

**CHILDREN, FAMILIES AND EDUCATION POLICY
OVERVIEW COMMITTEE**

Friday, 27th March, 2009

10.00 am

**Darent Room, Sessions House, County Hall,
Maidstone**





AGENDA

CHILDREN, FAMILIES AND EDUCATION POLICY OVERVIEW COMMITTEE

Friday, 27 March 2009 at 10.00 am
Darent Room, Sessions House, County
Hall, Maidstone

Ask for: Christine Singh
Telephone: 01622 694334

Tea/coffee will be available before the meeting

Membership

- Conservative (11): Mr C J Capon (Chairman), Mr D L Brazier, Mr R B Burgess, Mr A D Crowther, Mr J Curwood, Mr R W Gough, Mr G A Horne MBE, Mr M J Northey, Mr J D Simmonds, Mr R Tolputt and Mr C T Wells
- Labour (4): Mrs C Angell (Vice-Chairman), Mrs E Green, Mr I T N Jones, DL and Mr W V Newman, DL
- Liberal Democrat (1): Mr M J Vye
- Church Representatives (3): The Reverend N Genders, The Reverend Canon J L Smith and Dr D Wadman
- Parent Governor (2):
- Teacher Advisers (6): Mr T Desmoyers-Davies, Mrs J Huckstep, Miss S Kemsley, Mr R Straker, Mr S Thompson and Mr J Walder

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

Item No		Timings*
A. Committee Business		
A1	Substitutes	10.00 - 10.15am
A2	Declaration of Interests by Members in items on the Agenda for this meeting	
A3	Minutes of the meeting held on 16 January 2009 (Pages 1 - 10)	
A4	LCSP Sub Committee - update from meeting on 12 March 2009 - To Follow	
A5	Minutes of the meeting of the Children's Champions Board - 12 February and 11 March 2009 - To follow (Pages 11 - 16)	

A6 The appointment of the new Managing Director for Children, Families and Education.

B. ITEMS FOR CONSIDERATION

B1 Children, Families and Education Budget Monitoring 2008/09 10.15 - 10.40am
(Pages 17 - 42)

B2 Interim Joint Managing Directors update (oral report) 10.40 - 11.00am

B3 PSHE Members Advisory Group (Pages 43 - 110) 11.00 - 11.15am

BREAK - 11.15 - 11.30am

B4 Comprehensive Area Assessment (Pages 111 - 116) 11.30 - 11.45am

B5 Kent Safeguarding Children's Board (KSCB) Annual Report 2007-08 & Business Plan 2008-11 (Pages 117 - 178) 11.45 - 12.15

B6 Kent Children's Trust "Thinking Family" Implementation Plan for Kent Supporting Parents (Pages 179 - 214) 12.15 - 12.30pm

B7 The Implementation and Planning of 16-19 Transition for April 2010 (Pages 215 - 220) 12.30 - 1.00pm

BREAK - 1.00pm - 2.00pm

B8 An Alcohol Strategy for Kent (Pages 221 - 238) 2.00 - 2.30pm

B9 Integrated Youth Support Strategy (Pages 239 - 276) 2.30 - 2.45pm

C. SELECT COMMITTEE WORK

C1 Select Committees- Update (Pages 277 - 278) 2.45 - 3.00pm

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

**All timings are approximate*

Peter Sass
Head of Democratic Services and Local Leadership
(01622) 694002

Thursday, 19 March 2009

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

KENT COUNTY COUNCIL

**CHILDREN, FAMILIES AND EDUCATION POLICY OVERVIEW
COMMITTEE**

MINUTES of a meeting of the Children, Families and Education Policy Overview Committee held on Friday, 16 January 2009 in the Council Chamber, Sessions House, County Hall, Maidstone.

PRESENT: Mr C J Capon (Chairman), Mrs C Angell (Vice-Chairman), Mr D L Brazier, Mr R B Burgess, Mr A D Crowther, Mr J Curwood, Mrs T Dean (Substitute for Mr M J Vye), Mr R W Gough, Mrs E Green, Mr W V Newman, DL, Mr M J Northey, Mr J D Simmonds and Mr R Tolputt

CHURCH REPRESENTATIVES: The Reverend N Genders and
The Reverend Canon J L Smith

TEACHER ADVISERS: Mr T Desmoyers-Davies and Mr J Walder

ALSO PRESENT: Mr L B Ridings, Mrs A D Allen, Mr M C Dance and
Dr T R Robinson

IN ATTENDANCE: Mr K Abbott (Interim Joint Managing Director, CFE), Mrs J Ackroyd (Trust Development Manager), Mr P Brightwell (Policy & Performance Manager - Looked After Children), Dr I Craig (Interim Joint Managing Director, CFE), Mrs P Draycott, Ms S Dunn (Head of 14-24 Innovation Unit), Ms D Fitch (Assistant Democratic Service Manager (Policy Overview)), Mrs S Morris (Head of Strategic Planning & Review), Mr G Ward (Director Resources), Mrs K Weiss (Head of Policy & Performance) and Mrs J Wainwright (Director Commissioning (Specialist Services))

UNRESTRICTED ITEMS

146. Minutes of the meeting - 13 November 2008
(Item A3)

RESOLVED that the Minutes of the meeting held on 13 November 2008 were correctly recorded and that they be signed by the Chairman.

147. Minutes of the meeting of the Children's Champions Board - 3 December 2008
(Item A4)

(1) Mrs Allen, Chairman of the Children's Champions Board, presented the minutes of the meeting held on 3 December 2008.

(2) In response to a question from Mrs Angell, Mrs Weiss confirmed that the Kent Safeguarding Children Board was currently being chaired by the Vice Chairman, and a new Chairman would be elected at their meeting on 9 February 2009. She also

confirmed that the fostering services annual external inspection had shown that the service was performing well and had met all requirements.

(3) Ms Wainwright gave an explanation of how the educational psychologist service defined a “critical incident” and a “sad event”.

(4) Mrs Allen referred to a critical incident that had occurred in her areas and expressed appreciation for the care and support that had been given in the school.

RESOLVED that the Minutes of the Meeting of the Children’s Champions Board held in 3 December 2008 be noted.

148. Notes of the meeting of the IMG on the Medium Term Plan - 20 November 2008

(Item A5)

RESOLVED that the notes of the meeting of the IMG on the MTP held on 20 November 2009 be noted.

149. Children, Families and Education Budget Monitoring 2008/09

(Item B1)

(1) The Committee received the third report on the forecast outturn against budget for the Children Families and Education (CFE) Directorate for 2008/09. It also included a further update on the movement in schools’ reserves based on their half yearly monitoring returns.

(2) Mr Abbott answered questions from Members which included the following:-

- In relation to the reduction in spending on mainstream schools Mr Abbott confirmed that this was partly a result of a reduction in the number of pupils but also there were savings from the Freedom Pass which were reflected in the Medium Term Plan.
- Mrs Dean requested a briefing on the net savings/costs of the Freedom Pass when it has been rolled out across the county.
- It was explained that the different categories for Asylum seekers was based on the categories of grant funding.
- Mr Abbott set out the work that was being done to lobby at national level regarding the shortfall in funding for Asylum Seekers in Kent.
- In relation to the overspend on the Dartford Campus, Mr Ward explained the complexities of the scheme which had led to this situation.
- In response to question on what could be done to mitigate the length of time that a school was vacant prior to being demolished or sold on, Mr Ward stated that a balanced judgement was taken on the cost of demolition verses the cost of maintenance of the site if it was not possible for a local community use to be found.
- Regarding the £1.4m overspend for SEN travel, there had been an increase in numbers, but part of the overspend was also due to fuel costs. It had not been possible to deliver the full saving as some parents did not want to take up alternative arrangements. Work was being carried out with commercial services to put this service on a sound footing in the coming year.

- Mr Abbott explained that the underspend on early years education shown on page 35 related to the voluntary/independent sector. There was requirement that any underspend from this Discretionary Schools Funding would be rolled forward to the Funding Forum for them to make a recommendation to Cabinet on how this should be spent to benefit schools.
- Mrs Angell requested further information regarding the drop in quarter 3 in the number of client weeks of foster care (p38 in papers)
- Page 25 - in relation to the extra cost for Independent sector residential care it was explained that £1.5m had been put into next years budget. One of the issues with this budget was the increase in the number of secure placements which was driven by the courts and therefore outside this authorities control.
- Mrs Green requested further info in relation to the legal costs of children's social services (court fees etc) and the historical budget shortfall that surrounded this.
- It had been reported in the local press that Kent's foster service payments were amongst the lowest in the Country. Mr Abbot explained that the press were referring to the 2007/08 figures which were out of date. The payments for foster services in 2009/10 would exceed the national minimum. This had been built into the budget for 2009/10 and therefore would not be a pressure.
- Mr Simmonds would be supplied with details of the funding KCC received for Looked after Children and the funding that London Authorities receive per child.

RESOLVED That the projected outturn figures for the directorate and the position on schools be noted.

150. Budget 2009/10 and Medium Term Financial Plan 2009/12 (Item B2)

(1) The Committee considered the Children, Families and Education Directorates Draft Budget proposals set out in the Draft Budget 2009-10 and the Draft Medium Term Financial Plan 2009-2012 and also the report which specifically relating to the key areas of these documents for this Directorate. Mr Dance and Officers answered questions from Members about the following issues:-

(a) LAC (Looked after Children) and Personal Education Allowances

(2) In response to a question from Mrs Angell on the funding shortfall to required to fully satisfy the commitments in the LAC pledge, Mr Abbott explained that when the funding was announced by government, £100m was to be allocated nationally, KCC estimated that it would receive £2m and the pledge was funding on that basis with some additional KCC funding. However, the grant received was £700K, therefore increased additional funding was allocated in the budget so that KCC could fulfil the pledge. Mr Abbott undertook to provide Mrs Angell with details of the additional funding.

(b) Income to be generated by C, F & E units

(3) In response to a question from Mrs Angell, Mr Abbott stated that the £402K was what two units believed could be raised as income through charging schools.

(c) Freedom Pass

(4) Mr Abbott explained that the Directorate did not receive an income from the Freedom Pass but in the budget there were savings, which should be generated from a reduction in the number of season tickets that the Directorate needed to purchase, the savings were based on the figures from the pilots and discussion with Commercial Services and E & R.

(d) *Practical Cooking Spaces in schools*

(4) In response to a question from Mrs Angell, Mr Ward stated that there were seven Kent schools which would receive a grant of £300k each for this purpose. He undertook to supply Members with the details of which schools would receive this grant.

(e) *Special Schools – major investment deferred*

(5) Mrs Angell expressed concern about the delay that would be caused by the decision to defer major investment in six special schools where work had not commenced and for this work to be funded from Building Schools for the Future (BSF). Mr Dance explained that this decision had been taken to make best use of existing capital resources. This had been discussed with the relevant Head Teachers. Work was being done to support the individual schools to find building that they could use in the interim. He emphasised that rolling out the special schools review was his highest priority.

(6) In response to a request from Mrs Dean, Mr Dance agreed to visit West Malling Primary School and look at the accommodation for pupils.

(7) In response to a question from Mrs Dean, Mr Ward confirmed that the Special Units did not automatically fall with BSF, however, some secondary school units would be picked up under BSF.

(8) Mr Ward undertook to let Members have a list of the six special schools concerned.

(f) *Corporate Loan (MTP – page 50)*

(9) In response to a question from Mr Gough, Mr Abbott explained that the Corporate Loan was a means of smoothing cash flow in the MTP by the use of a small corporate loan.

(10) RESOLVED that that the Budget 2009-10 and Medium Term Plan 2009 to 2012 for the Children, Families and Education portfolios along with the responses made to the questions from Members be noted.

151. Interim Joint Managing Directors update

(Item B3)

(1) Dr Craig gave a verbal update and, with Mr Abbott, answered questions from Members.

Children, Families and Education Directorate - the interregnum

(2) Dr Craig explained that currently he and Mr Abbott were Interim Joint Managing Directors and he set out the other arrangements that were in place prior to the new Director being in post.

Annual Performance Assessment (APA)

(3) A paper was due to be submitted to Cabinet shortly setting out the results of the APA., the service had achieved “good” in all five “every child matters” category which was a marvellous result.

Safeguarding review

(4) Dr Craig reminded Members that the Chief Executive had commissioned a review of safeguarding in children’s services in Kent. The budget for 2009/10 included an extra £1.5m to increase the number of front line social workers.

GCSE results

(5) Dr Craig referred to the GCSE results what had been announced in the national press the previous day. He stated that the figures were incorrect and the Department for Children, Schools and Families had acknowledged that this was due to inaccurate loading of data by their contractor. This would mean an increase in the scores shown for Kent schools.

Abolition of the Learning and Skills Council (LSC).

(6) Mr Abbott referred to the Governments intention to abolish the LSC and transfer their funding to Local Authorities and two new Quango’s. KCC expected to be part of a sub national group with Medway Council, a transition group had been established and it was expected that shadow arrangements would be in place by April 2010.

National Challenge

(7) Dr Craig referred the “national challenge” group of schools. Although school did not have to hit the target of pupils achieving 30% A* to C grades until 2010, a list of school that had not hit this target had been set up, this included 30 Kent schools, it appeared that once a school was on this list, even if it achievement level improved they would still remain on the list. The Department of Children, Schools and Families (CSF) published on its website what action each school was proposing to take to achieve the target.

(8) RESOLVED that the update be noted and that a report be submitted to a future meeting of the Committee on the abolition of the Learning Skills Council.

152. Half-year monitoring 2008/9

(Item B4)

(1) The Committee received a report which summarised the 2008/9 half-year monitoring results for the annual Business Unit Operating plans, the Equality and Diversity monitoring and included the Managing Director summarises of progress to date.

(2) Members were given the opportunity to ask question and to make comments which included the following:-

- Ms Morris undertook to send Mr Northey a detailed action plan showing the what was being done to address the gender gap in achievement between boys and girls
- Mrs Dean requested information on what actions were being taken to close the attainment gap between children from disadvantaged backgrounds and their peers.
- It was requested that a briefing paper be sent to Members on the BSF Programme as mentioned on page 57 of the report
- The access issues and catchments areas relating to the location of some Children's centres was raised

RESOLVED that (a) the report be noted, (b) a report be submitted to a future meeting of the Committee on the gap in Foundation stage profile outcomes for three Sure Start areas (referred to on page 68 of the report) and progress in other Sure Start areas and (3) a report be submitted to a future meeting of the Committee on vocational apprenticeships.

153. Children, Families and Education Directorate Risk Register

(Item B5)

(1) A report on the current risk register for Children Families and Education Directorate for 2009-2010 was submitted to the Committee.

(2) RESOLVED that the contents of 2009-2010 CFE Risk register be noted

154. Children, Families and Education Directorate Equalities Action Plan

(Item B6)

(1) The Committee considered a report which summarised progress against the CFE Equalities Action Plan (2008-10).

(2) RESOLVED that the contents of report on equalities and diversity activity in the directorate and Kent Children's Trust be noted and a further report on progress be provided at the end of the year.

155. The Building Schools for the Future (BSF) and Academies Programmes (Item B7)

(1) The Committee received a report on setting out the current position with regarding BSF and the Academies programmes. Members asked question and made comments which included the following:-

- Ms Morris undertook to supply the figures for the declarations of the communities to potentially to be served by the Sevenoaks and Tunbridge Wells Academy to Mrs Dean.
- Mr Ward explained the reason for the change in the scale of the waves for BSF by the Government. The impact of this for Kent was that it changed the number of waves for the area, there would now be two waves for each District and there was an emphasises on authority's being in a position to deliver the programme.
- In response to a question on the changes to the waves for BSF, Mr Ward explained that this change would hopefully bring schemes forward as Kent was able to demonstrate to central government that it was able to deliver scheme in the timescale.
- Mr Dance confirmed that the outcomes from the Special Schools review were not part of the original BSF, but advantage was being taken of BSF.
- In response to a question from Mrs Green on timescale for the Portal Special School, Mr Ward stated that due to objections from Thanet District Council other options for its location had been considered, the agreement of the school governors was currently being sought, but it was still the intention to locate the school in Thanet. It was anticipated that this would be resolved in the next 4 to 6 weeks. Progress would be subject to Cabinet agreeing to proceed with wave 4 of BSF .which it was anticipated would happen within the next couple of months. Using BSF funding would increase the budget available from £20m to £50m under BSF.
- Mr Ward confirmed that around £60m had been committed out of a budget of £85m for the Special Schools Programme.
- Rev Cannon Smith would be sent a copy of the KCC's criteria for sponsorship of Academies
- A list of the Academies and the KCC governor on each of the following the staffing changes in C, F & E Directorate, would be sent to Members.

RESOLVED that the report be noted

156. Local Children's Services Partnerships (LCSPs) Sub-Committee – Update (Item B8)

(1) The Committee received a report which updated them on the establishment of the LCSP Sub-Committee.

(2) RESOLVED that the establishment of the LCSP Sub-Committee and the feedback from the informal meeting be noted.

157. The Kent Secondary Strategy

(Item B9)

(1) The Committee received a paper which set out progress to date on the Kent Secondary Strategy and outlined plans to facilitate further debate around secondary reform in Kent. The “Transforming Learning” section of the Secondary School DVD was shown to Members and they were also given a copy of the DVD.

