Kent County Council

Early Intervention and Prevention Strategy

2012- 2015

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Our commitment to children, families and young people in Kent

Schools, youth services, children’s centres and health services provide education, advice and health care to all of the children, young people and families in Kent, whatever their individual needs. All of them have professional staff to help you if you are struggling in school, are new parents, parents of very young children or need specialist medical help.

For those families, children and young people struggling to cope with more serious issues in their lives - circumstances that are affecting their ability to learn or feel safe, or disrupting the whole family - we will work with you to understand the root of the problem and decide what we can all do to sort that out.

We know that you want to be able to make your own path and that is what we want for you too. We will be around only until you are sure you can manage everyday life and be safe without our help.
1 Introduction

This strategy is a statement of how we will deliver better, earlier support to those children, young people and families who need it. It sets out what we expect early intervention and prevention services to achieve and how we will make sure that they do so.

We have the highest aspirations for children and young people in Kent and want them to grow up safe, healthy and happy. We want them to enjoy and benefit from educational and social opportunities that maximise their skills and develop their abilities so that they can reach their full potential as citizens and parents of the future.

We recognise that a vital part of ensuring this happens is to ensure that the needs of vulnerable children and families are met at the earliest opportunity – and that we mobilise this support quickly. If we build up an effective network of services to respond to emerging need in this way, we will build greater resilience and independence in families, more trust in services and reduce reliance on more complex forms of care and support. All of us will benefit from this, and all of us support it.

Greater focus on managing early intervention well will mean that all practitioners working with children and families are more proactive in identifying needs. Through this focus we will better understand the value of a multi agency response, thus avoiding duplication and providing better quality support to families.

This strategy adopts the following definition of prevention and early intervention:

**Prevention** is seeking to anticipate and/or avoid something from happening or getting worse.

**Early intervention** is intervening early and as soon as possible to tackle problems as they emerge for children, young people and their families or with a population most at risk of developing problems. Effective early intervention may occur at any point in a child or young person’s life and must act as the vehicle to prevent a problem escalating or becoming entrenched. 1

This is a multi agency strategy, which is supported, and will be implemented, by a wide range of partners and providers across the statutory and voluntary sectors.

1 C4EO for the sector from the sector Early Intervention Desk Study August 2010
Guiding principles of early intervention in Kent

- Prevention is a continuum and we are committed to building collective understanding of different kinds of need, so that we can better meet them.
- It is never too late to positively intervene.
- Every practitioner working with children, young people and families is responsible for acting on an identified problem and ensuring that action is taken to assess and resolve it.
- Collaboration with colleagues is essential and we have simple, single processes to enable this.
- We are continuously learning about our effectiveness as organisations and about what works for families, young people and children.
- Our aim is to build resilience and confidence in families, children and young people. We respect the resourcefulness of families and individuals and will work with them in partnership to give them the skills to make informed choices, reduce negative influences and increase their engagement in positive activities.
- Where children are suffering significant harm and the required change cannot be made we will act decisively in order to protect them.

Kent Context

Kent has a population in excess of 1.4 million; the general population is growing at a rate significantly in excess of the regional and national average. The child population is currently 350,000\(^2\), and although there is a slight drop forecasted (between two and three thousand) over the life of this strategy, the child population is predicted to rise again after 2014. This masks some considerable changes to the child population figures across Kent’s twelve districts over this period, with some districts seeing falls and a number seeing considerable increases. Within this changing population the proportion of children with disabilities, particularly profound and complex needs, is rising. This is a national trend and it brings commensurate increases in demand for services.

The county is diverse and has many contrasts including ethnic and linguistic diversity and wide socio-economic disparities. 77% of residents live in urban areas and towns, and 23% live in rural areas. Although the county is affluent with incomes levels and property values which are significantly higher than national averages, this disguises the fact that there are pockets of high deprivation. The most deprived areas of the county are the coastal fringes of Thanet, Dover, Deal, Shepway and Swale in the East, but also Dartford and Gravesend in the West. Kent is below the regional

\(^2\) Mid-Year 2010 0–19 years
average for skills; 28% of the working population has no qualifications. The average household income in Kent is lower than in the rest of the South East.

There are some 53,000 children (17% of the child population) who live in poverty in Kent. Almost 90% of these children are under the age of 16. This is lower than the national average of 21% but higher than the South East average of 14.5%. The greatest child poverty is in Swale, Shepway and Thanet with rates over 20% contrasted with rates of only 11% in Tonbridge & Malling, Sevenoaks and Tunbridge Wells.

Based on the January 2011 pupils census, Kent has a predominantly White population of children, with 84.2% White British and 4.7% Any Other White. 3.6% were from Mixed/Dual background, 1.3% Asian or Asian British, 1.4% Black or Black British. Some districts have greater variation of ethnicity, most notably Gravesham with a 12.3% Asian or Asian British pupil population.

Some particular challenges:

- 17.1% mothers still smoke at time of delivery.
- At Year 6, 14.6% of children are recorded as overweight and a further 18.2% are recorded as obese.
- High numbers of young children in some of our more deprived communities who are not “school ready” on entering primary school.
- High numbers of permanent exclusions, particularly for children who are cared for by the local authority, children and young people with special educational needs and those from Kent’s Gypsy, Roma, Traveller communities.
- Achievement gaps at key Stages 2 and 4 for children who are eligible for free school meals, children cared for by the local authority and children with special educational needs.
- The percentage of young people in care, care leavers and disabled young people who are “not in education, employment or training.
- The number of children subject to a Child Protection Plan is 51.6 per 10,000; much higher than our statistical neighbours.

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3 Children aged 0-15 years HMRC
2 Our objectives for early intervention and prevention

The Target Group

For the majority of children and young people, high quality universal services will enable them to achieve good outcomes and reach their full potential. However from time to time some children will become “vulnerable”. They may have difficulty making a transition from primary to secondary school, their development may be delayed, they may break the law or have emotional difficulties. Others are vulnerable because of family circumstances or environmental factors or needs related to health or disability.

