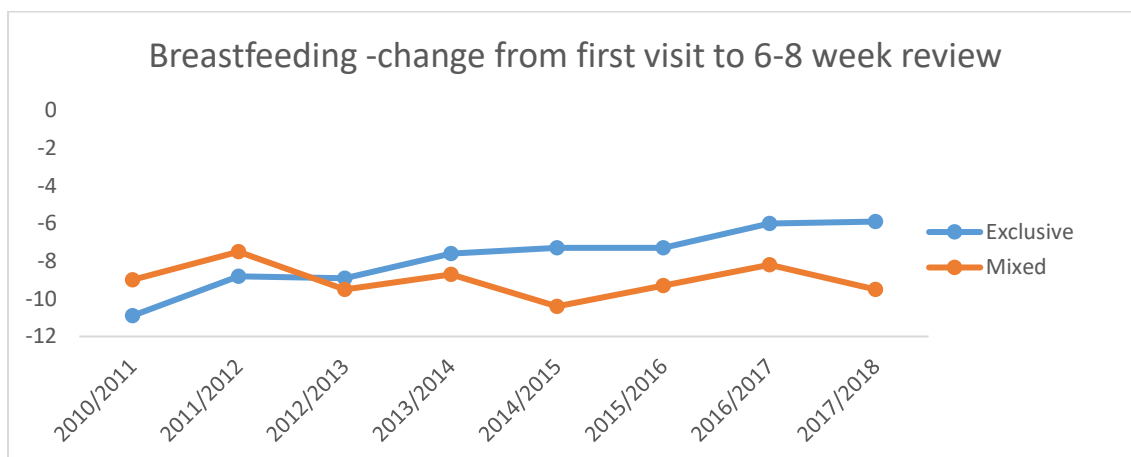
The first thing to note is that rates of exclusive breastfeeding at the national level are roughly double the rate in East Ayrshire. At the 6-8 week review, over 30% of babies in Scotland were exclusively breastfed,

<sup>5</sup> Healthy weight (5 to 95 percentile) live full-term singleton birth, published in ScotPHO

compared with the 17% in East Ayrshire. Next to note are the differences between rates of exclusive breastfeeding and mixed feeding.



At the first visit, 32% of babies in East Ayrshire were breastfed as part of a mixed feeding regime. 23% were exclusively breastfed – two figures that have remained fairly stable over time. By the 6-8 week visit, the levels have fallen to 23% for mixed feeding and 17% for exclusive breastfeeding. It is worth further noting changes from the first visit to the 6-8 week review.



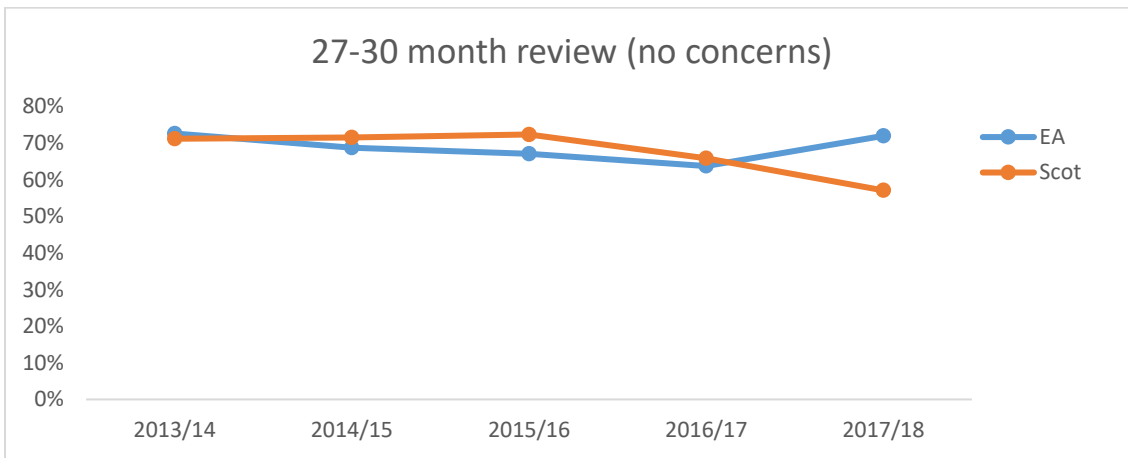
The chart above shows (for each feeding regime) the difference between the first visit rate and the 6-8 week review rate. So, for example, the rate of exclusive breastfeeding at the 6-8 week review was 5.9 percentage points lower than it was at the first visit for 2017/18. For mixed feeding, the drop-off rate between the two time periods has remained about the same. However, there has been a steady fall over time in the drop-off rate for exclusive breastfeeding – i.e., mothers who exclusively breastfeed by the first visit are less likely to stop exclusively breastfeeding by the 6-8 week review. This drop-off rate has roughly halved since 2010/11.