(2) Dr Craig answered questions from Members which included the following:-

- In response to a question on the figures for falling rolls in Secondary Schools Dr Craig explained that the only figures currently available were those for 2008 which showed a capacity surplus of 6.58% . However there was a wide variation within the county, for example it was only 2% in Tunbridge Wells but 18% in Sevenoaks. The preferred route for dealing with this variation was via the BSF programme although it was acknowledged that it may be necessary to deal with some areas by establishing federations and amalgamations. This would have to be addressed over the next few years and talks were currently being held with schools.
- In response to a question on why America has been selected for the Headteachers visit in a few years ago which was referred to on the DVD; Dr Craig replied that the visit focused on IT and KCC’s work with Microsoft. As part of that visit Microsoft hosted a conference to show Headteachers the technology that they were developing.

RESOLVED that the report be noted

158. Information, Advice and Guidance, Careers Education and 14 – 19 Diplomas

(Item B10)

(1) The Committee received an update report on the current developments relating to 14-19 provision. The focus of the report was to give details of on-going work that involved information, advice, guidance, careers education and 14-19 Diploma implementation across the county.

(2) Members made comments and asked questions that were answered by Ms Dunn which included the following:-

- In response to a request for an assurance that despite the economy climate KCC would go ahead with the implementation of the diploma programme. Ms Dunn explained that although there was a get out clause in the Act which related to the cost of transport, KCC had a duty and were committed to provide an entitlement to young, subject to transport cost not mitigating against that. Even in situations where transport costs were prohibitive there were other ways eg use of IT to deliver the entitlement.
- The issue of ensuring that carer’s advice in schools especially those that were academically orientated was impartial was mentioned. Ms Dunn stated that a key priority for the innovation unit was to establish an area prospectus to

ensure that young people had access to this advice. A website was being created to help provide this information to young people. Under proposed legislation schools would have a duty to provide impartial information and the local authority would have the ability to challenge the advice given by schools, if it was not impartial.

- The importance of careers advice leading to what was best for the pupil rather than the school was emphasised.
- A view was expressed that careers advice should be funded so that it could be started earlier for example in year 10 to give opportunity for a more informed choice to be made.
- The auditing of careers libraries in schools by Connexions was mentioned and specifically what happened if the audit found the library to be inadequate. Ms Dunn stated that Connexions gave a very small sum to schools for this library, the local authority were made aware of schools that did not pass the audit and worked with them to address this.
- In response to a question on the importance of ensuring that the skills subjects offered matched the skills need in the locality, Ms Dunn stated that officers were working on intelligence relating to the job market in areas to influence the curriculum offer.
- Regarding a question on why the only diplomas available in Kent Thameside in 2009 were hospitality and hair services, Ms Dunn explained that in Gravesend course on construction and engineering were provided leading to vocational qualifications rather than a diploma. The report contained details of diploma provision only.
- Ms Dunn confirmed that the pattern that they were seeing in relation to the spread of take up was a third each for Vocational, Academic and the apprenticeship route. These were early figures and would be moderated in a year's time and especially in the economic down it was anticipated that these figures were likely to change.
- In response to a question Ms Dunn stated that the selective sector had shown an interest in level 3 diplomas in construction, engineering and creative media.

(3) RESOLVED that the report be noted

159. Proposal for Kent's Corporate Parenting Framework
(Item B11)

(1) The Committee considered a report which outlined a proposal for Kent's Corporate Parenting framework as a means for ensuring that Kent was effective in orchestrating the delivery of services that led to better outcomes for children and young people in and leaving care.

(2) In response to a question Mr Brighwell stated that an interim Children in Care Councils would be in place by April 2009 in accordance with the national

requirement. He also explained the particular challenges for Kent which included children placed in Kent by other Local Authorities. He set out the three things that would be looked at when assessing the effectiveness of the Council. All children in care in Kent would be contacted to see who wanted to be involved and these would form and interim council to decide what a Council will look like. The process would take some time as Kent was responsible for 4% of the total children in care population and therefore it would take time to establish something meaningful. Also there was a need to take account of groups such as those placed by Kent outside of our area as well as those placed in Kent by other Local Authorities. The running costs of the Council was estimated at £30K, this was being funded from a review of money allocated to Kent's Pledge which had identified savings thought work with District Councils and other agencies.

(3) Mr Brightwell confirmed that work was being undertaken with foster carers to support young people to enable them to attend and be involved with the Children in Care Council. It would be for groups such as the Children's Champions Board to negotiate their relationship with the Children in Care Council.

(4) RESOLVED that (a) the revised Terms Of Reference (TOR) for LAC Strategy (at Appendix 3) and the revised Terms of reference for the Children's Champion Board (Appendix 4) be noted, (b) the Kent's Corporate Parenting Group/Forum be represented by the Children's Champion Board and a sub-structure of KCT (see section 3), and (c) the proposed framework and implementation plan for Kent's Children in Care Council (section 4) be agreed

160. SACRE Annual Report

(Item B12)

(1) The Committee received a paper which presented the Annual Report (2007-08) on the work of Kent's Standing Advisory Council for Religious Education and informed Members of key developments in the field of religious education and collective worship.

(2) RESOLVED that the Kent SACRE's annual report 2007-08 and the key developments being taken forward by them be noted and the work of the Kent SACRE be endorsed.

161. Select Committees update

(Item C1)

(1) A report was submitted which updated Members on the work of the Select Committee on Provision of Activities for young People and invited suggestions for future topic reviews.

(2) RESOLVED that (a) note the update on the Select Committee on Provision of Activities for Young People; and (b) Members email suggestions for potential Select Committee Topic reviews, to the Democratic Services officer for consideration by the Policy Overview Co-ordinating Committee at its meeting on 28 April 2009.

KENT COUNTY COUNCIL

CHILDREN'S CHAMPIONS BOARD

MINUTES of a meeting of the Children's Champions Board held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 12 February 2009.

PRESENT: Mrs A D Allen (Chairman), Mr M J Vye (Vice-Chairman), Mrs C Angell, Mr J Curwood, Mrs V J Dagger, Mr I T N Jones, DL, Dr T R Robinson and Mr J D Simmonds

ALSO PRESENT: Mr P B Carter, Mr L Christie, Ms C J Cribbon, Mr A D Crowther, Mr D S Daley, Mrs T Dean, Dr M R Eddy, Mr M J Harrison, Mr P M Hill, OBE, Mr D A Hirst, Mrs S V Hohler, Mr A J King, MBE, Mr S J G Koowaree, Mr P W A Lake, Mrs J Law, Mr T A Maddison, Mrs M Newell, Mr W V Newman, DL, Mr M J Northey, Mr G Rowe, Ms B J Simpson, Mrs P A V Stockell, Mr R Tolputt and Mr F Wood-Brignall

IN ATTENDANCE: Mr M Ayre (Senior Policy Manager), Mr P Thomason (Independent Child Protection Consultant), Dr I Craig (Interim Joint Managing Director, CFE), Mr K Abbott (Interim Joint Managing Directors, CFE), Mr B Anderson (Director Children's Social Services), Miss T Grayell (Democratic Services Officer) and Miss J Purvis (Improvement & Engagement Officer)

UNRESTRICTED ITEMS

23. Chairman's Announcements

(Item A3)

(1) The Chairman welcomed all those Members who had attended in response the Board's invitation and thanked them for taking the time to discuss this vitally important issue.

(2) She explained that the report was Phase 1 of three phases of a major review of Children's Safeguarding issues commissioned by the County Council.

24. Protecting Children in Kent

(Item B1)

(1) Mr Ayre and Mr Thomason introduced the report and presented a series of slides (*which are appended to these Minutes*) setting out the key findings of Phase 1 of the review. With Dr Craig and Mr Anderson, they answered a number of factual questions from Members about the findings of the review and its recommendations, and responded to Members' concerns. Mr Ayre emphasised that the Board was not required to agree the recommendations at today's meeting. There was general cross-party support for the robust and thorough report that had been produced, and Members added their thanks and congratulations to the review team.

(2) In discussion, and in officers' responses to questions put by Members, the following points were highlighted:-

- (a) Questions asked of Children's Social Work teams had been based on the issues covered by the Haringey Joint Area Review (JAR). Questionnaires had been sent to 52 members of staff, with 34 responses having been received - a response rate of 65%. Staff chosen to receive the questionnaires were Team Leaders, District Managers and Heads of Service;
- (b) Findings arising from the questionnaire had confirmed information identified in the Haringey JAR. Key issues were staff shortage and increased case loads, delays in giving written acknowledgement of referrals and allocating cases, leaving Managers holding cases. However, Mr Thomason and Mr Ayre emphasised that they had found professionalism, compassion and much excellent practice in the work of social work teams, including the following:-
 - (i) Most children in care had an allocated social worker;
 - (ii) An initial meeting with a child always happened within the prescribed time span;
 - (iii) No child with a child protection plan (CPP) was without an allocated social worker;
 - (iv) Case files were very comprehensive; and
 - (v) There was much good practice in multi-agency working
- (c) Findings presented in the slides had been identified by looking at five serious case reviews (SCRs) of very complex cases and 14 cases from the ICS. At the end of December 2008, there had been some 1052 CPP cases in Kent;
- (d) Case loads changed frequently and it was not possible to identify an ideal case load size. Even for some experienced social workers, two child protection cases going on at once could be too much to handle. Child protection cases were allocated to a team manager before being allocated to a social worker, but team managers would not normally hold such cases. The Haringey JAR had highlighted case load size as an issue and Kent's review had found that case load monitoring and management was done very well;
- (e) The Integrated Children's System (ICS) was a problem shared by many other local authorities, and Directors of Children's Services in the South East and London Boroughs were working together to lobby the Secretary of State to delay further development of it until some consolidation of the system could be done. A task force had been set up by the Secretary of State to look into this;
- (f) Potential benefits of the ICS included freeing up qualified social workers from time spent inputting information, but dis-benefits included administrative staff having to put on hold other admin work to do the inputting. Change to the inputting regime would need to be both managed and gradual. The Cabinet Member reported having found out that social work staff spent 20% of their time inputting information on the ICS;

- (g) The ISC had been intended as a work aid, and staff had tried very hard to make it work. However, some fundamental problems, such as an incompatibility between the court proceedings data base and the ICS, had been identified. The ICS had been developed rapidly while funding was available. It was not possible to scrap the system but it would need to be consolidated and progress made very carefully. Three relatively minor problems areas - the nature of the forms, hardware and software - when added together made a major problem. When the system worked it worked very well, but the problems still persisted. Many staff responding to the questionnaire felt that case recording had become more difficult and time consuming since the introduction of the ICS. The review had identified the quality of file recording as very good;
- (h) The appointment of the Area Consultant Practitioner (ACP) post in recommendation 4 would cost some £60-70,000 per year, per children's social services area, of which there were three - East, Mid and West Kent;
- (i) Recommendation 5 proposed a Senior Consultant Practitioner (SCP) /Head of Profession post reporting to the Chief Executive rather than to the Managing Director of CFE, as social work professionals were not just employed in Children's Social Services but in Adult Social Services, drugs teams and others. This was intended to support the key professional role of social workers and had been welcomed by the Head of Children's Services;
- (j) The practice audit proposed in Recommendation 6 was intended to demonstrate to the public that Kent had a systematic way to police its own work, and should increase public confidence;
- (k) Vacancy rates in social work teams were volatile and changed often from district to district in Kent and varied over time between local authorities. Only one district in Kent had a 24% vacancy rate. Nationally, one in 17 social work posts was currently vacant. Vacancy rates were calculated by using a formula (*the number of vacancies in qualified social work posts in full-time equivalent form in the funded establishment, expressed as a percentage of the total number of posts*), although the definition of what constituted a vacancy changed over time. An increase in the vacancy rate in Kent had been steady and was not dramatic;
- (l) The additional £1.5m allocated to Kent from the Government would be spent on supporting and resourcing social work posts to reflect the increase in demand caused by an increase in CPP cases. The total fund allocated would cover and support 40 social work posts;
- (m) Courses offered by universities needed to train and equip new social workers fully for the realities of social work. Newly-qualified social workers had a protected case load for their first year and extra training, ensuring that they were armed with practical knowledge to be able to identify physical symptoms of abuse and how deal with them;
- (n) Phase 2 of the review would be concerned with partnership working, and the review team had recently met with the Kent Safeguarding Children Board (KSCB) to discuss the approach to be taken;

- (o) Long term neglect was as damaging to a child as physical abuse, and was a very difficult issue to work with. Social workers needed objective, expert supervision to avoid becoming numbed to the effects of neglect cases. Sadly, there were some neglect cases being reviewed by the KSCB, and the outcome of these cases was never predictable. Haringey JAR had said that local authorities needed to be more robust in conducting SCRs, although the quality of Kent's SCR process had been identified as good;
 - (p) When a CP case file was to be closed, this would not a decision just for social services but would be subject to multi-agency discussion, and any ongoing monitoring of the child's case, once closed, would be shared between agencies. The decision in 2007 to cut admin staff was being reviewed in the light of the ongoing problems experienced with the ICS;
 - (q) A Member who served on an adoption panel pointed out that some 98% of case coming to adoption panels involved drugs and alcohol issues, yet the Kent Drug and Alcohol Action Team (KDAAT) was not referred to in adoption papers. The KSCB was soon to look at improving links between agencies and would address this issue;
 - (r) Mr Ayre confirmed that the legal responsibility for the County Council's child protection function rested with the "Director of Children's Services" (in Kent, the Managing Director of CFE) and "The Lead Member for Children's Services" (in Kent, The Cabinet Member) and the Chief Executive;
 - (s) Lessons learnt in the review of child safeguarding could be used in the safeguarding of adults. Work by the University of Kent at Canterbury and Kent Adult Social Services had identified that adult protection, although not a statutory function, carried the same risks and shared some of the same issues as child protection; and
 - (t) Mr Abbott reassured Members that savings identified in this year's budget from vacancy management did not include keeping unfilled any social work or social work support staff posts.
- (3) In discussion, Members expressed the following concerns *(listed in order of the recommendations they relate to)*:-
- (a) Recommendation 1: Members were concerned about the size of the sample which had been used for the review. What was needed was a complete audit of all cases.
 - (b) Recommendations 2 and 3: Members expressed disappointment at the persistent and ongoing problems experienced with the Government imposed ICS system, despite much effort from officers to make the system work.
 - (c) Recommendation 4: Members asked to be given evidential proof of the effectiveness of the proposed Area Consultant Practitioner post.
 - (d) Recommendation 5: Members expressed concern about the Senior Consultant Practitioner/Head of Profession post reporting direct to the Chief Executive.

This post should report direct to the Managing Director of CFE, as the proposed arrangement would undermine the role of the Managing Director of CFE, which had been dictated by the report which followed the Climbié investigation.

- (e) Recommendation 7: The new Managing Director of CFE would need to have the opportunity to give a view on this recommendation and the discussions with the universities.
- (f) The Board would need to meet in private later to explore the issue and question the Cabinet Member more closely.
- (g) Members expressed concern about the independence of the review team and the fact that no non-social services person was involved. Mr Ayre explained that the team had been chosen to be independent of the line management of both CFE and Children's Social Services.

(4) Mr Carter congratulated the review team on a clear and concise report and said Kent should not let anything get in the way of reaching a conclusion. The new Managing Director of CFE has been appointed today and would be key to taking forward the issues raised in the review report. Mr Carter said he particularly supported recommendation 4 of the review report, which would provide a champion for the professional development needs of social work staff across all disciplines. He stated his intention to make a report to Cabinet to take forward the recommendations in the report.

(5) The Cabinet Member, Mr Ridings, also congratulated and thanked the review team for the report, which, he said, was rational, objective and professional. He hoped that all Members would be able to support it. He confirmed that the Directors of Children's Services and Kent Adult Social Services and the Cabinet Members for Adults and Children would meet to discuss how best to co-ordinate adult and child protection issues.

(6) In conclusion, Members expressed a need for more information on some issues and be able to come to a formal view before submitting a report to Cabinet, and asked that their comments, reservations and concerns be fully reported in the Minutes of the meeting, which would be sent to Cabinet. There was still much work to do before the Board could report to Cabinet with any recommendations.

(7) RESOLVED that:-

- (a) the report be noted and welcomed, and the review team be and thanked for it;
- (b) the Minutes of this meeting, setting out the comments, reservations and concerns set out in paragraph (3) above, be considered at the Board's next regular meeting on 11 March 2009, and the information requested during discussion be made available for that meeting;
- (c) Phase 2 of the review go ahead in the meantime; and

- (d) the Board submit its views to the Cabinet at a future date when it had been able to see more information requested and assess the outcomes of Phase 2 of the review.

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Chairman, 11 March 2009

By: Keith Abbott, Director – Finance and Corporate Services
Grahame Ward, Director – Resources

To: Children, Families and Education Policy Overview Committee –
27 March 2009

Subject: Children, Families and Education Budget Monitoring 2008/09

Classification: Unrestricted

FOR INFORMATION

1 Introduction

- 1.1 This report is the third report to this Committee on the forecast outturn against budget for the Children Families and Education (CFE) Directorate for 2008/09.