We need to be able to respond both to early signs of problems and to situations which have escalated. It is a wide continuum. For example, preventative work with young people who are in care to develop the protective qualities they will need to reduce the likelihood they will become substance abusers or teenage parents is part of this work. Informing new parents of the services available to them and the importance of immunisation is also included.

In organisational terms, we must support the work of universal services, such as schools, which need to be able to access high quality early intervention and preventative services in order to perform their role more effectively – and recognise the substantial contribution universal services make to identifying and meeting needs early.

The Improvement Notice to which Children’s Social Services has been subject since 2010 provided the impetus for us to analyse why the existing arrangements were not delivering the results required and prompted us to move towards the arrangements proposed below. This direction of travel is also confirmed in the recent Kent Virtual School (for children in care) and Fostering Inspections.

The Ofsted findings, combined with our needs assessment⁴ have highlighted key groups of individuals and/or stages in the lives of children and young people where the need for prevention and early intervention is particularly acute. This Strategy is therefore focused on those priority areas:

- Safeguarding
- High need Families
- Early years

⁴ JSNA, CYPP root cause analysis
• Vulnerable adolescents
• Emotional health and wellbeing
• Disabled children & young people and their families.

This focus on particular population groups will enable us to identify early some of the most common challenges facing vulnerable children, young people and families. It will also give a renewed sense of purpose to our early intervention services. We know that this is only the beginning and that making this Strategy a reality is the first test of partners’ commitment to it.

Embedding early intervention and prevention services

This strategy signals the commitment of all of the agencies and organisations working with children and families to:

• meet children’s needs at the earliest stage to prevent them from entrenching or escalating and requiring support from more specialist services;
• narrow the gap in health, wellbeing and educational outcomes between the majority of children and young people and those who are more vulnerable to poor outcomes;5
• support the structures and processes we have put in place to enable collaboration between front line workers, especially the Common Assessment Framework (CAF) and teams around the child/family;
• build effective governance arrangements through the multi-agency Joint Commissioning Board and its local partnership arrangements, to oversee impact and investment in early intervention and prevention; and
• co-ordinate local management of services and providers, to ensure that teams around the family and child are as effective as possible.
• support front line practitioners, so that they know what is expected of them and how to access support for families at each level.

We know that the way we organise and manage our early intervention services is crucial to their success. The key to successful early intervention is timeliness, clarity of purpose and collaboration. Effective use of the Common Assessment Framework and Teams around the Child/Family will ensure this happens.

Kent County Council has recommissioned a wide range of services to ensure that all of our early intervention services are clear about the need they are meeting and are delivered by experienced providers. It has reorganised and increased its dedicated early intervention teams to increase our capacity to deliver, manage and coordinate care pathways (particularly between universal and preventative services), and specialist and preventative services.

5 Healthy Child Programme, CAMHS Action Plan, Raising Aspiration, Supporting Achievement (narrowing the Gap)
Performance management will be clear and robust; supply and demand will be continuously monitored. We will ensure that referral processes are fit for purpose. We will use the Common Assessment Framework as it was intended to be used, i.e. as a mechanism for coordinating, recording and reviewing a package of multi agency support and intervention for individual children and families.

All of our universal services – schools, health, children’s centres, youth services – have a strongly preventative element to their work and this strategy recognises both the validity of the single agency response in early intervention and the importance of clear, effective pathways from this level of universal work to more complex preventative interventions.

The diagram below sets out the different levels of need around which we organise services:

Our universal services provide the protective qualities upon which every child and young person relies, whether that be early development, a good education or an understanding of how to manage their health and wellbeing. They also support children and young people with additional or differing needs as a matter of course.

A CAF is initiated when a child, family or young person has needs which are clearly not going to be met by a single universal agency. At the point of initiation, we have a process which screens submissions and supports the process of assembling a team around the child or family. Children and families are involved in developing CAFs and they are our core means of measuring and monitoring the progress we are helping children, families and young people to make.

The primary aim of our early intervention and preventative services is to intervene quickly and effectively to prevent a child’s or family’s difficulties escalating further and to equip them with the skills and insights they need to cope independently of
services in the long term. The universal services they access and who work with them play a crucial part in any team around the family plan.
3 Delivering early intervention and prevention

What services are available at each level of need

(i) Additional needs managed in universal settings

Each universal service (schools, children’s centres, health, housing) undertakes a significant amount of preventative work through their capacity to work more intensively or in a differentiated way with children, young people and families with additional needs, such as speech and language difficulties, unsettled accommodation, children in care and those whose learning is disrupted by a bereavement or illness.

This means that all children’s services’ frontline staff are potentially involved in early intervention and preventative work. All schools in Kent provide additional support for their pupils as a matter of routine, whether this is through their own in-school resources, through purchasing additional support using their delegated budgets or through accessing support from other local schools or local universal services. Many children’s centres provide outreach support, using the skills and experience of voluntary sector providers. Practitioners in universal settings also have a role in identifying additional needs that cannot be met by their own service acting alone; and in signposting families and young people to specialist services for more complex and acute needs.

In some cases, this additional support will be accessed, commissioned or purchased directly from a single agency by a practitioner in a universal setting. Examples of this would be a school seeking advice and support around a child’s learning, communication or behaviour needs via their Local Inclusion Forum Team meetings; or purchasing additional educational psychology support, securing home education support or bereavement counselling.

(ii) Low to vulnerable needs (CAF required)

Where the challenges facing a family are more numerous, complex and/or severe, a practitioner working in a universal setting often, but not always, initiates a CAF. This enables us to respond to more complex needs quicker by bringing in the support of the CAF Coordinator, who will help mobilise the team around the family or child and monitor progress. We have a full time CAF Coordinator and administrative support in each district, working within an Early Intervention Team – see below.

In each case, services will work to an agreed set of objectives with individual children or young people and often their families to ensure that the situation is quickly
stabilised, and the necessary support and advice is provided to enable the family to be able once again to thrive with the support offered by universal services.

The needs of families, children and young people at this level of need vary widely, but represent quite serious challenges to their ability to cope with everyday life. Often, a change of circumstances or an additional challenge provokes an increase in absenteeism from school or challenging behaviour and our aim is to resolve the underlying issues quickly so that children and young people do not fall into negative patterns of behaviour or, worse, become characterised by them.