Key messages from the data analysis around pregnancy and birth include:

- First time mothers are less likely to be under 19 but more likely to be over 35 than before;
- Smoking during pregnancy is falling faster in East Ayrshire than the national average, but exposure to second-hand smoke by 6-8 weeks is not;
- Maternal obesity is increasing, and at an accelerating rate;
- While rates of exclusive breastfeeding at first visit are falling, the drop-off rate by 6-8 weeks is falling too.

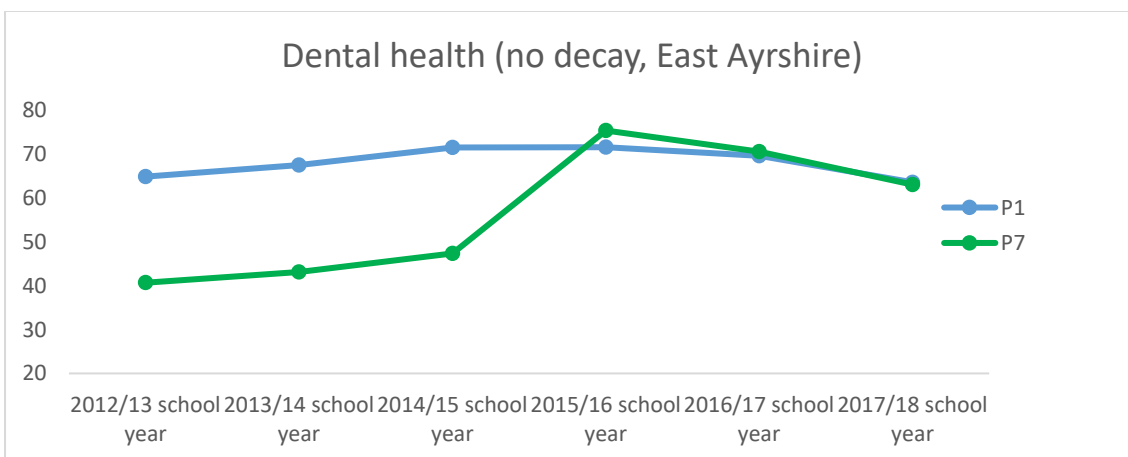
## Childhood

At the 27-30 month review, 72% of children in East Ayrshire show no concerns, compared with 57% in Scotland. The East Ayrshire rate rose in the last reported year, reversing a downward trend, while the downward trend across Scotland has fallen more sharply. The review looks at speech and language, emotional and behavioural skills, social skills, motor skills, hearing, vision and problem solving.



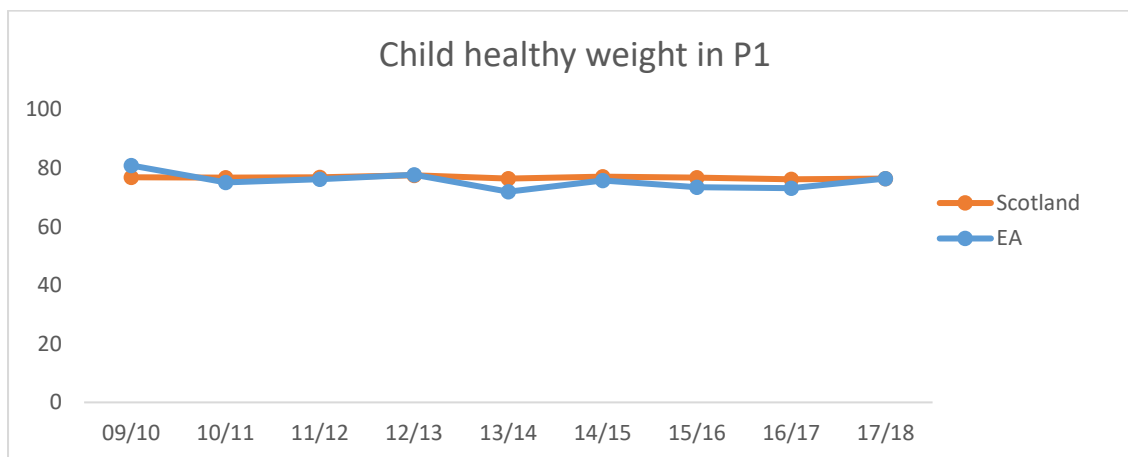
Immunisation uptake has been higher in East Ayrshire than for Scotland over a lengthy time period. For the 6-in-1 vaccine the East Ayrshire rate has been above 99% since the 2010-12 reported period, only dropping slightly below that in 2016-18. In line with the Scottish trend, uptake rose rapidly from 2004-06 and levelled off in 2012-14. The MMR vaccine, while being subject to some controversy, has followed a similar pattern, with the East Ayrshire uptake being higher than the national average. In 2016-18 it was 97%.