2 Quarterly Monitoring Report

- 2.1 Attached is the monitoring report for the third quarter for 2008/09. The main points to highlight are:

a) Revenue

- The Directorate is projecting a balanced budget of which pages 5-8 of Annex 1 detail the main under and overspends. This forecast excludes Asylum and the expected draw down of schools reserves and assumes that the planned action will ensure that the forecast overspend can be offset.
- £5.2m projected overspend in relation to support for unaccompanied asylum seeking children in respect of 2008-09. The amounts owed by the Home Office in respect of 2006-07 and 2007-08 have now been received. In addition, the DCSF have paid the full £2.6m of our special circumstances claim from the 2007-08 financial year, with a small retention subject to a satisfactory audit.

b) Capital

- A £2.590m overspend is forecast over the current MTP period, which is covered by additional funding from a mixture of developer contributions, grant & revenue funding. Further details of this overspend are contained in Annex 1, section 1.2.5.

- For projects that are wholly or partly funded from capital receipts, the realisation of such receipts continues to be the major risk area for the Directorate.

3 Schools

- 3.1 The detailed nine month monitoring returns from schools have been received by the LA. The returns indicate a large drawdown of reserves however past experience indicates that this figure is normally overstated. We are therefore predicting a drawdown of reserves in the region of £8m. However it is very difficult to predict this with accuracy, particularly this year when factoring in the recovery of £1.5m from 15 schools earlier this year and the review and subsequent tightening of the 'balance control mechanism' which schools are being encouraged to work towards before they formally apply at the end of 2009/10 financial year.

4. Recommendations

- 4.1 Members of the Children Families and Education Policy Overview Committee are asked to note the projected outturn figures for the directorate as at the first quarter.

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Background Documents: Report to Cabinet 17 March 2009
Other useful information: None

CHILDREN, FAMILIES & EDUCATION DIRECTORATE SUMMARY JANUARY 2008-09 FULL MONITORING REPORT

1. FINANCE

1.1 REVENUE

1.1.1 All changes to cash limits are in accordance with the virement rules contained within the constitution, with the exception of those cash limit adjustments which are considered “technical adjustments” ie where there is no change in policy, including:

- Allocation of grants and previously unallocated budgets where further information regarding allocations and spending plans has become available since the budget setting process.
- The inclusion of new 100% grants (ie grants which fully fund the additional costs) awarded since the last full monitoring report. These are detailed in Appendix 2 to the executive summary.
- Cash limits have also been adjusted since the last full monitoring report to reflect a number of technical adjustments to budgets, including the consolidation of the Kent Public Services Network budget from directorates to Corporate IS in the Corporate Support & External Affairs portfolio.

1.1.2 **Table 1** below details the revenue position by Service Unit:

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
OPERATIONS, RESOURCES AND SKILLS potfolio							
Delegated Budget:							
- Delegated Schools Budget	851,074	-80,517	770,557	8,000	0	8,000	
- Devolved Standards Fund	104,262	0	104,262	0	0	0	
- Targeted Standards Fund	0	0	0	0	0	0	
- Direct Financing for schools	0	0	0	0	0	0	
TOTAL DELEGATED	955,336	-80,517	874,819	8,000	0	8,000	
Non Delegated Budget:							
- Finance	3,869	-1,071	2,798	-26	26	0	
- Awards	5,120	-889	4,231	-138	122	-16	Underspend on Home to College transport £135k. Gross underspend and income reduction on post 16 access £42k. Reduction in HTCT income £67k.
- Grant income & contingency	2,295	-936,160	-933,865	0	0	0	
- Personnel & Development	16,068	-3,323	12,745	199	13	212	Redundancy costs for school staff underspend £170k, pensions overspend £339k.
- Capital Strategy Unit	2,808	-242	2,566	1,690	-39	1,651	Revenue maintenance due to school closures and vandalism £783k, 3 new projects for mobile moves £294k, overspend on school feasibility studies £633k
- BSF/ PFI and academies unit	450	0	450	82	0	82	
- Client Services	6,492	-3,957	2,535	0	6	6	
- Business Management	2,295	-143	2,152	17	-49	-32	

Budget Book Heading	Cash Limit			Variance			Comment
	G £'000s	I £'000s	N £'000s	G £'000s	I £'000s	N £'000s	
- ICT	7,643	-1,893	5,750	-1,190	1,118	-72	Gross and income variance on broadband connectivity for schools (£1,126k gross and £1,118k income.) Underspend on digital curriculum £64k
- Health & Safety	437	-8	429	-8	0	-8	
- Strategic Management	1,822	0	1,822	-86	0	-86	
- Extended Services	6,597	-394	6,203	-100	66	-34	Underspend on Healthy Schools
- Kent Music	858	0	858	0	0	0	
-14-24 unit	2,945	-813	2,132	10	0	10	
- School Organisation	3,051	-66	2,985	-51	-65	-116	
- Mainstream HTST	16,555	-484	16,071	-831	14	-817	Large reduction in the numbers travelling
- Local Childrens Services Partnerships	22,478	-392	22,086	-64	0	-64	
- AEN & Resources	16,083	-5,698	10,385	49	0	49	
- SEN Transport to Schools	15,483	0	15,483	1,966	0	1,966	Higher than affordable numbers travelling, some very expensive travel arrangements
- Independent Sector Provision	10,828	-542	10,286	0	0	0	
TOTAL NON DELEGATED	144,177	-956,075	-811,898	1,519	1,212	2,731	
Total ORS	1,099,513	-1,036,592	62,921	9,519	1,212	10,731	
OR&S Assumed Mgmt Action				-1,406		-1,406	
OR&S non delegated Forecast after Mgmt Action	144,177	-956,075	-811,898	113	1,212	1,325	
Total OR&S incl schools delegated	1,099,513	-1,036,592	62,921	8,113	1,212	9,325	
CHILDREN, FAMILIES AND EDUCATIONAL ACHIEVEMENT portfolio							
- Strategic Planning & Review	1,313	0	1,313	-169	0	-169	Underspend on survey £150k
- P & P (Vulnerable Children)	4,371	-395	3,976	-188	143	-45	Vacancies £142k, KSCB gross underspend £97k, KSCB income reduction £97k
- MDO & Democratic Services	2,048	0	2,048	-41	-62	-103	
- Project Management (SPR)	117	0	117	0	0	0	
- Advisory Service Kent (ASK) Secondary Team	3,386	-160	3,226	-20	6	-14	
- ASK Primary Team	6,039	-360	5,679	592	-345	247	SIP £165k, staffing overspend £100k, additional school support £324k (see income). Increased income for additional schools support £324k

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
- ASK Early Years Team	7,211	-12	7,199	-760	0	-760	Rebadging of eligible Sure Start expenditure to fully utilise the grant
- ASK Improvement Partnerships	2,393	0	2,393	90	-90	0	
- ASK Professional Development	5,080	-2,262	2,818	-217	104	-113	Reduction in spend on grant funded projects £118k, underspend on training costs £100k. Reduction in grant income £118k
- Early Years & Childcare	22,907	-339	22,568	-269	3	-266	Vacancies
- Management Information	30,943	-35	30,908	14	-5	9	
- International Development	195	-100	95	39	0	39	
- Educational Psychology Service	3,678	0	3,678	-173	-23	-196	vacancies £147k
- Attendance & Behaviour Service	19,232	-6,839	12,393	0	0	0	
- Minority Community Achievement	1,720	-96	1,624	0	0	0	
- Specialist Teaching Service	3,152	-590	2,562	0	0	0	
- Joint Commissioning	1,415	0	1,415	0	0	0	
- Commissioning General	12,767	-687	12,080	0	0	0	
- Residential Care provided by KCC	2,279	-25	2,254	65	-91	-26	
- Independent Sector res. care	5,135	-403	4,732	1,883	-1,174	709	Overspend due to increased demand and high cost placements made up of non disability £289k, disability £1,231k, secure accommodation £261k and internal trading costs £95k Increased income from joint funding arrangements as agreed by JRAP
- Residential care - not looked after children	664	-7	657	103	-39	64	New placements and extension to existing placements
- KCC Family support	10,903	-675	10,228	-1,612	-402	-2,014	Planned underspend to cover the pressures on Assessment and Related, fostering and independent sector residential care. Additional income for Kent Childrens Fund projects and ARC projects.
- Family group conferencing	1,143	-241	902	9	-9	0	

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
- Fostering service	23,671	-97	23,574	908	-139	769	Increase in independent fostering allowances £1,745k, underspend on other fostering lines £835k. Additional income from placements, training and OLAs.
- Adoption service	5,988	-22	5,966	129	-33	96	Increase in interagency fees
- Independent Sector day care	954	0	954	-285	0	-285	Lower than anticipated number of clients
- Section 17	908	-5	903	280	3	283	Higher than anticipated number of clients, more expensive support
- Link placements	236	0	236	-26	0	-26	
- Grants to voluntary organisations	5,972	-266	5,706	-19	-80	-99	
- Direct payments	1,312	0	1,312	-74	-13	-87	
- Teenage pregnancy	706	0	706	6	-6	0	
- Leaving care/16+	3,583	0	3,583	-218	0	-218	Lower than anticipated take up of places, increase in funding from Care Matters grant
- Other services support	6,574	-824	5,750	748	-548	200	Legal overspend £949k, Family Law underspend £560k, Out of Hours gross overspend £264k, training overspend £78k. Out of hours income underspend £232k, additional income from facilities and BPMU £185k, training income £137k
- Assessment and related	20,021	-16	20,005	1,090	-410	680	Staffing overspend covered by planned underspend on Family Support
- Grant income & contingency	4,413	-77,193	-72,780	0	0	0	
Total C,F&EA	222,429	-91,649	130,780	1,885	-3,210	-1,325	
CF&EA Assumed Mgmt Action						0	
CF&EA Forecast after Mgmt Action	222,429	-91,649	130,780	1,885	-3,210	-1,325	
- Asylum Seekers	14,129	-14,129	0	0	5,222	5,222	
Total C,F&EA incl. Asylum	236,558	-105,778	130,780	1,885	2,012	3,897	
Total Delegated	955,336	-80,517	874,819	8,000	0	8,000	

Budget Book Heading	Cash Limit			Variance			Comment
	G	I	N	G	I	N	
Total Non Delegated (excl. Asylum)	366,606	-1,047,724	-681,118	3,404	-1,998	1,406	
Total Directorate Controllable (excl. Asylum)	1,321,942	-1,128,241	193,701	11,404	-1,998	9,406	
Directorate Assumed mgmt action				-1,406		-1,406	
Total Directorate Controllable (excl. Asylum) after mgnt action	1,321,942	-1,128,241	193,701	9,998	-1,998	8,000	
Directorate Net Total (incl. Asylum) before mgmt action	1,336,071	-1,142,370	193,701	11,404	3,224	14,628	
Directorate Net Total (incl. Asylum) after mgmt action	1,336,071	-1,142,370	193,701	9,998	3,224	13,222	

1.1.3 Major Reasons for Variance:

Table 2, at the end of this section, details all forecast revenue variances over £100k. Each of these variances is explained further below:

OR&S portfolio:

There is a net pressure of £2,731k on this portfolio before the implementation of management action. The main variances are:

1.1.3.1 Awards (Gross and Income)

The Awards Unit is forecasting a gross underspend of £138k mainly on the Home to College transport budget of £135k due to the reduction in numbers travelling compared to budgeted levels. A reduction in spend on the Post 16+ Access Fund of £42k is matched by a reduction in income. The balance of the £122k income variance is due mainly to a reduction in income from Home to College transport of £67k.

1.1.3.2 Personnel and Development (Gross)

The Personnel and Development Unit is forecasting a gross overspend of £199k. The pensions budget has a pressure of £339k, the majority of this is due to previous years early retirements resulting from school closures and amalgamations. This is partly offset by an underspend of £170k on the budget for redundancies of school staff which is due to a reduction in the number of school closures and amalgamations during the 2008-09 financial year.

1.1.3.3 Capital Strategy Unit (Gross)

The Capital Strategy Unit is projecting a £1,690k gross pressure. The budget for revenue maintenance of non operational sites is forecast to overspend by £783k due to the boarding up of closed schools and repairs caused by vandalism. The feasibility budget is forecast to overspend by £633k due to the recharge from capital of development costs of abortive school projects. The balance of the pressure is attributed to the costs of moving and hiring mobile classrooms in excess of the amount funded through the MTP 2008-11 (including 3 large projects) of £294k. This is consistent with spend in previous years.

1.1.3.4 ICT (Gross and Income)

A gross underspend of £1,126k and the income variance of +£1,118k on this budget line is due to the broadband connectivity for schools project. The budgets were set at previous years levels of expenditure and income but as the project nears completion and schools only have to pay for upgraded service connection the levels of spend and income are reduced. There is also an underspend on Digital Curriculum of £64k.

1.1.3.5 Extended Services (Gross)

The Extended Services unit is forecasting a gross underspend of £100k on the Healthy Schools budget due to staff vacancies and associated savings on resources.

1.1.3.6 Mainstream Home to School Transport (Gross)

This budget is forecasting an underspend of £831k due to a large a reduction in the numbers travelling compared to budgeted levels. Details of the number of children receiving assisted mainstream transport to school are included in section 2.1.

1.1.3.7 SEN Transport to Schools (Gross)

There is a forecast overspend of £1,966k due to higher than affordable numbers travelling and the very expensive nature of the arrangements in place for some pupils. Details of the number of children receiving assisted SEN transport to school are included in section 2.1. This activity data shows that the monthly number of children in receipt of travel is increasing and there are on average almost 200 more children per month in receipt of SEN transport to schools compared to the same time last year and the estimated cost of the increase in numbers is £918k. We are seeing an increase in SEN pupils; however the pressure on this budget is exacerbated by the increase in single occupancy taxi journeys. We are undertaking a piece of work jointly with Kent Commercial Services to review each single occupancy journey to see whether a more cost effective option is available. This includes in some case the re-tendering of contracts. There is also an existing base problem noted in the last full monitoring report which includes the increased cost of fuel.

CF&EA portfolio:

There is a net underspend of £1,325k forecast on this portfolio (excluding Asylum), before the implementation of management action. The main variances are:

1.1.3.8 Strategic Planning and Review (Gross)

The forecast is a gross underspend of £169k. This is largely due to savings of £150k on a planned Children and Young people survey that has been postponed to 2009-10 due to delays in the procurement process.

1.1.3.9 Policy and Performance (Vulnerable Children) (Gross and Income)

This unit is forecasting a gross underspend of £188k and income overspend of £143k. The gross underspend is due to staff vacancies of £142k and an underspend on Kent Safeguarding Childrens Board of £97k which is matched by a corresponding reduction in contributions of £97k.

1.1.3.10 Advisory Service Kent – Primary (Gross and Income)

There is a gross pressure on this service of £592k. There is forecast overspend on the School Improvement Partners (SIP) project of £165k which relates to additional staffing costs to support school improvement. There is a staff overspend of £100k and additional school support of £324k. The additional school support costs are covered by income of £324k from schools.

1.1.3.11 Advisory Service Kent – Early Years (Gross)

There is a forecast underspend on this service of £760k. There is an underlying pressure of £240k within ASK Early Years due to additional targets set by the DCSF for 2008-09 but, as part of the declared management action, £1m of eligible Sure Start expenditure within ASK will be rebadged against the underspend caused by delays in opening Childrens Centres, resulting in an underspend of £760k.

1.1.3.12 Advisory Service Kent – Professional Development (Gross and Income)

The forecast gross underspend on this budget of £217k is due partly to a reduction in the costs of providing training for schools of £100k. There is also a reduction in expenditure on grant funded projects of £118k matched by a corresponding reduction in income. The variance on grant funded projects is caused by a timing issue as the grants run for an academic year where the income may be spent up until August 2009.

1.1.3.13 Early Years and Childcare (Gross)

There is a gross underspend on this budget of £269k due to the slippage in appointing to vacant posts.

1.1.3.14 Educational Psychology (Gross)

A forecast gross underspend of £173k is due to staff vacancies and the associated savings on resources and travel.

1.1.3.15 Independent Sector Residential Care (Gross and Income)

A gross pressure of £1,883k is forecast on this budget. This is mainly due to an increase in demand and high cost placements. The key pressure can be analysed between disability placements £1,231k, non disability placements £289k, and secure accommodation £261k. This is partly offset by additional income of £1,174k for placements following agreement from the Joint Residential Assessment Panel (JRAP) for this financial year.

1.1.3.16 Residential Care – not Looked After Children (Gross)

New placements and extensions to existing placements account for this gross variance of +£103k

1.1.3.17 KCC Family Support (Gross and Income)

The Family Support Unit is forecasting a gross underspend of £1,612k and income underspend of £402k. The underspend is due to planned management action to balance the forecast overspend declared on Assessment and Related (see section 1.1.3.24) and general pressures on the Fostering and Independent Residential Care budgets. The management action has been achieved due to a delay in the recruitment to vacant posts until the CSS restructure plans have been completed. In the 2009/10 budget this service line has been merged with Assessment and Related. The underspend on income of £402k is due to additional income being received to cover projects now funded from the Kent Childrens Fund grant and income from Adolescent Resource Centre projects. This is for ongoing projects charged to Family Support since the start of the year and the income received has reduced the overall net variance of this service.