A wide range of early intervention services have been commissioned by Kent County Council which can be accessed locally. The services available include:

- Intensive Family Support workers
- Adolescent support workers (to work in the district-based teams)
- Support for young carers
- Family advice workers
- Emotional health and wellbeing services (part of the Community Child & Adolescent Mental Health Service jointly commissioned with NHS Kent & Medway)
- Family mediation service
- Projects to build positive relationships
- Services to build protective factors with young people who have witnessed domestic abuse

The new early intervention teams we have established in each district will support practitioners in universal services with their own preventative work, and also with the CAF process and the mobilisation of teams around the child and family.

We are also bringing together all of our targeted services for vulnerable adolescents, so that:

- young people, practitioners in universal services and other early intervention workers can work with each other more easily; and
- they can share their knowledge and expertise.
(iii) High or complex needs

Approximately 1.4% of children and young people in Kent have been identified as having high or complex needs. These children are likely to require specialist support because they are highly vulnerable or experiencing the greatest level of adversity. Some of these children and young people will have a CAF, but many of the services at this level are themselves multi disciplinary so it is not always required.

These services might include: specialist children’s services, education support services, specialist health or disability services, the youth offending service, targeted drug and alcohol services or specialist CAMHS. For the majority of children this support will be short term and intensive, reducing their level of need and enabling their needs to be met through universal services in the long term. For some children with multiple problems, support may be longer term with ongoing monitoring.

For children in and at the edge of care, an area-based Access to Resource Panel agrees the package of care. New services are being commissioned at this level, for example, a Crisis Intervention Service.

Many of the children and young people experiencing the types of difficulties that require this level of support are adolescents, which is why we have invested heavily in aligning and where possible co-locating practitioners working with adolescents. This is so that they can benefit from a richer mix of expertise and we can make better use of resource.

(iv) Complex or acute needs

Approximately 0.5% of children and young people are experiencing or are at risk of significant harm. The services they require are usually statutory and might include: children’s social care, in-patient CAMHS services, specialist disability services, targeted drug and alcohol services and the youth offending services. A small number of these children may require ongoing services at this level, for example those who become cared for. However, for the majority the emphasis will be on working with the child and family to reduce the level of risk and ultimately the need for statutory intervention where it is safe to do so.

It is likely that children and young people at this level of need will also require the support of preventative services, such as support to build positive relationships or to manage the impact of domestic abuse, because their inherent additional vulnerability makes them susceptible to additional risk.
How early intervention services are organised and managed

The diagram below indicates how practitioners at every level work together to intervene early and deliver preventative services:

The critical elements of our early intervention services, on which our ability to be flexible, responsive and effective depend, are:

**Early Intervention Teams**
These new teams will provide an in-house resource to respond to the whole range of families’ and young people’s needs, from universal to high/complex. They will also provide the vital link that universal services and, in particular schools and children’s centres, need to be able to access quickly when they need additional support.

These teams will also build strong collaborative relationships with other services and agencies to enhance their own capacity to deliver, as well as the whole system’s capacity to respond to and manage cases all along the continuum of need.
These teams will support universal services with their preventative work which does not require a CAF, as well as working in teams around the family/child and being the main link to specialist children’s services, to ensure a smooth “step down” to a lower level of support. They therefore work right across the continuum. This better reflects the reality that families’, children’s and young people’s needs change over time and therefore require continuity and integration of approaches.

Common Assessment Framework
CAF’s will be a true record of progress with the family or child and CAF Coordinators will have an important role in quality assuring CAFs, as well as encouraging participation in teams around the family and monitoring demand.

In future, lead professionals will effectively coordinate services for the family, rather than relying on the Coordinator in each district. Lead professionals will be appointed on the basis of who is most appropriate in any given case and not on who has initiated the CAF. They will come from a much wider range of professional backgrounds than in the past; and take a leadership role in the team around the child or family, as well as providing professional support to the child or family.

The Early Intervention Team Manager in each district will lead a scaled down Single Point of Access process, to deal only with more complex cases. They will also have oversight of the CAF Coordinators and their work; and support them in monitoring demand and mobilising teams around the child or family.

Early Intervention Delivery Managers

These area based managers will work across in-house, commissioned and universal services to manage the quality and supply of all early intervention and preventative services. They will performance manage the externally commissioned services with the Commissioning Unit, and provide vital intelligence on emerging needs and priorities.

They will also help prepare us for a future in which families will rely to a significant degree on services that are not necessarily directly managed or commissioned by us. As part of their work to develop the knowledge and effectiveness of the workforce, the delivery managers will include all of the agencies and services working with children and families in the early intervention network and work alongside them to make the best use of resources and secure better outcomes for families.
Management

The management structures we have put in place, and the additional capacity for building the collaborative arrangements that will support teams around the child, will bring about a step change in the quality and responsiveness of our early intervention services.
Performance against outcomes in each agency and organisation will be monitored and measured in a clear and effective way, through clear accountabilities within services and strong contractual arrangements. These performance data will be shared through the governance arrangements.

Governance

Local partnership arrangements will provide governance at district level. The format and membership of these groups is currently the subject of review, but they will be accountable to the Children and Young People’s Joint Commissioning Board and carry out the standard functions of a multi-agency governing partnership, as illustrated below.

There will be links with other local partnerships at both district and county level, for example focusing on health and wellbeing and community safety, with the former set of arrangements focusing on operational oversight and the latter on joint vision and direction.
The Local Boards will be made up of the key agencies working with children and young people - as well as services primarily catering for adults, such as the Police, housing services, probation and domestic abuse organisations – so that we can adopt a family approach.

They will make things happen by:

- responding to data about need and service effectiveness;
- assessing the impact of the total resource spent on children, young people and families in each district;
- smoothing any problems with collaboration and ensuring ways of working are operating as intended;
- building new alliances and relationships;
- ensuring there is a common understanding of the core strategic purpose of early intervention and prevention; and
- leading that vision through the activities of the services and agencies they represent.