Data is available on child dental health with regard to the proportion of children showing no obvious sign of dental decay. This is reported for P1 and P7 children. The most striking feature of the data is the disparity between P1 and P7 dental health up until the 2015/16 school year. Whereas in 2012/13, 65% of P1 children showed no sign of dental decay, the figure was 40% for P7s. Both were over 70% in 2015/6, and have remained at similar levels. The pattern is the same at the national level. Rates of dental health, however, have been falling since 2015/16, with 63% of P1s and P7s showing no signs of dental decay in 2017/18.



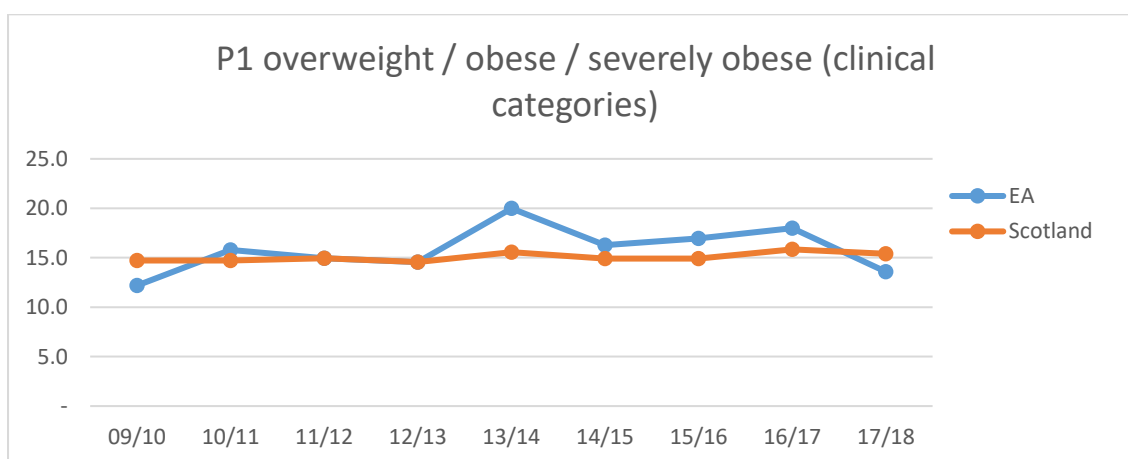
Over the same time period, there has been little change in the percentage of 0-2 year olds registered with a dentist – still fewer than half (47%) by 2018. Registration of 6-12s, however, appears to be universal.

Three-quarters of P1 children (in Scotland and in East Ayrshire alike) were a healthy weight<sup>6</sup> in 2017/18.



This level has remained broadly consistent at the national level since the data has been available (from 2003/-4). By a different definition of healthy weight<sup>7</sup>, 86% of P1 children in East Ayrshire are a healthy weight (84% in Scotland), and the same trend as the ScotPHO data is seen, which features a dip in 2013/14.

Data is also available for the proportion of P1 children who are overweight / obese / severely obese.



In 2017/18 14% of East Ayrshire P1s were in this category (15% at national level). As with the healthy weight data, there is a peak in 2013/14, and this dataset is almost a mirror image of the healthy weight data. This suggests that non-healthy weight is attributed to obesity rather than to being underweight.