1.1.3.18 Fostering Service (Gross and Income)

There is a gross pressure on this budget of £908k. The independent fostering allowance budget is forecasting overspends of £1,745k. Based on the average weekly cost of £1,010 the 2008-09 budget of £1,502k can afford 1,487 weeks of independent foster care. The activity details in section 2.5.2 show actual client weeks as 2,457.73 to the end of quarter 3, with a forecast of 3,214.9 weeks for the full financial year, which equates to a forecast spend of £3,247k.

This overspend is partly offset by under-spends of £837k on other fostering lines such as KCC fostering and the County Fostering Team. This underspend has increased slightly since the last full monitoring report as a number of placements have finished early whilst other planned places were not required.

There is an income variance of -£139k due to income received for training, placements and from OLAs for non Kent children being placed with KCC foster carers.

1.1.3.19 Adoption Services (Gross)

There is a pressure on this service of £129k due to interagency fees and adoption allowances.

1.1.3.20 Independent Sector Day Care (Gross)

This is a preventative service managed in conjunction with Section 17 payments and the variances are inter-related. The forecast underspend of £285k is due to lower than anticipated number of clients receiving support under this line.

1.1.3.21 Section 17 (Gross)

This is a preventative service managed in conjunction with Independent Sector Day Care and the variances are inter-related. The forecast overspend of £280k is due to higher than anticipated number of clients receiving more expensive support under this line.

1.1.3.22 Leaving Care/16+ (Gross)

There is a forecast underspend on this service of £218k. This is a client based service and current usage is below the anticipated level leading to an under-spend of £48k. Funding of £170k from the Care Matters Grant, paid through the Area Based Grant, has also contributed to the under-spend. It should be noted that there are pressures on the other 16+ services which are overspent and are reported within the Independent residential lines and Fostering Service Lines.

1.1.3.23 Other Services Support (Gross and Income)

The pressure on this budget continues and the gross overspend of £748k is mainly attributed to Legal Services which is forecast to overspend by £949k. The Family Law strand of the Area Based grant is forecast to underspend by £560k as the introduction of the new system has led to a time delay in the process of cases. This underspend will continue into 2009-10 although at a

reduced level. The pressure on the legal budget has continued from 2007-08 and the Directorate has reviewed this budget and has funded this pressure through the 2009-12 MTP.

There is a gross pressure on the Out of Hours budget of £264k which is partly covered by an increase in income of £232k. The net pressure on the Out of Hours service is due to additional staff being required while the transition of the service to the Call Centre takes place. There is also a forecast gross overspend on training of £78k which is funded by an increase in income of £137k.

There is also an increase in income received by the Facilities and the Business Planning Management Unit (BPMU) of £186k mainly in respect of a disputed invoice from a previous financial year. The total income variance is £548k.

1.1.3.24 Assessment and Related (Gross and Income)

Assessment and Related is forecasting a gross overspend of £1,090k and an increase in income of £410k. The overspend is due to the filling of frontline posts and this is being offset by a planned underspend on the Family Support line (see 1.1.3.17).

The variance on income is due to income for the Best project £165k and Ready for Practice income and training money £147k with the balance being attributed to ad hoc money secured from Health and other sources.

1.1.3.25 Asylum

The Asylum Service is forecasting to have a funding shortfall of £5,222k for the 2008-09 financial year, £4,722k of direct costs and £500k of indirect costs. The number of referrals in Kent is continuing to run at over 50 cases per month. It is now clear from recent discussions with the Home Office that, with a static position nationally, Kent is receiving a greater proportion of the national Unaccompanied Asylum Seeking Children (UASC) intake than previously.

As reported in the last exception report the Home Office has published its guidance on what can be included in the special circumstances bid. Initial calculations imply that it will leave the authority with a sizeable pressure, possibly in the region of £3.1m of the £5.2m current pressure that will not be covered by grant income. This is mainly because there is no provision in the grant rules for any costs relating to the 18+ care leavers to be included in the special circumstances bid. Discussions are ongoing with the Home Office minister to ensure the best resolution for the taxpayers of Kent.

We have received final settlement from the Home Office in respect of 2006-07 and 2007-08. Also, the DCSF have paid the full £2.6m of our special circumstances claim from the 2007-08 financial year, with a small retention subject to a satisfactory audit. By the end of 2007-08 we had £10m of costs we had incurred but not had reimbursed by the HO and DCSF. Of this, we have been successful in receiving £6.4m after also offsetting shortfalls in Asylum general grant following reductions as a result of the data matching exercise. This income, which we had previously covered from the Asylum reserve and bad debt provision, will need to be repaid into the Asylum reserve in order to cover anticipated shortfalls for the current and future years. In addition, £0.4m relating to the general grant shortfall for 2005-06 had already been funded from a provision for repayment of grant set up in 2006-07, therefore in total there is £6.8m available to repay into the reserve.

Other Issues

1.1.3.26 Payments to PVI providers for the free entitlement for 3 and 4 year olds (DSG)

The latest forecast suggests an underspend of around £1,200k on payments to PVI providers for 3 and 4 year olds. This budget is funded entirely from DSG and therefore any surplus or deficit at the end of the year must be carried forward to the next financial year in accordance with the regulations, and cannot be used to offset over or underspends elsewhere in the directorate budget. Therefore, as any unspent Early Years funding has to be returned to schools, at year end any underspend will be transferred to the schools unallocated reserve for DSG and hence is not included in the overall directorate forecast in this report.

1.1.3.27 Nine Month Monitoring

The detailed nine month monitoring returns from schools have been received by the LA. The returns indicate a large drawdown of reserves however past experience indicates that this figure is normally overstated. We are therefore predicting a drawdown of reserves in the region of £8m. However it is very difficult to predict this with accuracy, particularly this year when factoring in the recovery of £1.5m from 15 schools earlier this year and the review and subsequent tightening of the 'balance control mechanism' which schools are being encouraged to work towards before they formally apply at the end of 2009/10 financial year.

Table 2: REVENUE VARIANCES OVER £100K IN SIZE ORDER
(shading denotes that a pressure/saving has an offsetting entry which is directly related)

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
ORS	Schools delegated budgets - expected draw down in reserve	+8,000	CFEA	Family Support - Planned management action (gross)	-1,612
CFEA	Asylum - Shortfall in income (income)	+5,222	ORS	ICT - Broadband connectivity project reduced spend due to reduced buy back from schools (gross)	-1,126
CFEA	Independent Sector Residential Care - increase in demand and high cost placements (gross)	+1,781	CFEA	Independent Sector Residential Care - placement funding from Joint Residential Assessment Panel (income)	-1,174
CFEA	Fostering Service - Independent fostering allowances (gross)	+1,745	CFEA	Fostering Service - Non Independent Fostering Allowance lines (gross)	-837
ORS	ICT - Broadband connectivity project reduced income from schools (income)	+1,118	ORS	Mainstream Home to School Transport - reduction in numbers travelling (gross)	-831
CFEA	Assessment and Related - Frontline staffing overspend (gross)	+1,090	CFEA	ASK Early Years - rebadge of Sure start expenditure (gross)	-760
ORS	SEN Transport - price increases and increase in single occupancy taxis (gross)	+1,048	CFEA	Other Services Support - Family Law (gross)	-560
CFEA	Other Services Support - Legal costs (gross)	+949	CFEA	Assessment and Related - additional income from Best project, training and Health (income)	-410
ORS	SEN Transport - increase in numbers travelling (gross)	+918	CFEA	Family Support - increase in income (income)	-402
ORS	Capital Strategy - closed schools revenue maintenance (gross)	+783	CFEA	ASK Primary - Additional school support (income)	-324
ORS	Capital Strategy - abortive costs for school projects recharged from capital (gross)	+633	CFEA	Independent Day Care - lower take up of places (gross)	-285
ORS	Personnel and Development - pensions (gross)	+339	CFEA	Early Years and Childcare - vacancies (gross)	-269
CFEA	ASK Primary - Additional school support (gross)	+324	CFEA	Other Services Support - Out of Hours Service increased income	-232
ORS	Capital Strategy - moving and hiring of mobile classrooms (gross)	+294	CFEA	Other Services Support - Additional BPMU income (income)	-186
CFEA	Section 17 - increased support to clients (gross)	+280	CFEA	Education Psychology - staffing vacancies and associated costs (gross)	-173
CFEA	Other Services Support - Out of Hours Service staffing (gross)	+264	CFEA	Leaving Care/16 plus - Care Matters grant funding (via Area Based Grant) (gross)	-170

Table 2: REVENUE VARIANCES OVER £100K IN SIZE ORDER

Pressures (+)			Underspends (-)		
portfolio		£000's	portfolio		£000's
CFEA	ASK Primary - School Improvement Partners project staffing (gross)	+165	ORS	Personnel and Development - reduction in school staff redundancy costs (gross)	-170
CFEA	Adoption - interagency fees and adoption allowances (gross)	+129	CFEA	Strategic Planning and Review - postponed Children & Young People Survey (gross)	-150
CFEA	ASK Professional Development - reduction in grant income (income)	+118	CFEA	Policy and Performance - staffing vacancies (gross)	-142
CFEA	Residential Care non LAC - New and extended placements (gross)	+103	CFEA	Fostering Service - additional income for training, placements etc (income)	-139
CFEA	ASK Primary - Staffing overspends (gross)	+100	CFEA	Other Services Support - additional training income (income)	-137
			ORS	Home to College Transport - reduction in numbers travelling	-135
			CFEA	ASK Professional Development - reduction in spend on grant funded activities (gross)	-118
			CFEA	ASK Professional Development - underspend on training costs (gross)	-100
			ORS	Extended Services - Healthy schools vacancy saving (gross)	-100
		+25,403			-10,542

1.1.4 Actions required to achieve this position:

The residual £1.4m pressure before management action shown in Table 1 is the position after the directorate has rebadged £1m of Sure Start grant caused by delays in opening Childrens Centres.

1.1.5 Implications for MTP:

The anticipated continuing base pressures shown above for independent sector residential care, SEN transport and legal services have been funded through the 2009-12 MTP.

1.1.6 Details of re-phasing of revenue projects:

The Childrens and Young people survey planned to take place in 2008-09 has been deferred to 2009-10 (para 1.1.3.8) due to delays in the procurement process. This is a survey of all school children addressing the five Every Child Matters outcomes and will be used to inform a wide range of planning activities. The survey costs can be covered from the 2009-10 base budget and therefore roll forward of the £150k underspend will not be required, enabling it to be used to offset other pressures within the directorate.

1.1.7 Details of proposals for residual variance: *[eg roll forward proposals; mgmt action outstanding]*

The Directorate intends to offset the current pressures using the proposals listed below:

In the OR&S portfolio:

- The directorate underspent its LAA grant in 2007-08 by £0.277m. LAA funding which is one off in nature will be used to offset part of the pressure. We will rebadge this against the most appropriate service line once the final outturn position is known.
- We will continue to look in detail at expenditure items in the Directorate that we may be able to charge to the LA element of the DSG or to the Sure Start Grant where we have some capacity. We have set a target of £1.129m.

1.2 CAPITAL

- 1.2.1 All changes to cash limits are in accordance with the virement rules contained within the constitution and have received the appropriate approval via the Leader, or relevant delegated authority.

The capital cash limits have been adjusted to reflect the position reflected in the 2009-12 MTP as agreed by County Council on 19 February 2009. However, these differ from the cash limits shown in 2009-10 Budget Book, as the cash limits reflected in this report only include those projects starting in the current or previous years, whereas the cash limits in the 2009-10 Budget Book also include projects due to start in future years of the 2009-12 MTP.

- 1.2.2 **Table 3** below provides a portfolio overview of the latest capital monitoring position.

	Prev Yrs Exp £000s	2008-09 £000s	2009-10 £000s	2010-11 £000s	Future Yrs £000s	TOTAL £000s
Operations, Resources & Skills Portfolio						
Budget approved at Cty Council	137,313	148,119	200,717	170,247	130,133	786,529
Adjustments:						
-						0
Revised Budget	137,313	148,119	200,717	170,247	130,133	786,529
Variance		-526	+3,026	+29	0	+2,529
split:						
- real variance		+1,999	+530	0	0	+2,529
- re-phasing		-2,525	+2,496	+29	0	0
Children, Families & Educational Achievement Portfolio						
Budget approved at Cty Council	8,520	2,040	2,567	250	750	14,127
Adjustments:						
-						0
Revised Budget	8,520	2,040	2,567	250	750	14,127
Variance		-3	+64	0	0	+61
split:						
- real variance		+61	0	0	0	+61
- re-phasing		-64	+64	0	0	0
Directorate Total						
Revised Budget	145,833	150,159	203,284	170,497	130,883	800,656
Variance	0	-529	3,090	29	0	2,590
Operations, Resources & Skills Portfolio						
Devolved Capital to Schools						
Budget approved at Cty Council		44,618	27,252	26,690	78,267	176,827
Variance		0	0	0	0	0
split:						
- real variance		0	0	0	0	0
- re-phasing		0	0	0	0	0
Real Variance		+2,060	+530	0	0	+2,590
Re-phasing		-2,589	+2,560	+29	0	0

- 1.2.3 **Main Reasons for Variance**

Table 4 below, details all forecast capital variances over £250k in 2008-09 and identifies these between projects which are:

- part of our year on year rolling programmes e.g. maintenance and modernisation;
- projects which have received approval to spend and are underway;
- projects which are only at the approval to plan stage and
- projects at preliminary stage.

The variances are also identified as being either a real variance i.e. real under or overspending which has resourcing implications, or a phasing issue i.e. simply down to a difference in timing compared to the budget assumption.

Each of the variances in excess of £1m which is due to phasing of the project, excluding those projects identified as only being at the preliminary stage, is explained further in section 1.2.4 below.

All real variances are explained in section 1.2.5, together with the resourcing implications.

Table 4: CAPITAL VARIANCES OVER £250K IN SIZE ORDER

portfolio	Project	real/ phasing	Project Status			
			Rolling Programme £'000s	Approval to Spend £'000s	Approval to Plan £'000s	Preliminary Stage £'000s
Overspends/Projects ahead of schedule						
ORS	Building Maintenance	real	+2,096			
ORS	BSF Development Costs	phasing	+774			
ORS	Development Opportunities - Dartford Campus	real		+338		
			+2,870	+338	0	0
Underspends/Projects behind schedule						
ORS	Primary Pathfinder - The Manor School	phasing		-1,630		
CFEA	Primary Pathfinder - Oakfield Primary School	phasing		-507		
ORS	Non delegated Devolved Capital PRU's	phasing	-461			
ORS	Corporate Property Project Management	real	-376			
			-837	-2,137	0	0
			+2,033	-1,799	0	0

1.2.4 Projects re-phasing by over £1m:

1.2.4.1 The Manor Primary School, Swanscombe – slippage £1.630 million

This scheme is designed to deliver a rebuilt primary school for 420 pupils, together with some refurbishments to an existing block. This will create a single building for a school which is currently accommodated in separate infant and junior buildings.

The project has slipped by £1.630m which represents 25% of the total value of the scheme. It has been delayed in starting by about five months because of some very onerous conditions attached to the planning permission, which involved high levels of archaeology & environmental surveying. The planning conditions are expected to be discharged during March 2009 with the project starting on site in April and a completion date in May 2010.

There are some service implications in that part of the school will remain in temporary accommodation for this additional time. As they will not be able to move into their new premises, the difficulties of working out of separate buildings will continue until the work is completed. However the school will continue to function normally.

There are no financial implications; in fact the delay has enabled a lot of work to be carried out on valuation engineering to ensure that the cost can be contained within the budget.

	Prior Years	2008-09	2009-10	2010-11	future years	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
BUDGET & FORECAST						
Budget	73	2,569	3,765	95	0	6,502
Forecast	73	939	5,460	30	0	6,502
Variance	0	-1,630	1,695	-65	0	0
FUNDING						
Budget:						
grant	73	2,569	3,765	95	0	6,502
TOTAL	73	2,569	3,765	95	0	6,502
Forecast:						
grant	73	939	5,460	30		6,502
TOTAL	73	939	5,460	30	0	6,502
Variance	0	-1,630	1,695	-65	0	0

1.2.5 Projects with real variances, including resourcing implications:

The real variance over the lifetime of the revised Medium Term Plan indicates an overspend of £2.590m, £2.529m within the OR&S portfolio & £0.061m in the CF&EA portfolio. The £2.590m across the years of the MTP is split +£2.060m in 2008/09 and +£0.530m in 2009/10.

The +£2.590 million overspend relates to:

- **Building Maintenance +£2.096m (all in 2008/09)** – The overspend is in 3 main areas of the Building Maintenance budget.
 - (a) Emergency Programme (+£1.116m) - reactive works such as roof replacement & repairs, electrical upgrades, fire escape repairs & replacement boilers, all of which were not planned & have been necessary to prevent school closures or to address Health & Safety issues.
 - (b) Replacement of Catering Equipment (+£0.470m) – additional works required to address serious Health & Safety risk issues which otherwise would have resulted in the closure of school kitchens.
 - (c) Planned Maintenance Agreements (PMA) (+£0.430m) – this overspend is as a direct result of changes in statutory requirements, an example being the need for improved ventilation in boiler houses where the PMA budget is now being charged with the additional testing requirements & any additional works resulting from this testing. The 2009/10 budget for building maintenance has been reviewed and restructured with the intention of both bringing spend in line with the resources available and also to identify pressure points at an earlier stage in the monitoring process.