Centrally, the Children and Young People’s Joint Commissioning Board has overall responsibility for oversight of early intervention and prevention in children’s services. This is a multi-agency board comprising directors of all of the core services and agencies, including headteachers. There are four sub groups of the Joint Commissioning Board:

- early intervention and prevention;
- children and young people with complex needs;
- children and young people living away from home
- emotional health and wellbeing

The Early Intervention and Prevention sub group will provide an important layer of support and challenge to local arrangements, as well as ensuring that there is consistency of practice and equity of service throughout the County. The members of this sub group are also able to make a reality of the desire for greater collaboration and to embed learning from front line practice in their services and organisations.

Collaboration is at the heart of Kent’s early intervention and prevention services. We are redesigning services in line with the principles set out at the beginning of this strategy and will continue to systematically:

- scale up successful practice and innovation;
- co-locate practitioners working with the same priority group; and
- build ever greater reliance on the core mechanisms that drive good early intervention systems: CAF, family focus and monitoring of impact.
4 Outcomes

The headline outcomes we expect to achieve for each of our priority groups are:

**Safeguarding**

- Reduced number of children in care and as a consequence, improved quality of the care to those children who are looked after in Kent; and
- Reduced number of children in need through more timely intervention to prevent escalation of difficulties.

**High need families**

- Greater stability and resilience;
- Improved engagement in education, work and training;
- Improved parenting skills; and
- Reduced levels of anti social behaviour and number of violent and serious incidents.

**Vulnerable adolescents**

- Improved stability of accommodation;
- Improved ability to manage transitions and relationships;
- Increased engagement in positive activities;
- Improved educational outcomes at ages 16 and 19;
- Improved participation in 14-19 vocational pathways and take up of employment with training, including apprenticeships;
- Reductions in exclusion and absence from school;
- Reduced levels of offending, re-offending and anti-social behaviour; and
- Reduced levels of drug and alcohol abuse.
Early years

- Significant improvement in key health indicators around smoking, breast feeding and immunisation;
- Improved readiness to learn; and
- Stronger families.

Emotional health and wellbeing

- Children and young people get the help they need earlier; and
- Universal services are better able to identify and support children and young people with emotional needs.

Disabled children and young people

- Disabled children, young people and their families are supported through a range of provision, including short break services; and
- Disabled young people are supported in their transition to adulthood and enabled to realise their potential and aspirations.
5 Priority Areas

As set out in the introduction, Kent’s needs analysis, particularly in the context of the rising number of children being referred into specialist services, has identified the priority areas for early intervention and prevention as:

- **Safeguarding** children from harm and preventing problems escalating;
- Focusing services on **high need families**;
- Meeting the needs of **vulnerable adolescents**;
- Ensuring support for **early years**;
- Improving the **emotional health and wellbeing** of children and young people; and
- Ensuring early support for **disabled children, young people and their families**.

None of these priorities can be seen in isolation as children and their families may have a range of needs that span a number of these priority areas.
Safeguarding

Outcome

We want children and young people to be nurtured and protected in their families and to be safe at school and in their communities.6

Safeguarding children and young people is fundamental to all we do. Key to this is ensuring that:

- all agencies work together with families and communities to keep children safe;
- all children in need of safeguarding and protection receive appropriate services as and when they most require them;
- children are appropriately referred to specialist children’s services when required; and
- all agencies share information effectively to keep children safe and ensure they have access to services in a timely manner.

Addressing needs and issues in Kent

The Kent Safeguarding Children Board (KSCB) has a key role to play in ensuring that all children are safeguarded. The Board was restructured following an independent review, and is now a strong scrutiny group which is concerned primarily with:

- the need to ensure an outcomes-based approach to safeguarding children which focuses on improved outcomes for children and builds on what works;
- embedding the understanding that children are part of families and that a coordinated approach to working in partnership with families is required to address need and wider issues impacting on children’s safety;
- the need to strengthen partnership relationships and ensure that staff have the skills and support to manage risk; and
- the need to further develop robust quality assurance systems.

Kent has higher rates of referrals to children’s social care than comparator authorities (742 per 10,000 population in 2010/11 compared to our statistical

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6 Priority 1 CYPP 2011-12
neighbour average of 533 in 2009/10) and this figure has been rising since 2009. Whilst the proportion of children with Child Protection (CP) Plans has remained fairly constant since 2009/10, Kent still has a higher proportion of children with a CP Plan than comparator authorities; a greater proportion of whom are subject to the child protection process for long periods. This clearly raises a number of questions about the early identification of safeguarding issues, the level of effectiveness of services in meeting low need, preventing problems escalating and the ability to reduce the need for intervention through protracted child protection processes.

We believe that the effective implementation of the Common Assessment Framework is an essential part of addressing some of these issues. Use of the CAF in Kent has increased since it was first implemented. Between April 2010 and the end of March 2011, 1467 common assessments were completed - an increase of 55%. This information, together with analysis from other sources, has informed the re-commissioning of early intervention and prevention services and will help ensure that safeguarding issues are identified early and dealt with appropriately, as well as broadening engagement in safeguarding activity.

**Priorities for Action**

- To further develop and improve the CAF and Team Around the Family (TAF) approach, and ensure we are commissioning appropriate services to address unmet need and improve outcomes. This will be based on the current analysis of CAF and TAF plans to date.

- To develop the multi agency Central Referral Unit so that it is able to respond to initial contacts and referrals quickly and effectively to ensure a responsive service at the most appropriate level.

- To work with partners to ensure that there is early identification of safeguarding issues and the provision of appropriate support for children and their families, thus preventing problems escalating and the need for targeted intervention. A key element of this work will be increased completion of CAFs from all members of Child Protection Partnerships.

- To ensure that Child Protection Plans lead to lasting improved child safety and wellbeing. Action will be informed by analysis.
High need families

Outcome

We want all children and young people to be supported by their families to achieve their full potential.

Key to this is that:

- children and young people are supported to have positive relationships with their parents and family;
- parents and carers are able to provide good parenting; and
- co-ordinated support for families in greatest need is provided at the earliest point in order to prevent crisis situations.