<sup>6</sup> Defined in ScotPHO as BMI between the 5% and 95% of the 1990 UK reference range for their age and sex

<sup>7</sup> ISD clinical categories

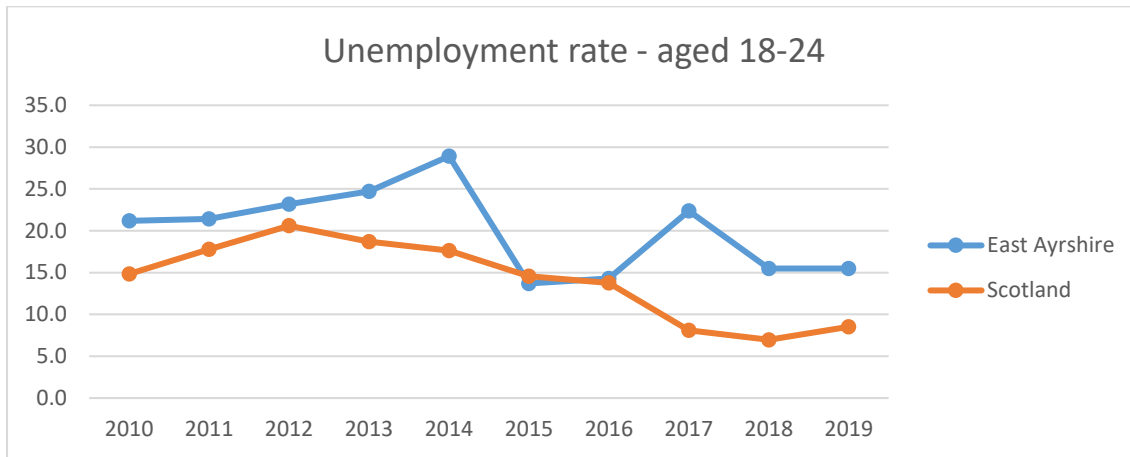


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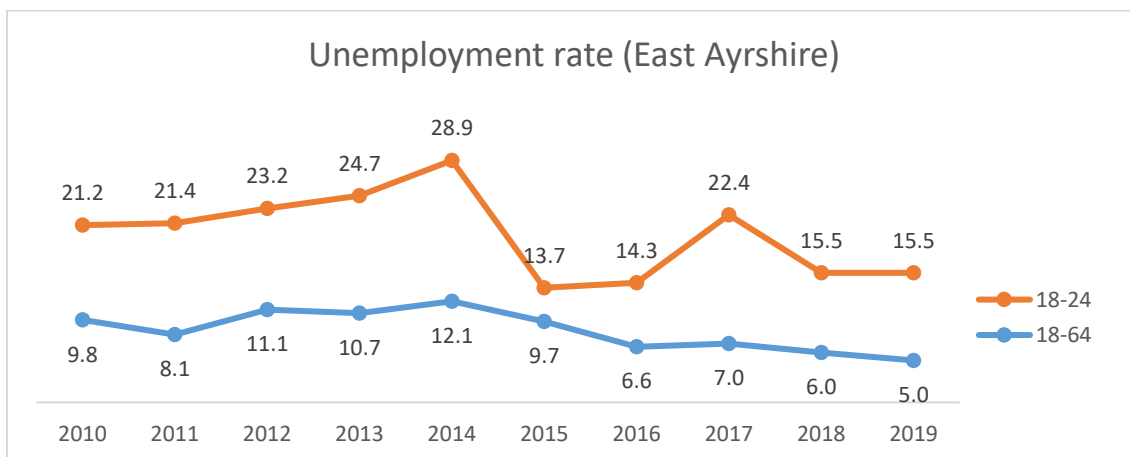
## Achievement

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In addition to education data on school-related matters, it is useful to look at youth unemployment.



The unemployment rate for 18-24s<sup>8</sup> is considerably higher than that for the adult population, and is also considerably higher in East Ayrshire than nationally. In the year to March 2019, the unemployment rate for 18-64s was 5%. For 18-24s it was 15.5%. The Scottish rate for 18-24s was 8.5%.