- **Dartford Campus School +£0.835m (+£0.338m in 2008/09 & +£0.497m in 2009/10)** – the main areas of increased spend are Dartford Technology College (+£0.611m), Enabling Works +£0.111m) & the Access Road & Car Park (+£0.097m). The increases on Dartford Technology College are due to previously unforeseen mechanical engineering works & additional works required to complete this element of the project. The increase on the enabling works element of the project is due to the need to extend the hire of temporary accommodation due to the delay in the handover to the Rainbow Day Nursery and the Adult Education Centre. The increased costs on the Access Road & Car Park relate to additional road safety works that have been required to meet KCC highway requirements in Heath Lane and Princess Road e.g. speed humps, additional signs and illumination of signs.
- **Modernisation Programme 2006/7/8 starts +£0.274m (+£0.185m in 2008/09 & +£0.089m in 2009/10)** - the most significant increase relates to additional costs at Wilmington Enterprise College (+£0.105m) where the new build needed to be repositioned due to services being incorrectly shown on the plans. The repositioned new build was both more expensive to build & the delay caused by this disruption resulted in contractor extension of time payments.
- **Self Funded Projects +£0.121m (all in 2008/09)** - all of this overspend relates to the Quarryfields project and will be funded by planned revenue contributions.
- **Corporate Property Recharge -£0.376m (all in 2008/09)** - this saving has resulted from our inability to capitalise the indirect staffing costs of Corporate Property Unit resulting in the costs being recharged to revenue. Although the annual cash limit for future years is the same as 2008/09 there are known additional costs that we believe will eliminate this saving from re-occurring.
- **Modernisation Programme 2004/5/6 starts -£0.356m (-£0.287m in 2008/09 & -£0.069m in 2009/10)** - virtually all of this saving relates to abortive developments costs on projects that have either been deleted, or significantly re-phased in the revised MTP. As these costs cannot be capitalised they have been recharged to revenue. (eg. Kennington -£0.224m)
- **Modernisation Programme 2007/8 starts -£0.127m (all in 2008/09)** - virtually all of this saving relates to abortive developments costs on the Park Farm Primary School, Folkestone project (-£0.135m) which have been recharged to revenue. The revised plan is to make a lump sum contribution, pending formal approval by the DCSF, to Folkestone Academy to incorporate the primary school within its complex.

Overall this leaves a residual balance of +£0.123m on a number of more minor projects (+£0.110m in 2008/09 & +£0.013m in 2009/10).

All of this £2.590m overspend is covered by additional funding from a mixture of developer contributions, grant & revenue funding.

1.2.6 General Overview of capital programme:

(a) Risks

The creation of the PEF2 fund has reduced what was previously seen as the major risk i.e. the realisation of capital receipts. It does however reduce the value of receipts and hence the size of associated schemes.

(b) Details of action being taken to alleviate risks

We continue to stress to colleagues elsewhere within the authority the fixed nature of our budget and anything extra that they insist upon means another scheme loses. The programme is also monitored internally on a regular basis and any potential challenges noted.

1.2.7 PFI projects

- Building Schools for the Future (wave 3)

£69.6m of investment in the BSF Wave 3 programme represents investment by a third party. No payment is made by KCC for the new/refurbished assets until the asset are ready for use and this is by way of an annual unitary charge to the revenue budget.

	Previous years	2008-09	2009-10	2010-11	TOTAL
	£000s	£000s	£000s	£000s	£000s
Budget	-	21,602	43,204	4,801	69,607
Actual / Forecast	-	21,602	43,204	4,801	69,607
Variance	-	0	0	0	0

(a) **Progress and details of whether costings are still as planned (for the 3rd party)**

The contracts for the Building Schools for the Future programme and the establishment of Local Education Partnership 1 (LEP1) were signed on 24th October 2008. These include the PFI Agreement for the construction of the three PFI schools. Preliminary works on the three PFI sites began slightly before financial close (at the Contractor's risk) in order to maintain the construction programme. The construction of the new assets is therefore currently running to schedule and in accordance with the costings above.

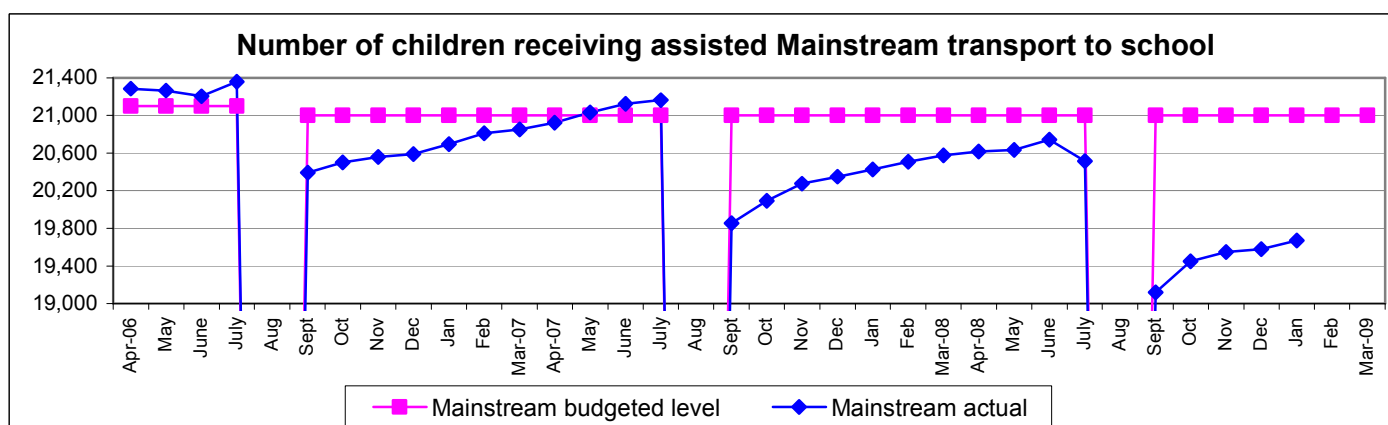
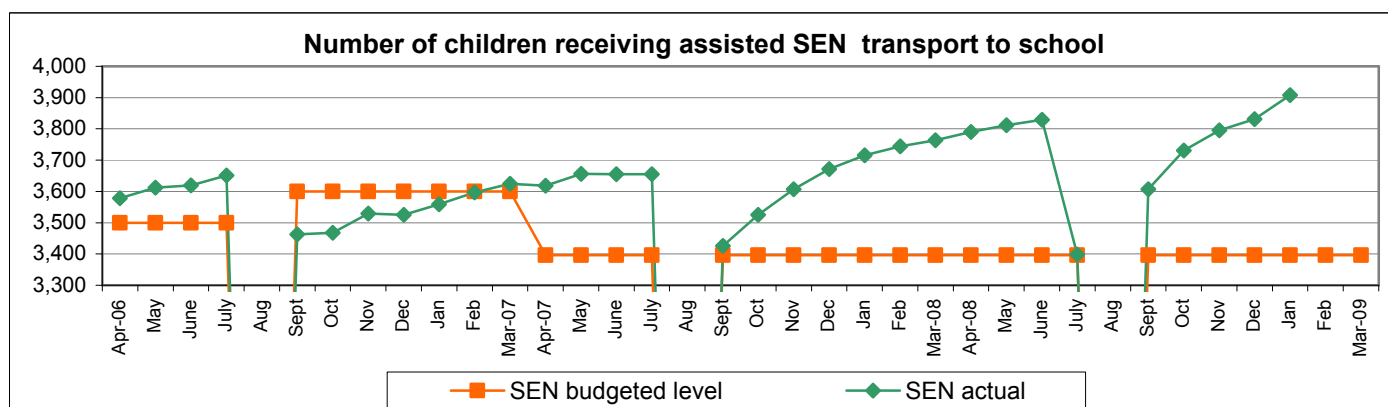
(b) **Implications for KCC of details reported in (a) ie could an increase in the cost result in a change to the unitary charge ?**

The PFI Contractor bears the risk of any delays to the construction programme (with the exception of any agreed compensation events). Consequently, any delays that may arise in the construction programme will not impact on the unitary charge.

2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

2.1 Numbers of children receiving assisted SEN and Mainstream transport to school:

	2006-07				2007-08				2008-09			
	SEN		Mainstream		SEN		Mainstream		SEN		Mainstream	
	Budgeted level	actual	Budgeted level	actual	Budgeted level	actual	Budgeted level	actual	Budgeted level	actual	Budgeted level	actual
April	3,500	3,578	21,100	21,285	3,396	3,618	21,000	20,923	3,396	3,790	21,000	20,618
May	3,500	3,612	21,100	21,264	3,396	3,656	21,000	21,032	3,396	3,812	21,000	20,635
June	3,500	3,619	21,100	21,202	3,396	3,655	21,000	21,121	3,396	3,829	21,000	20,741
July	3,500	3,651	21,100	21,358	3,396	3,655	21,000	21,164	3,396	3,398	21,000	20,516
Aug	0	0	0	0	0	0	0	0	0	0	0	0
Sept	3,600	3,463	21,000	20,392	3,396	3,426	21,000	19,855	3,396	3,607	21,000	19,118
Oct	3,600	3,468	21,000	20,501	3,396	3,525	21,000	20,093	3,396	3,731	21,000	19,450
Nov	3,600	3,529	21,000	20,561	3,396	3,607	21,000	20,276	3,396	3,795	21,000	19,548
Dec	3,600	3,525	21,000	20,591	3,396	3,671	21,000	20,349	3,396	3,831	21,000	19,579
Jan	3,600	3,559	21,000	20,694	3,396	3,716	21,000	20,426	3,396	3,908	21,000	19,670
Feb	3,600	3,597	21,000	20,810	3,396	3,744	21,000	20,509	3,396		21,000	
March	3,600	3,624	21,000	20,852	3,396	3,764	21,000	20,575	3,396		21,000	



Comments:

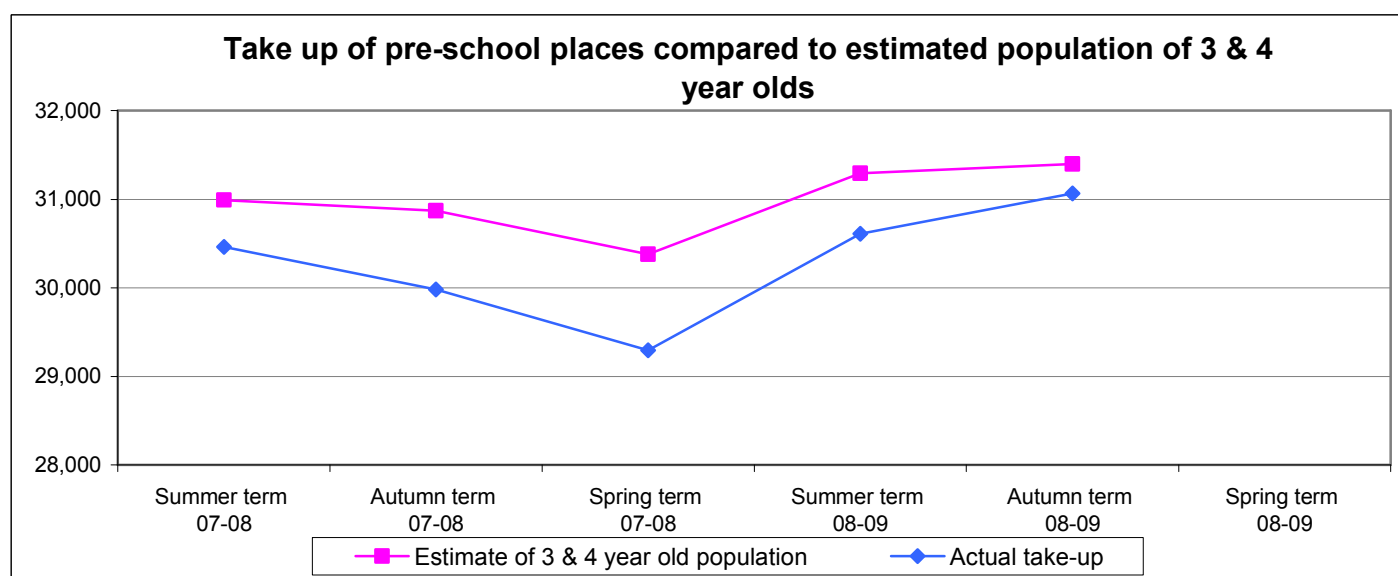
- SEN HTST** – In 2007-08 there was a significant gap between the actual and budgeted level of assisted SEN transport to schools which related to the savings targets which significantly reduced the budgeted level and the fact that the service was unable to achieve these. The actual numbers travelling continues to exceed budgeted levels and following some detailed work undertaken by Passenger Transport Unit a forecast overspend has now been reported in section 1.1.3.7.

The actual number of pupils travelling appears low in July as the 'day of count' was after some special schools had closed for the summer. (The count is only taken on one day in the month). The data in September gives a better view of the levels of pupils receiving assisted transport.

- Mainstream HTST** - The budgeted level has been calculated by dividing the 2008/09 budget by the current average cost per child. Actual numbers travelling continue to be less than budgeted levels and an underspend has now been reported in section 1.1.3.6.

2.2.1 Take up of pre-school places against the number of places available, split between Private Voluntary and Independent Sector (PVI) places and School places:

	2007-08					2008-09				
	<i>PVI places taken up</i>	<i>School places taken up</i>	Total places taken up	Estimate of 3 & 4 year old population	% take up	<i>PVI places taken up</i>	<i>School places taken up</i>	Total places taken up	Estimate of 3 & 4 year old population	% take up
Summer term	20,675	9,485	30,460	30,992	98%	20,766	9,842	30,608	31,294	98%
Autumn term	14,691	15,290	29,981	30,867	97%	14,461	16,604	31,065	31,399	99%
Spring term	17,274	12,020	29,294	30,378	97%					

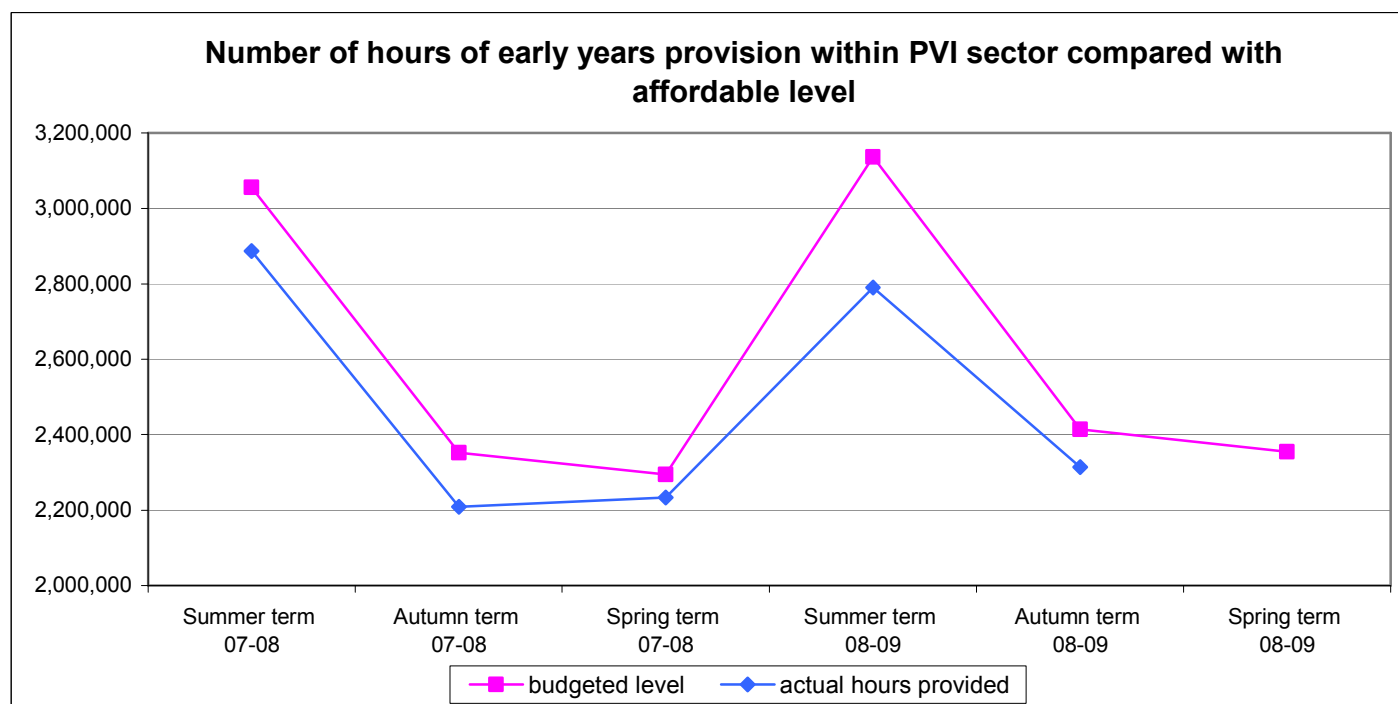


Comments:

- This graph shows that currently 99% of the estimated population of 3 and 4 year olds are receiving some level of early years provision, whether this be one session per week for 33 weeks or the maximum of five sessions per week for the full 38 weeks. This activity indicator is based on headcount and provides a snapshot position at a point in time, whereas the activity data in 2.2.2 below provides details of the number of hours provided in the Private, Voluntary & Independent sector, and will correlate with the variance on the Early Years budget within the Management Information Unit. However as this budget is funded entirely from DSG, any surplus or deficit at the end of the year must be carried forward to the next financial year in accordance with the regulations, and cannot be used to offset over or underspends elsewhere in the directorate budget. Therefore, as any unspent Early Years funding has to be returned to schools, at year end any underspend will be transferred to the schools unallocated reserve for DSG and hence is not included in the overall directorate forecast shown in table 1, but is reported in the narrative in section 1.1.3.26 of this annex.