Addressing needs and issues in Kent

High need families are those who are more likely to experience multiple difficulties and thus require more targeted/ specialist support. Identifying these issues early and providing co-ordinated support at an early stage helps ensure that children’s problems do not escalate.

Analysis of referrals and re-referrals to specialist children’s services in Kent indicates that these families are more likely to be those who experience:

- poverty;
- domestic violence;
- housing difficulties including homelessness;
- parental disability, illness or mental health problems; and
- parental substance misuse.

We know that those families with the greatest needs are likely to have a complexity of difficulties and that there are frequently a number of services involved with the family. The cost of these services can often be high, and crucial to success is good planning and coordination to address the needs of the whole family.

We have in recent months:

- introduced a Family CAF and a Team Around the Family (TAF) approach to working with these families;
• begun work on our Troubled Families agenda, which will accelerate all of our work to improve outcomes for our most needy families and involve more services in integrated support packages;
• ensured that our preventative services are targeted where the need is i.e. those with high and complex need.

Parenting

Parents clearly play the most important part in their children’s development and establishing services to address parenting needs across the continuum has been essential over recent years. Kent has developed 97 children’s centres across the county. Children’s centres provide an integrated early years and family support service with partners in health, job-centre plus, early years, adult and family education. In 2009/10, 56,983 parents were supported through children’s centres or Family Liaison Officers, a figure that has doubled in the past 2 years. We are reviewing how children’s centre services can be best delivered to support families, including the extension of the age range for families with a child under the age of 5.

We have an established and nationally recognised outcomes framework for our parenting programmes that all of our providers adhere to. We are about to commission the delivery of these valued and essential programmes to support our most needy families and will design pathways around the programmes, so that their impact is sustained and long lasting.

Family support

We have commissioned two new services to support vulnerable families in Kent.

**Intensive Family Workers** will be teams of experienced and skilled practitioners working with families in focused, time-limited interventions. There will be four area teams, which will work closely with KCC’s district-based teams and with other commissioned services.

The service will be outreach and highly personalised. Intensive Family Workers will be helping some of the most vulnerable families in Kent to overcome complex difficulties, such as the impact of poor mental health, domestic abuse and substance misuse. It is likely that most families will need a combination of practical and emotional support and the service should ensure that the three spheres of (i) parents and carers’ capacity; (ii) family and environmental factors; and (iii) children’s developmental needs are addressed, whatever the original prompt for referral.

**Family advice workers** will offer families:

• advice about services the family could and should be accessing
• brokerage of these services, where necessary
• emotional support to cope with changes or deterioration in circumstances
• support to children and adolescents living in challenging circumstances

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7 Kent Children’s Trust Strategy for supporting parents in Kent: Think Family, 2008
8 Review of Children’s Centre in Kent, June 2011
- parenting advice
- help with coping strategies
- reliable, dependable support
- advice about employment options, using the expertise of Jobcentre plus and agencies working with families where worklessness is a major issue

Our hope is that, as a result, families will feel better able to access universal services and, where possible to develop positively without becoming dependent on additional support.

This is also primarily an outreach service, with strong links to our children’s centres.

**Domestic Abuse**

A high proportion of Specialist Children’s Services referrals are as a result of concerns about domestic violence where children are living in the household.

As part of the Kent and Medway Community Safety Partnership, a domestic abuse strategy has been developed. This includes a detailed action plan to:

- reduce domestic abuse and change attitudes;
- provide support to victims of domestic abuse;
- protect victims of domestic abuse; and
- improve multi-agency working arrangements.

The Kent and Medway Domestic Abuse Strategy Group is working on a number of initiatives to increase the focus all agencies give to domestic abuse and is increasingly interested in preventative measures. A prominent example is the proposal to jointly commission Independent Domestic Violence Advisers, to ensure better coverage – and better outcomes – across the County.

The Children’s Commissioning Unit has let two contracts to work with children and young people who have experienced domestic abuse to ensure they develop more positive views of relationships and help prevent them becoming either perpetrators or victims.

**Troubled Families**

Kent is working in partnership with district councils to turn around the lives of ‘troubled families’. The County Council has expertise to offer on substance misuse, family support, child protection, education and youth offending, and like other agencies such as the Police, Kent Probation and the NHS, either directly delivers or commissions many of the services used by troubled families. District and borough councils have expertise in community safety, some elements of welfare benefit and housing, and likewise, either deliver or commission the associated services. The
role of the voluntary sector to support this agenda is also significant providing complementary services and fulfilling many of the commissioned services contracts.

To make the difference we aspire to, we need to ensure that all of these services are working more effectively together: sharing information, reflecting on how those families most in need of support access it and identifying duplication, gaps and weaknesses in our current systems. District councils, in addition to their service expertise, may have a greater local knowledge about families and communities and are ideally placed to make the links not just between services, but between the various governance arrangements around children and young people, communities, community safety, health and wellbeing and so on.

What we have learned from our Family Intervention Programmes and Community Budget pilots is that this is not about creating new programmes or services, but about better understanding the impact of existing ones in particular families, communities and local circumstances – and then acting on that knowledge.

The programme will maintain our focus on identifying families in need and prioritising them for support; and be the catalyst for a new dynamic in our discussions about how we best design and align services to achieve better outcomes, and make the most of our total investment.

**Priorities for Action**

- To embed high quality family support services.

- To develop the Family CAF and Team Around the Family (TAF) approach with adult services and other agencies. In particular, to encourage more adult services to follow the lead of Supporting People and KDAAT by routinely raising CAFs where they have concerns, and encouraging and supporting participation in teams around the family.

- To learn from our current work with families with complex needs (Community Budgets) to inform our overall approach to supporting troubled families.

- To review the commissioning of children’s centres through a new outcomes framework which will ensure targeted parenting and family support whilst maintaining a universal front door.
Early years

Outcome

We want infants to be born healthy and to receive the best start in life during their early years.

Key to this is ensuring that:

- there is clear access to universal services especially the Healthy Child Programme;
- new parents receive the information, help and support they need to make informed decisions at a time when they are most receptive;
- children entering school are ready to learn and have sufficiently developed social and emotional skills for their age group; and
- families most in need of support receive early help.