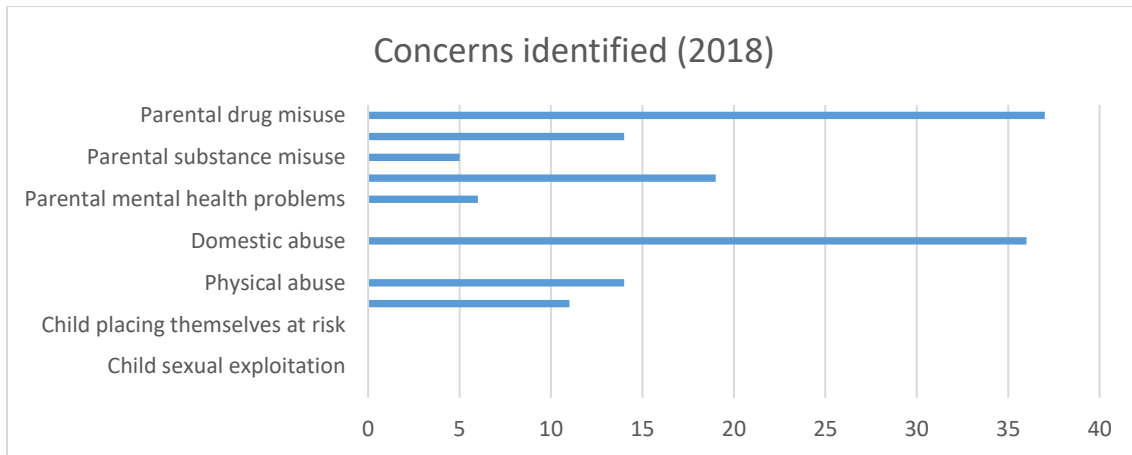


The unemployment rate, being a proportion of the economically active population, does not count people who are in full time education. 76% of the 18-24s are economically active. The scale of the youth unemployment problem, therefore, is significant. Further, when taken alongside data that shows almost universal achievement of positive post-school destinations, there needs to be some examination of what happens to young people next.

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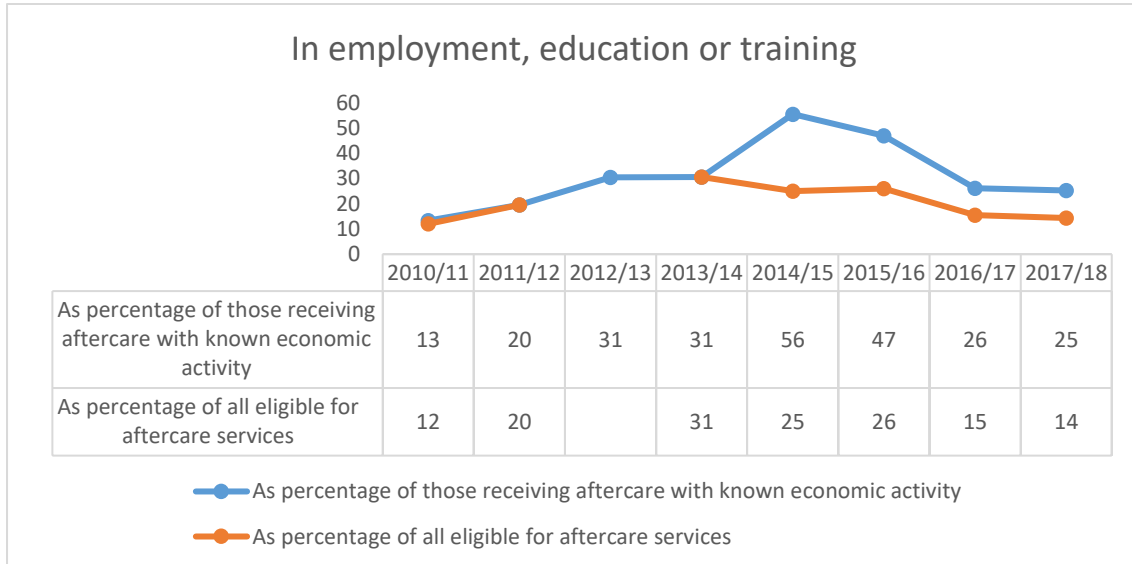
<sup>8</sup> Unemployment is reported nationally as a percentage of the economically active population, not the total population. Further, it is reported for age groups at 16+. Given that most 16-18 year olds should not be in the labour market, it makes more sense to look at the 18+ age group when considering unemployment. However, for the 18+ group the data supplied is for unemployed as a percentage of the total population. In order to provide a valid comparison, the data for 18+ here is based on calculated estimates of economic activity.

As at 31<sup>st</sup> July 2018 there were 127 children on the child protection register in East Ayrshire. Parental drug misuse and domestic abuse were the most commonly identified concerns.



At the same time there were 401 looked after children. One-fifth of these were aged under 5, while 11% were 16 or over. 91% were looked after in the community rather than in a residential setting. This balance has not varied much over the years since 2010/11.

The importance of aftercare to positive outcomes for care leavers is seen in the following data:



In the four years between 2010/11 and 2013/14, all East Ayrshire care leavers had a pathway plan in place. After that, the proportions were variable, ranging from 50% in 2015/16. The pattern varied exactly with the percentage who had a pathway coordinator, and also varied in a similar way with the proportion of care leavers who received aftercare services. The graph above shows that the proportion of care leavers with a positive outcome in terms of being in employment, education or training was higher for those who received aftercare services.