2.2.2 Number of hours of early years provision provided to 3 & 4 year olds within the Private, Voluntary & Independent Sector compared with the affordable level:

	2007-08		2008-09	
	Budgeted number of hours	Actual hours provided	Budgeted number of hours	Actual hours provided
Summer term	3,056,554	2,887,134	3,136,344	2,790,446
Autumn term	2,352,089	2,209,303	2,413,489	2,313,819
Spring term	2,294,845	2,233,934	2,354,750	
	7,703,488	7,330,371	7,904,583	5,104,265



Comments:

- The budgeted number of hours per term is based on an assumed level of take-up and the assumed number of weeks the providers are open. The variation between the terms is due to two reasons: firstly, the movement of 4 year olds at the start of the Autumn term into reception year in mainstream schools; and secondly, the terms do not have the same number of weeks.
- The current activity suggests an underspend on this budget which has been mentioned in section 1.1.3.26 of this annex.
- It should be noted that not all parents currently take up their full entitlement and this can change during the year.

2.3 Number of schools with deficit budgets compared with the total number of schools:

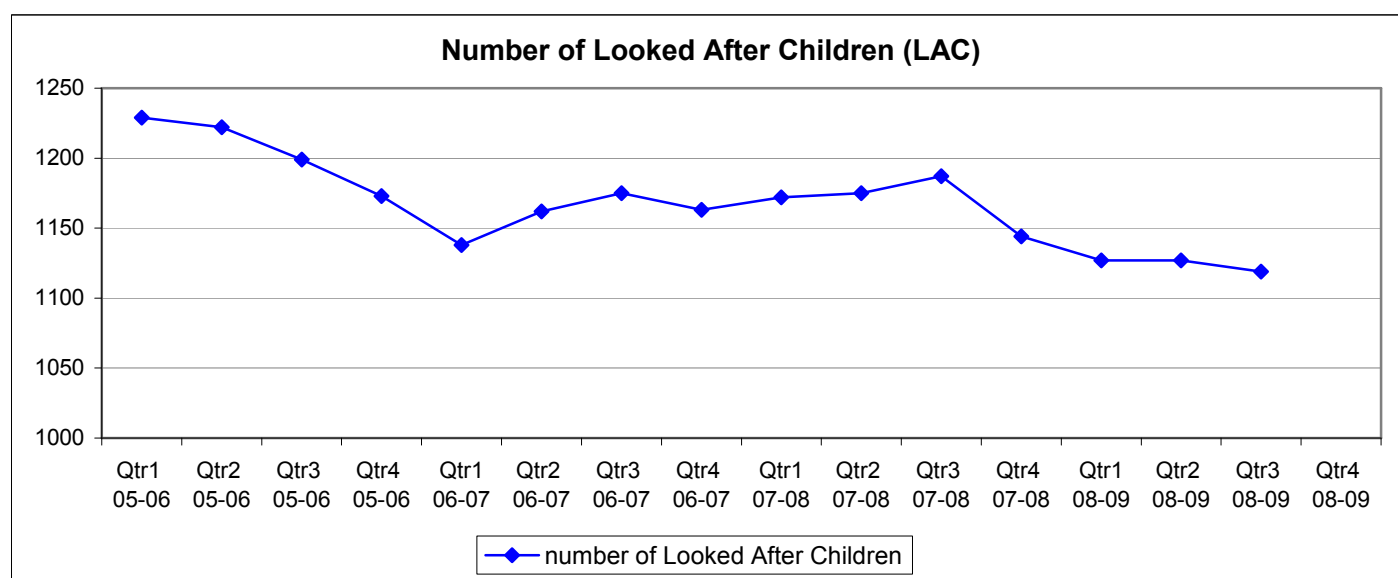
	2005-06	2006-07	2007-08	2008-09
	as at 31-3-06	as at 31-3-07	as at 31-3-08	Projection
Total number of schools	600	596	575	570
Total value of school reserves	£70,657k	£74,376k	£79,360k	£71,360k
Number of deficit schools	9	15	15	21
Total value of deficits	£947k	£1,426k	£1,068k	£1,265k

Comments:

- The information on deficit schools for 2008/09 has been obtained from the schools budget submissions. The LA receives updates from schools through budget monitoring returns from all schools after 6 months, and 9 months as well as an outturn report at year end. The projected draw down of reserves of £8m includes £1.5m recovered from schools following work undertaken on school balances earlier in the financial year.
- KCC has a “no deficit” policy for schools, which means that schools cannot plan for a deficit budget at the start of the year. Unplanned deficits will need to be addressed in the following year’s budget plan, and schools that incur unplanned deficits in successive years will be subject to intervention by the LA.
- The CFE Statutory team are working with all schools currently reporting a deficit with the aim of returning the schools to a balanced budget position as soon as possible. This involves agreeing a management action plan with each school.

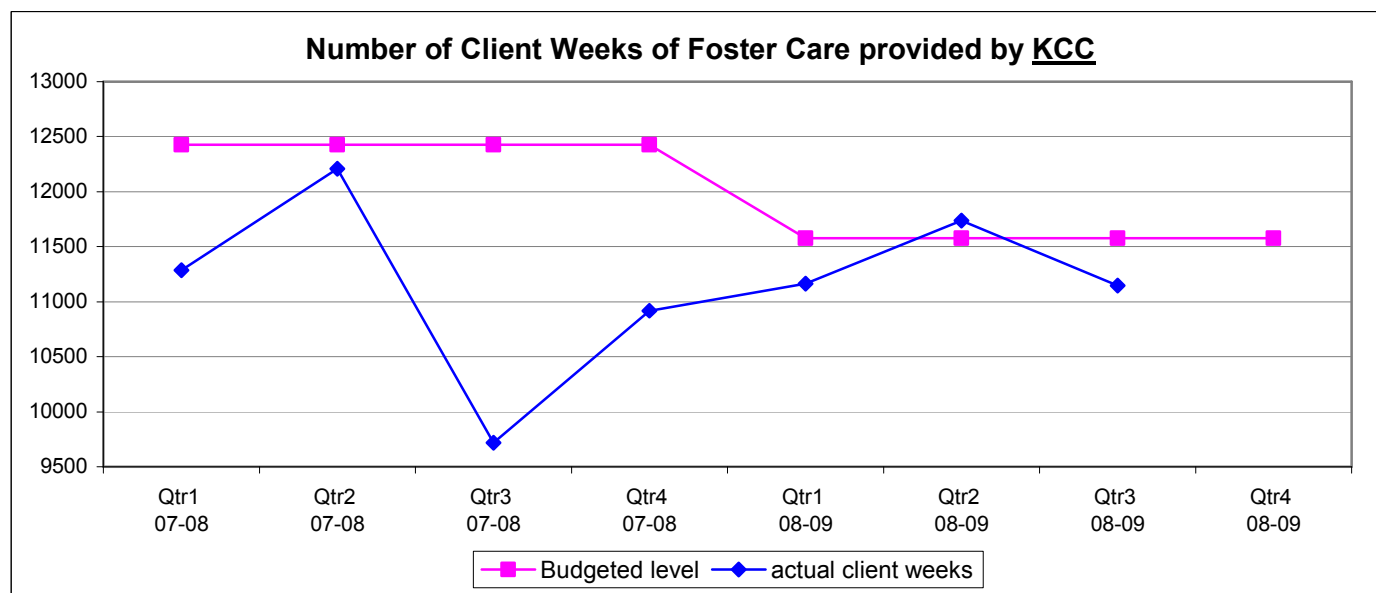
2.4 Numbers of Looked After Children (LAC):

	2005-06	2006-07	2007-08	2008-09
Apr – Jun	1,229	1,138	1,172	1,127
Jul – Sep	1,222	1,162	1,175	1,127
Oct – Dec	1,199	1,175	1,187	1,119
Jan – Mar	1,173	1,163	1,144	



2.5.1 Number of Client Weeks of Foster Care provided by KCC:

	2007-08		2008-09	
	Budgeted level	Actual Client Weeks	Budgeted level	Actual Client Weeks
Apr - Jun	12,427.25	12,711.26	11,575.8	11,165.70
Jul - Sep	12,427.25	10,781.00	11,575.8	11,735.39
Oct - Dec	12,427.25	9,716.04	11,575.8	11,147.16
Jan - Mar	12,427.25	10,917.96	11,575.8	
	49,709.00	44,128.74	46,303.2	34,048.25

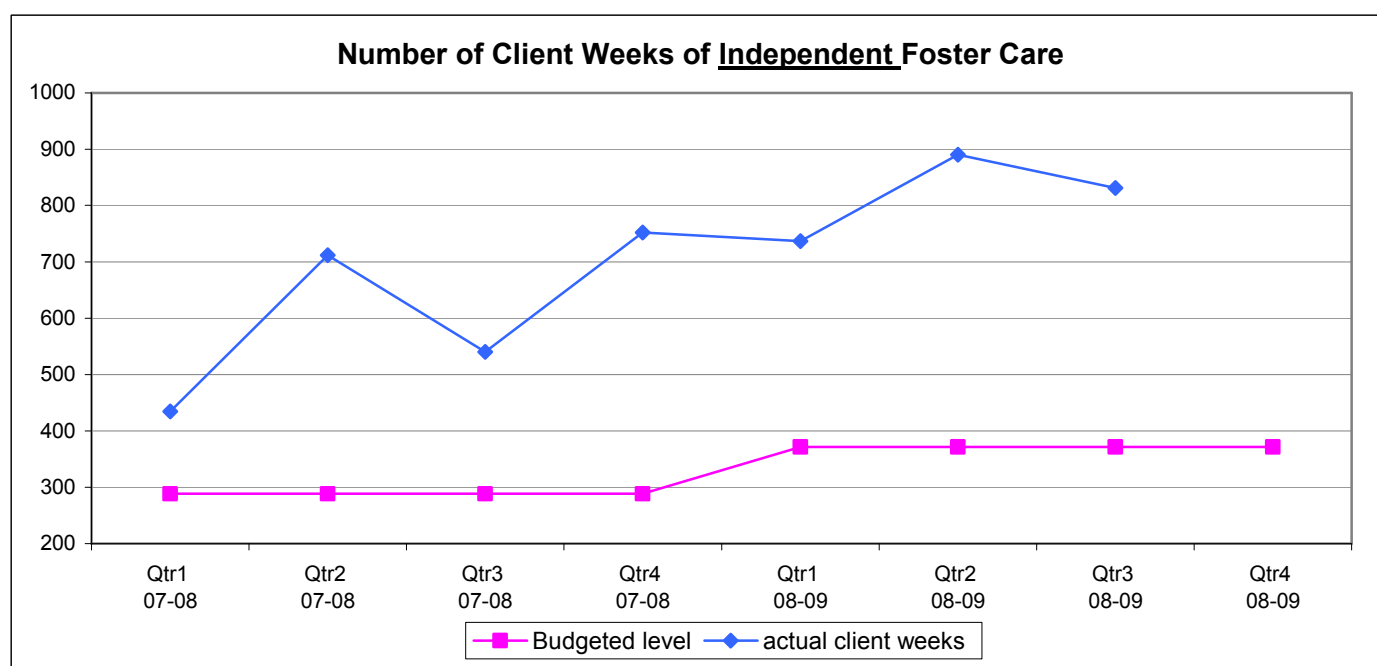


Comments:

- The actual number of client weeks is based on the numbers of known clients at a particular point in time. This may be subject to change due to the late receipt of paperwork.
- The budgeted level has been calculated by dividing the budget by the average weekly cost. The average weekly cost is also an estimate based on financial information and estimates of the number of client weeks and may be subject to change.
- The current year to date activity suggests an underspend on this budget which has been mentioned in 1.1.3.18 of this annex. The underspend is forecast to be slightly greater than reported in the last monitoring report as some placements have ended earlier than expected.
- It should be noted that the data relating to 2007-08 was manually produced due to problems with the IT system and should be treated with some caution. The figures have been re-visited and as a result some client weeks have been moved between quarter 2 and quarter 1. This has not affected the overall total of weeks for 2007-08.

2.5.2 Number of Client Weeks of Independent Foster Care:

	2007-08		2008-09	
	Budgeted level	Actual Client Weeks	Budgeted level	Actual Client Weeks
Apr - Jun	288.50	434.57	371.78	736.59
Jul - Sep	288.50	712.00	371.78	890.10
Oct - Dec	288.50	540.42	371.78	831.04
Jan - Mar	288.50	752.15	371.78	
	1,154.00	2,439.14	1,487.12	2,457.73



Comments:

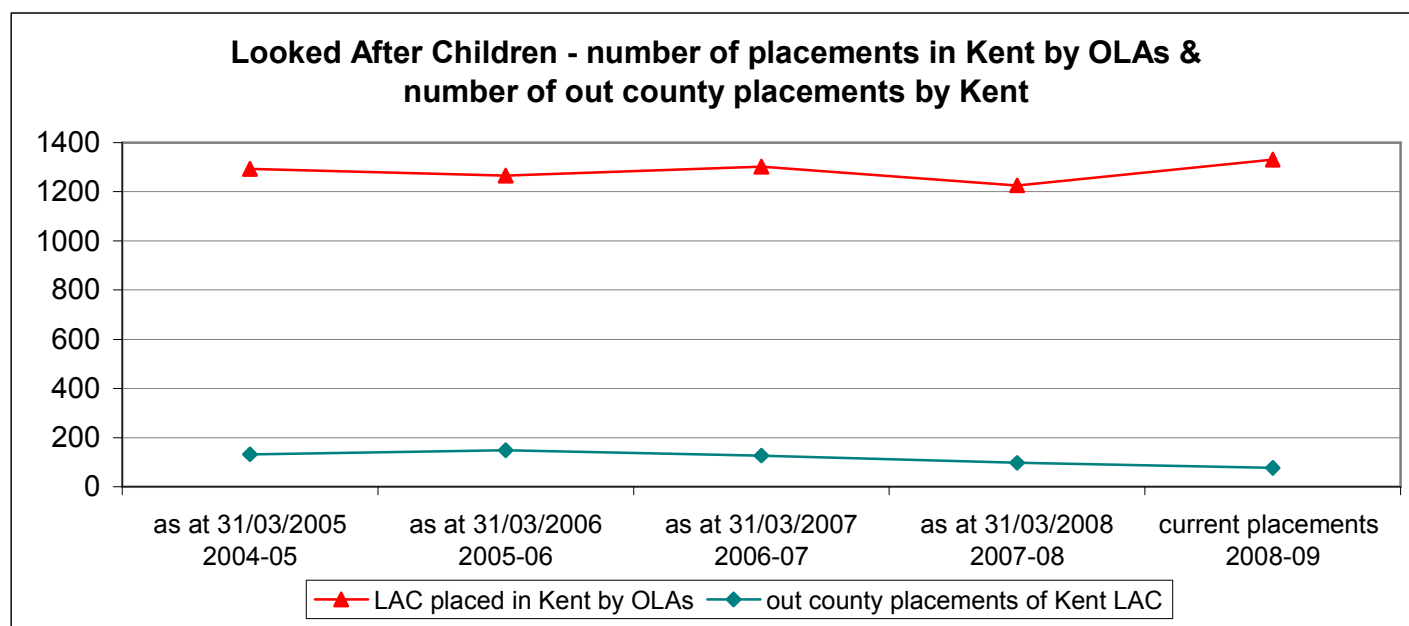
- The actual number of client weeks is based on the numbers of known clients at a particular point in time. This may be subject to change due to the late receipt of paperwork.
- The budgeted level has been calculated by dividing the budget by the average weekly cost. The average weekly cost is also an estimate based on financial information and estimates of the number of client weeks and may be subject to change.
- The current activity suggests an overspend on this budget which has been mentioned in 1.1.3.18 of this annex.