Addressing needs and issues in Kent

Good health in the early years is a key factor to improving outcomes for all children. Needs analysis in Kent shows that smoking during pregnancy has increased, with 17% of mothers in Kent smoking at the time of delivery; this rate is above the national figure, and means that nearly 3,000 children are being born each year in Kent with increased risk of a variety of negative health outcomes. Only 40% of mothers in 2009/10 were breastfeeding at 6-8 weeks from birth, (compared to a national average of 45%). This means that over 8,000 babies a year are not receiving the health advantages this confers.

We also recognise that there is a need to promote universal immunisation for all pre-school children and increase rates across Kent to 95% to ensure collective immunity.

There is also a need to ensure that all eligible families have access to the Healthy Start programme. This provides vouchers for milk, fresh fruit and vegetables and infant formula and vitamins for women and children.

The proportion of children classified as obese in Reception and Year Six in Kent has slightly increased in line with the national trend. However, obesity in both the Reception and Year Six has remained slightly below the national average for the last three years. Focused work in school has resulted in over 90% of pupils now participating in two hours of high quality PE and school sport per week compared to 64% four years ago.

\[9\] CYPP 2008-11 end of plan review
The new national health visiting model is being implemented\textsuperscript{10} on an incremental basis in Kent as capacity in the health visiting service increases.

The Family Nurse Partnership programme is also being implemented in Kent starting with Swale and Thanet where appropriate numbers of eligible first time teenage parents have been identified. The programme will support vulnerable young first time parents and improve short and long term outcomes for their children by providing intense intervention from 16 weeks pregnancy to the time at which the child reaches their second birthday.

Whilst Kent continues to see improving results in the Early Years Foundation Stage we also acknowledge that poor outcomes at this stage directly correlate to communities where deprivation is higher, and are also more likely where pupils are cared for by the local authority or have special educational needs. It is important to maintain a preventative approach in early years learning as we know from our data at Key Stage 2 that the attainment gap continues to widen as children progress.

Integrated early years support has been provided by the 97 children’s centres across the county and targeted work has begun in both the pre-schools and schools serving our more deprived areas. This work has included work with parents of young children utilising programmes such as ‘Parents as Partners in Early Learning’. It has resulted in a significant improvement in attainment in the early years for all children in Kent, and most specifically those living in the 30% most deprived areas.

\textbf{Priorities for Action}

\begin{itemize}
  \item To implement the Children’s Centre Commissioning Framework in order to address the needs of children and their families and to target support to those in greatest need.
  \item To improve the health of babies and young children aged 0-5 through an integrated approach to the delivery of the Healthy Child Programme.
  \item To ensure effective roll out of Family Nurse Partnerships, building on the initial work being undertaken in Thanet and Swale, which addresses the needs of the most vulnerable first time young parents, many of whom are currently receiving targeted and specialist support.
  \item To strengthen the working relationship between children’s centres, early years settings and schools in order to improve the quality of early years education, improve readiness to learn and ensure young children and their families in need of early support can access this at the earliest point.
\end{itemize}

\textsuperscript{10} Health visiting Implementation Plan – A call for action. DoH (2011)
Vulnerable Adolescents

Outcome

We want all young people to be valued, engaged and to realise their full potential.

Key to this is ensuring that adolescents:

- are engaged in learning and have access to recreational, health and social activities in welcoming settings;
- are viewed positively in their communities, where they have the opportunity to play a full and active part;
- have the opportunity to build their knowledge of emotional health, risk taking and relationships.
- are supported in accessing specialist services when they experience difficulties;
- have access to support if they become parents, to ensure that they are able to meet the needs of their children and continue to aspire and achieve;
- have the opportunity to influence the delivery of services; and
- are supported to develop self esteem and the skills they need for transition to adulthood, and where necessary through also supporting their parents and carers.

Addressing needs and issues in Kent

Outcomes for adolescents can be understood through risks and protective factors which increase positive outcomes\textsuperscript{11} including individual attributes and their experiences at school, in their family and community. When protective factors fail, it increases the chances of risk-taking behaviours and other negative outcomes for adolescents. Although it is not possible to attribute certain risk factors to particular outcomes, adolescent services can usefully build protective factors in order to mitigate the likelihood that young people will be negatively affected by risk. Identifying risk factors is a useful way to target services to those young people who need them most and for whom future prognosis is poor. Key groups of adolescents who are particularly vulnerable include:

- young people who are cared for;

\textsuperscript{11} Young,blade et al (2007) ‘Risk and protective factors I the Family , School and Community: A contextual model of Positive Youth Development in Adolescence’ Pediatrics 119 547-553
• young offenders;
• young people who are affected by parental substance misuse and mental ill health;
• young people who are disengaged from school and training; and
• Young people who are in need and homeless.

**Education, employment and training**

Analysis shows that there is a need to improve outcomes for all pupils. However there is a gap in attainment between some young people who may be vulnerable (including children in care) and their peers. The achievement gap at GCSE widens further and we know that persistent absence rates are often higher for these vulnerable groups of young people.\(^\text{12}\) Despite improvement, the persistent absence rate in Kent secondary schools is still higher than the average for our statistical neighbours and the national average. In addition, too many young people in Kent are excluded permanently from school and remain outside the mainstream education system. In order to address these issues Kent County Council is developing an Inclusion strategy with schools and other stakeholders.

The strategy aims to:
- improve progress and achievement;
- reduce the number of fixed term and permanent exclusions, particularly in relation to children in care, those with Special Educational Needs (SEN) and those from Gypsy Roma Traveller communities; and
- increase the reintegration of children and young people refusing to attend school.

Collaborative working focused around the needs of the young person and their family will be key to achieving the strategy’s aim of improving outcomes for these identified groups.

The proportion of young people Not in Education, Employment or Training (NEET) has remained consistently better than the national average. In 2009/10 4.9% of 16-18 year olds were NEET in Kent, compared to 6.4% nationally. The downturn in the economy has inevitably had an impact on the numbers of young people who are NEET and there is over representation in this group of vulnerable young people who are cared for by the local authority, care leavers, refugees & asylum seekers and young offenders. In the early months of 2012 there were 2577 16-18 year olds (6.3%) who were NEET with the largest numbers occurring in Dover, Shepway, Swale and Thanet. However the majority of those who are NEET or in jobs without training are in the 17 to 18 year old age group. If we are to improve this situation and achieve full participation by 2015, nearly 6000 more young people aged 16-18 will need to be engaged in education or employment with training over the next three years. As a consequence, this is a high priority within our 14 to 24 Strategy which

\(^{12}\) CYPP 2008-11 end of plan review, March 2011
includes priorities to reduce exclusions and NEET figures; improve participation, provision and outcomes for young people with learning difficulties and disabilities (including better integrated support for them as they move towards more independent adult life); and develop integrated targeted support for more vulnerable young people and those at risk of poorer outcomes and future unemployment.

Positive Activities and Youth work

Personal relationships with peers, resilience and self esteem can all be built through engagement in positive activities. Approximately two thirds of young people in Kent participate in positive activities. This is slightly lower than found nationally or among statistical neighbours. In Kent we know that we need to ensure greater engagement in positive activities of girls, young people over 14 years, those with SEN, disabilities or who are from low income families.

The vision for youth work in Kent is to support young people through adolescence as they make the transition from childhood to adulthood. A new delivery model is being developed which retains a strong universal service, supplemented by more targeted support, which will include youth work, Youth Offending Service (YOS) workers, substance abuse workers and others. The model will have bases situated where adolescents are when they are not with their families: schools, communities and the streets. Multi agency teams of youth workers, YOS workers, adolescent support workers and drug and alcohol teams will be co-located in school and community hubs, and over time more practitioners will join them.

Adolescents displaying risk taking behaviours

Teenage Pregnancy

Over 1,000 Kent teenagers aged under 18 still become pregnant each year; the most recent under 18 conception data has shown a reduction in Kent’s teenage conception rates.

The percentage of young people who report that they receive enough information about how to access advice on relationships has also increased. As well as maintaining our investment in providing information and contraception services, we are also directing resource towards building resilience and the skills required to manage sexual relationships among our most vulnerable girls and young women.

Substance misuse

Analysis indicates that young people who use alcohol are more likely to report poor mental and emotional wellbeing and high levels of disengagement.

Substance misuse has a strong correlation with age with use amongst older young people being higher. High risk of drug taking is associated with young people who:

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13 CYPP needs assessment and root causes analysis 2010
14 The Children and Young People of Kent Survey
• experience family problems;
• feel socially excluded; and
• have a negative relationship with school.

Increasing attention is also being paid to the relationship between ADHD, conduct disorders and other psychological disorders and drug use among young people.

It is therefore crucial that we identify those young people who are most likely to misuse drugs and alcohol and enable them to be assessed and access interventions from a range of integrated services.

Many parents also reported the need for more in-depth information and education on the effects of substance misuse, in order to discourage more young people from becoming involved and to help parents identify signs in their children that could indicate risk-taking behaviour.

**Young People In Care**

The proportion of children that are cared for by KCC has continued to increase.\(^\text{15}\) And the proportion of 14 to 15 years olds entering care has significantly increased. 40% of children in care are teenagers: 21% are 13 to 15 years and 19% are 16 to 17 years of age.\(^\text{16}\) The Ofsted Improvement notice included a number of targets that focus on children in care and through the Improvement Plan, actions are underway which include improving placement stability and education and health outcomes.\(^\text{17}\)

**Housing**

A high proportion of single homeless people in Kent have been identified as young people, and young people are one of the priority client groups under homelessness legislation. As a result, the number of young people being housed has increased. Many of those young people are vulnerable and in need of support, and it is recognised that there is shortage of suitable housing for disabled young people.\(^\text{18}\) The Southwark Judgement (2009) has also led to an increase in the number of young people aged 16-17 who become children in care due to homelessness.\(^\text{19}\)

The Supporting People Programme is taking forward the strategic objectives of partners across Kent to enable vulnerable people to maintain their housing situation, manage their finances, acquire independent living skills and stay safe. The Supporting People Strategy 2010-15 identifies young people at risk as the priority for new service provision, and is planning to expand existing provision which will also

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\(^{15}\) Ofsted Improvement Plan Monthly Performance Report, May 2011  
\(^{16}\) Adolescent Strategy Scoping Report 2011  
\(^{17}\) Putting Children First Improvement and Development Plan  
\(^{18}\) CYPP 2008-11 end of plan review, March 2011  
\(^{19}\) Adolescent Strategy Scoping Report 2011
benefit young people leaving care. More broadly, the Kent & Medway Housing Strategy delivery plan includes specific actions relating to housing needs of young people.

All of our adolescent services have a focus on, and targets relating to, preventing breakdown of housing arrangements.

**Integrated Adolescent Support Teams**

These will work across the range of needs from additional to complex, on a district basis. It is intended that resources will be drawn from social care, education support services and youth services, as well as from other partners where appropriate. These integrated teams will provide a holistic response to young people to reduce high risk taking behaviour, prevent offending, improve behaviour and attendance in school, and reduce the incidents of family breakdown within this age group. This approach will be piloted during the autumn of 2012 in order to inform the roll-out of this approach across Kent.

**Priorities for Action**

- To establish integrated adolescent support teams in each district.
- To establish a rapid response service for adolescents and their families who are in crisis situations. This is being commissioned during the summer of 2012.
- To develop and implement the Inclusion Strategy and the 14-24 Strategy and transform youth services through the new commissioning model, retaining a strong universal focus at the same time as establishing more integrated, targeted support for vulnerable adolescents.
- To undertake further work with housing partners to develop a housing and accommodation strategy that ensures suitable provision is available to meet the needs of vulnerable 16 and 17 year olds (including those who are homeless and care leavers).
Emotional health and wellbeing

Outcome

We want children and young people to enjoy good emotional health, and have access to relevant information and support.

Key to this is ensuring that:

- children and young people can access support at the earliest possible stage, from the most appropriate service.
- families and schools promote positive mental health, reduce risk, and build resilience.
- Needs-led services are responsive, accessible and effective.