2.6 Number of Placements in Kent of LAC by other Authorities:

2004-05 as at 31/03/2005	2005-06 as at 31/03/2006	2006-07 as at 31/03/2007	2007-08 as at 31/03/2008	2008-09 Current placements
1,294	1,266	1,303	1,226	1,331

2.7 Number of Out County Placements of LAC by Kent:

2004-05 as at 31/03/2005	2005-06 as at 31/03/2006	2006-07 as at 31/03/2007	2007-08 as at 31/03/2008	2008-09 Current placements
132	149	127	97	77

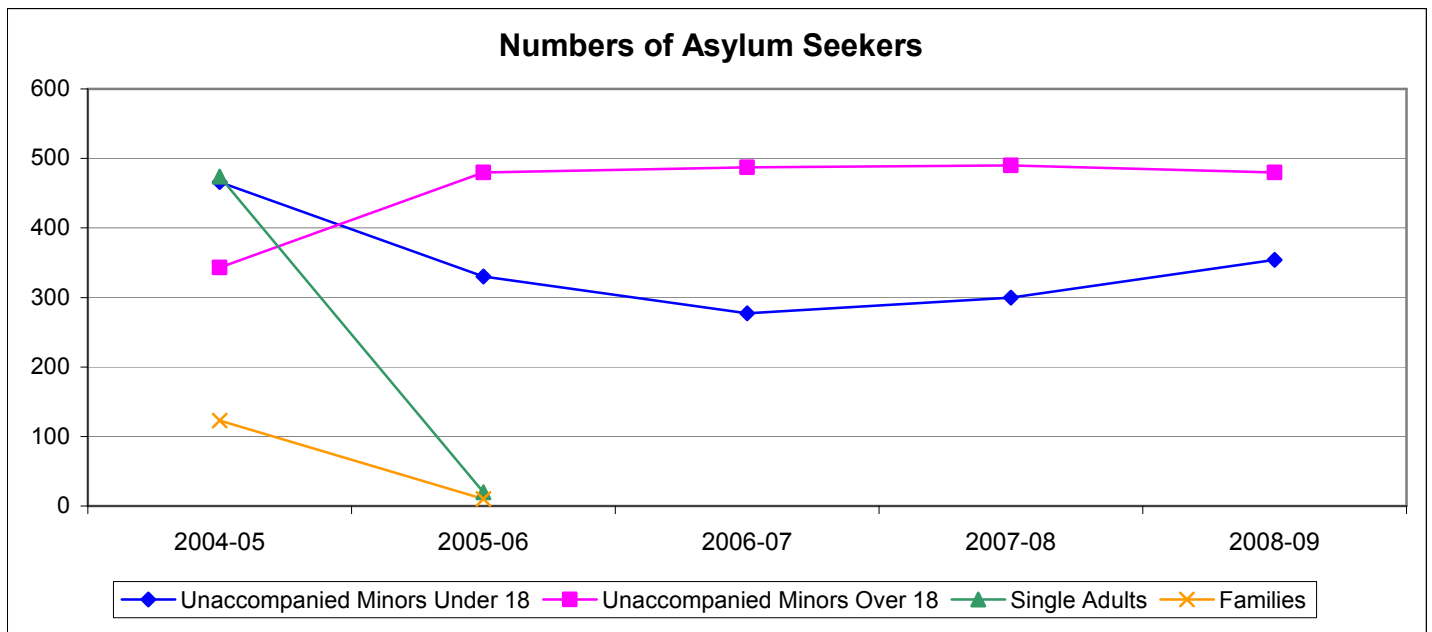


Comment:

- Children Looked After by KCC may on occasion be placed out of the County, which is undertaken using practice protocols that ensure that all long-distance placements are justified and in the interests of the child. All Looked After Children are subject to regular statutory reviews (at least twice a year), which ensures that a regular review of the child's care plan is undertaken. The majority (over 99%) of Looked After Children placed out of the Authority are either in adoptive placements, placed with a relative, specialist residential provision not available in Kent or living with KCC foster carers based in Medway.

2.8 Numbers of Asylum Seekers (by category):

	2004-05	2005-06	2006-07	2007-08	2008-09
	31-03-05	31-03-06	31-03-07	31-03-08	31-1-09
	Number	Number	Number	Number	Number
Unaccompanied Minors Under 18	466	330	277	300	354
Unaccompanied Minors Over 18	343	480	487	490	480
Single Adults	474	20	0	0	0
Families	123	10	0	0	0



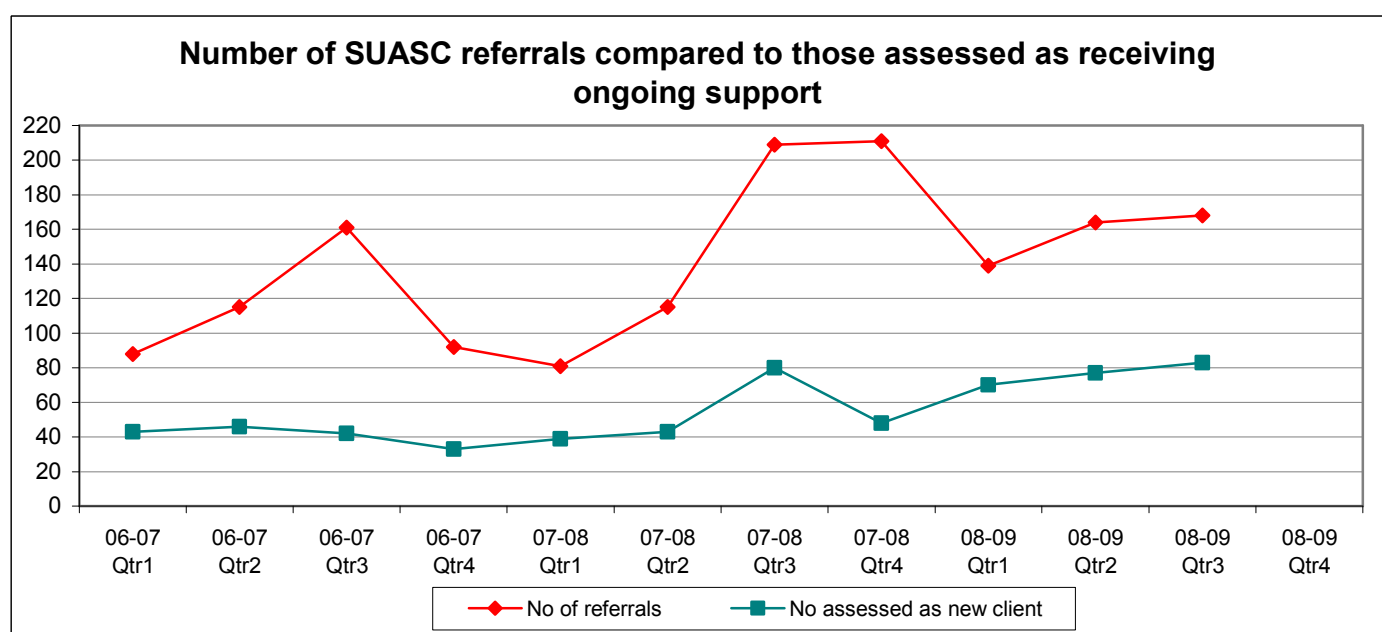
Comment:

- Client numbers have risen as a result of higher referrals and are higher than projected numbers.

2.9 **Numbers of Asylum Seeker referrals compared with the number assessed as qualifying for on-going support from Service for Unaccompanied Asylum Seeking Children (SUASC) ie new clients:**

	2006-07			2007-08			2008-09		
	No. of referrals	No. assessed as new client	%	No. of referrals	No. assessed as new client	%	No. of referrals	No. assessed as new client	%
April - June	88	43	49%	81	39	48%	139	70	50%
July - Sept	115	46	40%	115	43	37%	164	77	46%
Oct - Dec	161	42	26%	209	80	38%	168	83	49%
Jan - March	92	33	36%	211	48	23%	*45	*15	*33%
	456	164	36%	616	210	34%	516	245	47%

* to 31 January 2009



Comments:

- Referral rates have reduced compared to the last half of 2007-08. However the numbers for the first two quarters were considerably higher than for the same period in the previous two years and they have remained at this level through quarter 3. The number being assessed as under 18 remains higher than the same period in the previous two years.

By: Leyland Ridings, Cabinet Member, Children Families & Education & Sarah Hohler, Chair of the PSHE Member Advisory Group

To: Children, Families and Education Policy Overview Committee
– 27th March 09

Subject: PSHE Members Advisory Group

Summary: This report presents an update on the activities, progress and future development of the cross party Members Advisory Group on PSHE.

For information and approval of recommendations.

Introduction

Background to PSHE Members Advisory Group (MAG)

1. In October 2007, the Leader of the Council requested that an informal member advisory group (MAG) was set up and chaired by Mrs Sarah Hohler. This MAG was to focus on Personal, Social, Health and Economic Education (PSHE), in particular it was to oversee the implementation of certain recommendations of the previous PSHE select committee, chaired by Ms Jane Cribbon.
2. The PSHE Select Committee's report had been published in March 2007 and presented eighteen recommendations (see Appendix 2). Recommendation ten of this report states that a strategy for a more systematic Personal, Social and Health Education delivery, coupled with more robust assessment and monitoring methods, be written and adopted in all the primary and secondary schools in Kent. This strategy is to be supported by a developmental action plan to be implemented by 2011.
3. The Terms of Reference of this informal member group were as follows: -
 - To oversee the development of the Kent PSHE Strategy.
 - To oversee the development of a Kent PSHE curriculum which emphasises responsibility and relationships.
 - To identify opportunities to improve the quality and quantity of PSHE in Kent.
 - To promote the role of PSHE as a key driver for ensuring the wellbeing of young people.
 - To ensure young people are involved at every stage with the design and delivery PSHE.

4. In addition and in recognition of the different levels of provision in schools, every member of PSHE MAG was asked to champion PSHE and to convey the significance of PSHE.

Activities of MAG

5. The Committee has been very proactive and is clearly very committed to this important agenda. It has met on nine separate occasions to receive oral and written evidence from several witnesses working for the Children, Families and Education Directorate and other partner agencies. The Committee has also visited three schools.
6. Evidence from these meetings has formed the basis of the Group's report, which includes additional recommendations for action. This report can be found at Appendix 1.

Developments

7. There have been many developments in the field of PSHE since the initial meeting of PSHE MAG.
8. The members of the Group have worked with officers to produce the PSHE Strategy, which was launched at the Secondary Headteachers Conference in November 2008. This has been distributed to all schools and stakeholder partners.
9. In October 2008, the Government announced that PSHE will become a statutory part of the school curriculum from Key Stage 1 to 4 (ages 5 to 16). This is likely to take effect from 2011.
10. The announcement comes in response to the principal findings of both the National Review of Sex and Relationships Education (SRE) in Schools and the report by the National Advisory Group on Drug and Alcohol Education, which both recommended that good PSHE was vital to providing a healthy, rounded education. In addition, PSHE MAG lobbied Rt Hon Ed Balls MP by letter asking for PSHE to become a statutory subject.
11. It was also announced that Sir Alasdair MacDonald, will lead a review into how best to make PSHE statutory, ensuring that there is a place in the timetable and flexibility in the curriculum to take schools' ethos, pupils' needs and parents' values into account. Updated guidance will also be produced covering the content of the curriculum, based on the existing non-statutory programme of study. Sir Jim Rose is currently undertaking a review of The Primary Curriculum. His final report and guidance for all aspects of the principles and content for PSHE will not be known until summer 2009. The Committee wait expectantly for these developments.

Recommendations

- 1) In light of the progress made, and the future developments that are expected, the Members Advisory Group feel that there is an ongoing role for them to play in supporting the further development of PSHE and the implementation of the Kent PSHE Strategy. The group would recommend that it continues to support PSHE through monitoring the progress of the Kent PSHE Strategy action plan by lead officers reporting three times a year.
- 2) That officers be commended for their ongoing support.

Action

That this report is received and the recommendation regarding the future continuation of the Members Advisory Group be approved.

Allan Foster
Lead Curriculum Adviser for PSHE, Citizenship and RE
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Allan.foster@kent.gov.uk

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PSHE Informal Member Advisory Group Report

December 2008

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Introduction

Scene Setting

- 1.1.1 In October 2007, the Leader of the Council requested that an informal member advisory group (MAG) was set up and chaired by Mrs Sarah Hohler. This MAG was to focus on Personal, Social, Health and Economic Education (PSHE), in particular it was to oversee the implementation of certain recommendations of the previous PSHE select committee, chaired by Ms Jane Cribbon.
- 1.1.2 The PSHE Select Committee's report had been published in March 2007 and presented eighteen recommendations. A list of these recommendations can be found in **Appendix 1**. Recommendation ten of aforementioned report states that a strategy for a more systematic Personal, Social and Health Education delivery, coupled with more robust assessment and monitoring methods, be written and adopted in all the primary and secondary schools in Kent.
- 1.1.3 By monitoring the implementation of such a strategy, the PSHE MAG hoped to change the view of three-quarters of 11-18 year olds that their sex and relationship education was poor.
- 1.1.4 The Group has met on nine separate occasions to receive oral and written evidence from several witnesses working for the Children, Families and Education Directorate and other partner agencies. The Group has also visited three schools.
- 1.1.5 The PSHE MAG was established to work in tandem with existing steering groups. These groups are: -
- **The PSHE Strategy Group** chaired by Allan Foster and Lynne Miller.
 - **The Drug Education Steering Group** – chair to be appointed.
 - **The Sex and Relationships Education Steering Group** chaired by John Taylor.
 - **The Anti-bullying Strategy Steering Group** chaired by Peter Heckel.
 - **The CAMHS (Child and Adolescent Mental Health Service) Steering Group**.
 - **The SEAL (Social and Emotional Aspects of Learning) Steering Group** – This group was formed in September 2007 to oversee the implementation of the SEAL programme.

The Terms of Reference

1.2.1 The Terms of Reference of the informal member group were as follows:

- To oversee the development of the Kent PSHE Strategy.
- To oversee the development of a Kent PSHE curriculum which emphasises responsibility and relationships.
- To identify opportunities to improve the quality and quantity of PSHE in Kent.
- To promote the role of PSHE as a key driver for ensuring the wellbeing of young people.
- To ensure young people are involved at every stage with the design and delivery PSHE.

1.2.2 In addition, every member of PSHE MAG was asked to champion PSHE and to convey the significance of PSHE and its impact to schools that were not signed up to the agenda.

1.2.3 The Group decided to look at all elements of the PSHE curriculum not merely sex education and sexually transmitted diseases.

1.2.4 It was originally intended that the group would be time-limited and run for 12 months from September 2007. It was envisaged that the strategy would be completed by June 2008 and all new resources completed in time for the 2008/09 academic year.

1.2.5 It was proposed that the strategy and the curriculum would be developed by expert KCC officers in conjunction with multi-agency professionals (including headteachers), who lead in the field of children's and young people's health, and young people themselves. The professionals would act within the direction set by the elected members and would report back to elected members at regular intervals throughout the year.

Group Membership

The Group consists of eight members of Kent County Council (KCC): five Members of the Conservative Party; Two Members of the Labour Party; and one Member of the Liberal Democrat Party



**Mrs Sarah
Hohler**

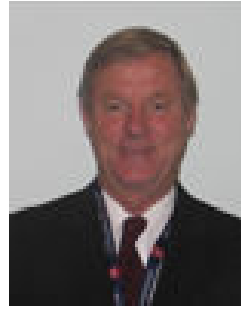
Conservative
Member for
Malling North

**Chairman of
PSHE MAG**



Mrs Ann Allen

Conservative
Member for
Wilmington



**Mr Gordon
Cowan**

Labour Member
for Dover Town



**Ms Jane
Cribbon**

Labour Member
for Gravesham
East



**Dr Tony
Robinson**

Conservative
Member for
Tonbridge



**Mr John
Simmonds**

Conservative
Member for
Canterbury West



**Mr Roland
Tolputt**

Conservative
Member for
Folkestone South



Mr Martin Vye

Liberal Democrat
Member for
Canterbury City
South West

Findings of the PSHE MAG

In chapter two, this report summarises the findings of the Group and outlines its recommendations for future work.

2.1 Teaching and Prioritisation

2.1.1 Why teaching and prioritising PSHE matters?

- 2.1.1.1 In meetings of the Group, evidence suggested that the majority of PSHE lessons are taught by non-specialist teachers and several schools do not teach the subject.
- 2.1.1.2 Members of the Youth County Council commented on the detriment to their education caused by the lack of PSHE lessons.

2.1.2 Factors contributing to poor or a lack of teaching?

- 2.1.2.1 Headteachers commonly cite the fact that PSHE is non statutory, the demands of other curriculum subjects and the lack of qualified PSHE teachers as reasons why PSHE does not take a more prominent part of the curriculum.
- 2.1.2.2 There is no dedicated university course to train future teachers to teach PSHE.
- 2.1.2.3 It is difficult to attract people to the area of nursing. There is a limited pool of nurses, who have a School Nurse Diploma. Currently, every school has a designated nurse, but not a school nurse. The designated nurses need to spread their time between a number of schools.
- 2.1.2.4 In some schools, there is a lack of permeability between staff and children, which prevents dialogue when children have issues. Highly praised are Folkestone Academy and Marlowe Academy where teachers and pupils have lunch together.
- 2.1.2.5 Some schools do not offer young people to chance to express their ideas of what topics should be covered in PSHE and in which style.

- 2.1.2.6 The schools displaying best practice with regard to PSHE have a holistic approach to education; unfortunately, a holistic view is not shown in every school. This is true internationally; New South Wales and British Columbia incorporate PSHE and behaviour management into the wider vocational curriculum and have less substance misuse, teenage pregnancies and so forth. In the Netherlands, the whole community, not just the school, view it as their responsibility to teach pupils responsibility. Matters pertaining to sex education and sexual health are talked of openly in schools, youth settings and is common within families.