Addressing needs and issues in Kent

National figures indicate that approximately 10% of children will experience mental health problems at some point. This equates to approximately 35,000 children and young people in Kent who may require some form of emotional well-being and mental health service during their childhood.

The Ofsted inspection of the Local Authority and Care Quality Commission (CQC) inspection of health services highlighted some significant shortfalls in meeting the needs of children and young people with emotional health problems; most significantly a lack of emotional wellbeing services, resulting in inappropriate demand on specialist services.

In addition, a lack of mental health services for 16 and 17 year olds was identified particularly in West Kent. The inspection also highlighted the need to improve access to specialist CAMHS for children in care. These inspections combined with a recent CAMHS National Support Team (NST) review further identified that:

- there was a lack of early intervention services targeted at those in greatest need;
- services vary across the county resulting in a lack of equality of access;
- CAMHS waiting times exceed national requirements and children and young people wait too long for a service;
- there was a lack of services targeted for those groups identified as vulnerable to developing significant mental health issues;
- there was a lack of involvement of children, young people and their families; and
• further work was required to ensure that children’s needs are being met.

The NST concluded that a whole system re-design was required to address these issues. Action is now being taken to ensure the improvement required through the CAMHS Action Plan and the Ofsted Improvement Plan. This work has included:

• a re-designed emotional well-being and community CAMHS model;

• the re-alignment of £2.4m commissioned spend which is now being used to procure early intervention and preventative services, based on need as well as the more complex CAMHS services;

• the development of common access points (CAP) across all areas of the county to improve ease of access to the right service;

• a focus on reducing waiting times;

• consultation with children, young people and families and their engagement in the re-commissioning process;

• the prioritisation of children in care in specialist services; and

• £750K investment from the NHS to improve access and treatment for 16 and 17 year olds.

**Priorities for Action**

• To align commissioning processes and budgets across Kent County Council and the NHS.

• To embed the newly re-commissioned emotional well-being, early intervention and preventative services.

• To embed the newly re-commissioned emotional well-being and community CAMHS service with a clear focus on vulnerable groups.

• To re-design services for children in care within the overall community model.

• To improve partnership working through a revised multi-agency CAMHS strategy and implementation group.
Disabled children, young people and their families

Outcome

We want disabled children, young people and their families to take an active role in developing their own life plans, shaping flexible and responsive services to meet their aspirations\(^{20}\).

Key to this is ensuring that:

- information about services is readily available to disabled children, young people and their families;
- Universal and targeted services are accessible to disabled children and young people with less complex needs;
- specialist services are targeted to those with severe and more complex levels of need;
- disabled children, young people and their families are supported through a range of provision, including short break services; and
- disabled young people are supported in their transition to adulthood and enabled to realise their potential and aspirations.

Addressing needs and issues in Kent

Nationally, the number of disabled children and young people increased by 62% between 1975 and 2002. There are also increased numbers of children with severe and complex needs. This is due in part to population increases, but also to medical advances and increased diagnosis and reporting. In Kent, Disability Living Allowance information tells us that there are 11,490 children and young people aged between 0-18 with a disability. Swale and Thanet, the two most deprived districts in Kent, also have the greatest number of disabled children and young people.\(^{21}\) We also know that under the wider definition of disability approximately 7% of the child population will be disabled. This correlates to the percentage of children and young people identified in schools at School Action Plus and statutory levels, although analysis shows that we have a higher percentage of children and young people at School Action and School Action Plus than our statistical neighbours, and outcomes for these young people are below the national averages for similar groups at Key

\(^{20}\) Adapted from Kent children’s Trust Strategy for Disabled Children, young people and their parents/carers, 2010-2013

\(^{21}\) Taken from Disability Living Allowance figures for July 2011.
Stages 2 and 4. The government proposals to move to one school-based stage suggests a need to look carefully at how special needs are identified and assessed.

We are reviewing our current provision for special educational needs in the light of government proposals to replace the current statutory assessment process with integrated education, health and care plans by 2014. Kent is part of the South East Seven group of local authorities who are piloting some of the government proposals, including integrated care planning, and this will help to inform the implementation and roll out across Kent of the changes which will be laid out in the Children’s Bill later in 2012.

From 1 June 2012, the Kent Pathfinder has been trialling a new approach to SEND assessment and planning with the full participation of parents, carers and children who will be driving potential changes. The aim is for there to be a single assessment process leading to a single plan, where required, covering education, health and care needs.

From consultation we know that disabled children, young people and their families want:

- clear and accessible information from a single source;
- clearly signposted services;
- co-ordinated support from knowledgeable and trained professionals;
- information-sharing protocols which ensure a seamless continuum of support; and
- responsive and proactive support, close to home.

The Kent Children’s Trust Strategy for disabled children, young people and their parents / carers (2010) identifies seven outcomes we hope to achieve, two of which include a clear focus on early intervention and prevention:

- ensuring equality of access to appropriate services, including short break provision; and
- providing families with the opportunity to receive services within their local community, wherever possible.

We have already seen a number of improvements, which include a dramatically increased number of disabled children whose families are receiving Direct Payments (a rise of 478 in the last four years to a current figure of almost 700). This has enabled families to have greater choice and control over the support for their children. Investment in short breaks through “Aiming High for Disabled Children” has also resulted in significantly increased short break provision, with five times more

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22 Kent Strategy for Disabled Children, Young People and their Parents / Carers 2010 - 2013
children receiving a short break over the year 2010-2011 when compared to 2007-2008. It has also resulted in improved support for young people in transition into adulthood. Disabled Facilities Grants have also played an important role in helping families stay in their homes.

Despite these successes, we recognise that disabled children and young people are included in all priority groups identified within this strategy and that we need to continue to further develop our services, within the resources available. We also need to work in partnership across universal and targeted services to ensure that the needs of disabled children are addressed at the earliest possible stage.

**Priorities for Action**

- To implement the commissioning framework for disabled children and young people. This needs to ensure the development of positive activities and that targeted service provision is meeting need and reducing the requirement for specialist intervention.
- To ensure services involve disabled children, young and their families in the commissioning of new services.
- To embed the SEN Pathfinder in Thanet and learn from its progress.