2.1.3 Addressing teaching

- 2.1.3.1 Kent County Council is running PSHE teacher training. This training was commended by the headteacher at Pilgrims' Way for its usefulness. The current enrolment statistics for PSHE training are as follows: In 2007, there were 47 teachers and 2 school nurses who attended the course; In 2006, there were 36 teachers and no school nurses. In 2008 there are currently 30 teachers and no school nurses enrolled on the national CPD programme.
- 2.1.3.2 There are cluster-based teachers, specialising in teenage pregnancy and sexual health, in Maidstone, Gravesham, Tonbridge and Malling, and Ashford; these teachers are funded from a dedicated budget.
- 2.1.3.3 Richard Murrells is talking to Christchurch to see if training courses can be changed to produce more nurses with the School Nurse Diploma. . ASK are also looking at collaborative opportunities to work with CCU to develop joint CPD for teachers.
- 2.1.3.4 The members of Kent Youth County Council spoke to officers of their confusion on when PSHE is taught and what is in the curriculum as several schools do not teach the subject separately. They have therefore expressed an interest in working with the CFE Directorate to develop a PSHE and Wellbeing charter for secondary schools, which has been accepted. This charter will act as a checklist so young people know if there are any gaps in their education.

2.1.4 Recommendations

- 2.1.4.1** It is recognised by the Group that a county-wide team of trained and accredited PSHE teachers for deployment in Kent schools and places of education would aid Kent's young people's personal, social, emotional and economic well-being.
- 2.1.4.2** A suggestion to schools would be the use of Public Health Practitioners (recently renamed from school nurses) or youth workers. Youth workers receive PSHE training, their professional youth work qualification and other extensive learning and development programmes, which would make them suitable for this role.
- 2.1.4.3** The Group recommends that headteachers encourage teachers to undertake accredited PSHE training. This would help overcome the recruitment difficulties and would be in line with the Government's target to have an accredited PSHE teacher in every secondary school.
- 2.1.4.4** A greater use of individuals, who have experienced some problems relating to drugs, alcohol, sex, financial problems, in school lessons, would be beneficial. The Group knows of some teenage parents who would be willing to do this.
- 2.1.4.5** An audit be undertaken on which PSHE topics are taught in schools.
- 2.1.4.6** Schools be encouraged to have a holistic, 'whole school' approach to PSHE and be shown the necessity of getting governors, headteachers, and teachers involved.

2.2 Teenage Pregnancy

2.2.1 Why Teenage Pregnancy Matters?

- 2.2.1.1** The United Kingdom has the highest teenage pregnancy rate in Western Europe. Although the number of conceptions in Kent has fallen, this is not a sustained or significant reduction. In 2005, there were 38 conceptions per 1000 females aged 15-17 in Kent and this figure fell to 37 in 2006. This is significantly higher than the 'Towards 2010' target of 21 conceptions. Furthermore, the under-18 conception rate continues to increase in

some districts, for instance there has been a 28% in conceptions in Maidstone between 1996 and 2006.

- 2.2.1.2 Contrary to popular belief, the conception rates for East and West Kent are both considerable. There are fewer births in West Kent, but this is explained by the higher abortion rate.
- 2.2.1.3 Also, the prevalence of sexually transmitted diseases is not accurately known. The chlamydia national screening target is 15% of all 15 year olds but, in Kent, only 3% have been screened.
- 2.2.1.4 Inspectors believe that more must be done in Kent to combat teenage pregnancy. The Joint Area Review (JAR) inspectors said Kent's performance with regard to teenage pregnancy was acceptable in some places, but there was a wide variation in conception rates reflecting, in their opinion, a difference in commitment. There was a lack of data collection and IT infrastructure in Genito Urinary Medicine (GUM) outreach settings is underdeveloped. The inspectors recognised that Kent County Council and the two Primary Care Trusts knew that they had to do more.

2.2.2 Factors contributing to a higher teenage pregnancy rate

- 2.2.2.1 Teenage pregnancy is a highly complex issue and many factors contribute to the high level of conceptions in Kent. The lack of research to show the underlying causes has made it difficult to convince headteachers of the impact of implementing PSHE policies and strategies.
- 2.2.2.2 One key issue is self-esteem or rather the lack of it. In Finland, low teenage pregnancy statistics resulted from the children having higher self-esteem. Evidence from Kent Police described how some teenagers had such low self-esteem that they would accept full sex and domestic violence as a token of pride and this, perversely, raised their confidence.
- 2.2.2.3 Shyness or a lack of self-esteem affects girls and boys differently. Whereas girls are happy to discuss their thoughts in front of the boys in PSHE lessons, boys are not. Also, there has been a number of cases where boys bullied for having homosexual tendencies have engaged in sex to prove to those bullying them that they are not gay.

- 2.2.2.4 Another issue is the lack of information. The NFER survey shows that most young people believe they do not receive enough information on relationships and sexual health. Young people are not often aware of sexual health clinics which they could access.
- 2.2.2.5 Sometimes the services are inaccessible. There is a government target that people must be able to have 48 hour access to GU screening clinics, however, the GU clinic for Maidstone is located at Preston Hall, which poses transportation difficulties for young people. Also, school nurses can only be accessed for advice from 9am to 5pm, Monday to Friday and during term time. There are also not enough school nurses; one young person who spoke to the Group mentioned how only 1 in 4 of his classmates had spoken to the school nurse due to the nurse's time limitations.
- 2.2.2.6 Not enough is being done by some schools to reduce the conception rate. Evidence provided by the Director of Health shows some teachers are unaware of how prevalent teenage pregnancy is in their area because the majority of the young females that become pregnant at 16+ years have left school, and so sex and relationships education (SRE) is not their priority. However, it is the young person's last year of school that is critical in persuading these young people not to engage in risk taking behaviours before they leave the education system. The problem is that young people who are disengaged or excluded from school are more likely to become pregnant.
- 2.2.2.7 Further evidence shows that little time is devoted to SRE in PSHE lessons. Schools prefer to cover the science of conception in biology lessons and not link this to PSHE lessons.
- 2.2.2.8 The housing policy of some district councils encourages pregnancy as a method to leave home. For example, Maidstone Borough Council's housing policy is to provide accommodation to girls who are pregnant rather than waiting until the girls have given birth; this has caused the Park Wood statistics to rise above what they would otherwise have been.

2.2.3 Addressing Teenage Pregnancy

- 2.2.3.1 The main method for reducing teenage pregnancies is the implementation of the Shepway model in other

districts in Kent. Between 1996 and 2006, there was a 40% reduction in conception figures in Shepway. The key reasons why the Shepway model has been such a success are that there is improved access to sexual health services, nurses provide good SRE teaching in some schools, and there is a community development approach that resulted from employing outreach workers.

- 2.2.3.2 A high ratio of outreach workers has a significant impact on the conception rate. Eastern and Coastal PCT originally employed 2 outreach workers, but has recently employed another 4 workers. West Kent PCT had no outreach workers originally, but has now employed 6. Outreach workers deliver targeted work and work thematically using a mapping tool to implement the Shepway community development model.
- 2.2.3.3 An Interreg project has been launched by the EU which will explore how we can develop self-belief in young females. The PSHE MAG wait for the project review with interest and hope its key message will be absorbed by CFE as creating a sense of self-belief is a core driver in encouraging girls to abstain from sex.
- 2.2.3.4 There will be more services for young people from now on. There will be a sexual health clinic located in each cluster from now on. Eastern and Coastal PCT are funding this service in East Kent, and the Teenage Pregnancy monies are funding the service in West Kent.
- 2.2.3.5 Services are being targeted at the most vulnerable groups: outreach workers are to be directed to young people known to the Youth Offending Service and to Unaccompanied Asylum Seeker Children.
- 2.2.3.6 Kent County Council is also ensuring that it will receive current and accurate information. The Director of Health is revising all district based trajectories on teenage pregnancy at this moment in time.
- 2.2.3.7 An agreement has been reached with the maternity service to provide Kent County Council with data on the number of births to teenage mothers and also the number of terminations carried out. This is a significant breakthrough as, under the previous system, it took health some time to validate the teenage pregnancy statistics.
- 2.2.3.8 The role of public health nurses is going to be reviewed before it gets rolled out in West Kent. It does seem to

have worked well in Thanet, where 10 schools combined their resources to pay for one nurse (as the PCT felt it was not able to fund the nurse at that time). This nurse spends half a day a week in each school.

2.2.3.9 The public health nurses are visiting schools to lower teenage pregnancy levels. The nurses talk with individual children as opposed to teaching an entire class; this is alongside the C-card scheme, mobile van service and the text service (a nurse promises to text back within 24 hours if you have a question).

2.2.3.10 A project, called the Christopher Winter Project, is underway in Hackney, where teachers are supported in the teaching of PSHE. Three sessions take place with a class. In the first session, a professional trainer takes the lesson, whilst the teacher observes. In the second lesson, the teacher and trainer both run the lesson. Finally, the teacher takes the third session, but with the trainer watching in order to feedback advice. The benefits of this model are the teacher is trained in the classroom and evidence suggests that it is better for pupils to be taught by a familiar face. This Christopher Winter Project has not been tested in Kent, but members would like such a pilot to be undertaken.

2.2.4 Recommendations

2.2.3.11 The Group recommends that the teenage pregnancy statistics are monitored on a regular basis, even though the target is not within the second Local Area Agreement. Where rises in district conception rates are noticed, action planning and closer monitoring be undertaken.

2.2.3.12 The Group asked the Managing Director and Cabinet Member to consider implementation of the Christopher Winter Project in Kent for a pilot period.

2.3 Children's Health Services

2.3.1 Why Children's Health Matters?

2.3.1.1 Poor children's health impacts upon educational outcomes. An American study has shown that girls who

are obese or depressed have a lower grade point average by 0.8 points (on a 4-point scale).

2.3.2 Factors contributing to poor Children's Health

- 2.3.2.1 Prior to the restructure of Kent's Primary Care Trusts (PCT), there was an inconsistency of service between the various trusts and a lack of integrated commissioning. Children from across Kent were not aware of which services were available to them in their areas and low numbers of children accessed the PSHE-related clinics. For example, in East Kent there is a texting service for young people who want sexual health advice, but this did not get expanded further and does not work out of hours, so is underused. (see paragraph 2.2.3.9 above).

2.3.3 Addressing poor health

- 2.3.3.1 The PCTs have received £70k towards designing a self-health check, which is to be targeted at young mums and young people. This will show them whether they need to improve their health and if so, in which area they should focus their attention.
- 2.3.3.2 The Director of Health is going to analyse the core responsibility of school nurses as there are clear differences between the work of school nurses from East and West Kent, even though equal money is spent.
- 2.3.3.3 The Eastern and Kent Coastal PCT are encouraging new mothers to breastfeed for the first 3 weeks of a baby's life through social marketing. Breastfeeding enhances immunity. In Sheerness, the Sure Start centre has managed to break down many of the social barriers surrounding breastfeeding.

2.3.4 Recommendations

- 2.3.4.1 The Group supports the Director of Health's work and are keen to be kept updated on progress.**

2.4 Obesity

2.4.1 Why obesity matters?

- 2.4.1.1 There is a growing prevalence of childhood obesity, which will place extra demands on the health services in future years. The prevalence of obesity can be found in all areas and is not correlated to deprivation.
- 2.4.1.2 The issue is of great importance as we are also not aware of the extent of obesity growth, so cannot commission services effectively. The measure of childhood obesity has only just started: a child's weight is measured in the reception year and in year 6, unless the school or parent opts out.
- 2.4.1.3 Being obese increases an individual's risk of suffering from cancer and type 2 diabetes. Obesity influences circulation, and kidney and eye functions. It was extremely rare to see type 2 diabetes (where insulin does not have the desired effect on the body) in teenagers previously, but this is rising.

2.4.2 Factors contributing to Obesity

- 2.4.2.1 A lack of physical exercise by young people is assisting the rise in obesity. If a child does exercise, even when obese, their chance of diabetes decreases. It was recommended that primary school children undertake 2 to 3 hours of physical activity each week.
- 2.4.2.2 A large number of parents are not providing/cooking healthy meals for their children and 70% of children do not have school meals. An example given to the Group was a school in Swale where several parents are taking their children to McDonalds everyday of the week for breakfast.
- 2.4.2.3 Some parents are unaware of how unhealthy certain foods are because they do not understand food labelling. Some parents refer only to levels of saturated fat in a product, without considering the number of calories. This is not advisable as sugar contributes to obesity and fructose metabolises to fat; only the number of calories reflects how much of these compounds are in a product. In addition, sugar is bad for dental health.
- 2.4.2.4 The cost of healthy foods has led to a rise in obesity. Kent Youth County Councillors have listed the cost of

healthy meals as the deciding factor in choosing what to eat. Other issues such as peer pressure also impact on a young person's decision.

2.4.3 Addressing obesity

- 2.4.3.1 A target to reduce childhood obesity by 50% by 2010 is included in the second Local Area Agreement and careful monitoring of obesity has begun. Furthermore, the Local Authority has a target to reduce childhood obesity in the reception year, so more early intervention services have been commissioned. These commissioned services will be reviewed once NICE's (National Institute of Health and Clinical Excellence) emerging evidence is available which shows which sort of strategies local authorities should adopt.
- 2.4.3.2 Central Government has created a 'Healthy Weight' Team, which is one of a number of teams working to support local areas and partnerships that are struggling to achieve their targets in relation to choosing health priorities. The team is currently working with Eastern Kent Coastal PCT, which is focusing on reducing obesity. The PCT is performing an analysis on childhood obesity and this will be reported back in due course.
- 2.4.3.3 A rising number of Kent's schools has obtained 'healthy school status'; this is laudable. However, a note of caution: healthy schools status does not mean the children are automatically reaching obesity targets. There are approximately 22 targets that a school must achieve before gaining healthy school status. These targets relate to physical and emotional health, PSHE, sensible eating, and so forth, but there is no obesity target. There is a national audit currently underway which will evaluate whether schools achieving this status are reducing their obesity figures.
- 2.4.3.4 The tackling obesity policy will be worked into other strategies and services, such as the parenting strategy.
- 2.4.3.5 Many schools have been considering the whole school environment and so have removed vending machines due to escalating obesity figures. Also, Produced in Kent is working with KCC to provide fresh local fruit to primary schools.

2.4.4 Recommendations

- 2.4.4.1 The Group considers parental influence has a great impact, so wish to see obesity as a key issue in the parental strategy.**
- 2.4.4.2 The Group wishes to see schools encouraged to play competitive team sports in schools, particularly in the run up to 2012.**

2.5 Drugs and Alcohol Abuse

2.5.1 Why Drugs and Alcohol Abuse Matters

- 2.5.1.1 The number of Kent's year 7 pupils getting drunk at least once or twice a week is 5.7% compared to 33% of year 11 pupils.**
- 2.5.1.2 Although ahead of the national target, there still were 540 under 18 year olds in treatment in January 2008. The youngest person in treatment was an 11 year old.**
- 2.5.1.3 50% of young people, who have substance misuse problems, drink alcohol on a regular basis. Cannabis use accounts for 40% of substance misuse, and a very low percentage of substance abusers use Class A drugs.**
- 2.5.1.4 The youngest child, who has been frequently very intoxicated, and has come to the attention of KDAAT is 8 years old.**
- 2.5.1.5 Seven young people accessed prescribed methadone last year and there were no detoxification requests.**
- 2.5.1.6 The misuse of substances by parents has a severe impact on young people's education in some deprived areas. At Pilgrims' Way primary school, more children lost their parents through substance and alcohol misuse than through the war in Iraq and Afghanistan (an army barracks is located nearby).**

2.5.2 Factors contributing to Drug and Alcohol Abuse

- 2.5.2.1 There has been a recent reduction in the national drug and alcohol grant. Previously, the funding for alcohol and**

drugs schemes was placed in one pot and pledged for three years; however, this three year period has now come to a close. Central Government has reduced the funding for the next three years.

2.5.3 Addressing Drug and Alcohol Abuse

- 2.5.3.1 There is a new Local Area Agreement target about working on the public perception of substance misuse and services. This arises from the community safety agenda highlighting that alcohol is one of the key public concerns. On this matter, the leader is moving ahead with his hard hitting campaign on drugs and alcohol. Saatchi is designing this campaign.
- 2.5.3.2 The government has produced a tool to measure the prevalence of substance misuse in communities that will allow KDAAT to target their resources efficiently and help reduce substance misuse.
- 2.5.3.3 KDAAT run a Drug Intervention Support Programme (DISP), which helps a young person, found handling cannabis at school, to remain at school and stop taking drugs.
- 2.5.3.4 A group that works with children of substance misusing parents has been set up, which required the consent of the parents involved. The group has proven to be successful with the children's attainment increasing.
- 2.5.3.5 Recommendations of the alcohol select committee have been incorporated in the alcohol action plan.
- 2.5.3.6 With regard to drug and alcohol misuse, the inspectors felt that appropriate actions were being taken.

2.5.4 Recommendations

- 2.5.4.1 **The Communities Directorate be commended for their hard work and the Group is eager to learn of progress in due course.**

2.6 Financial Matters

2.6.1 Why financial management matters?

- 2.6.1.1 The level of personal debt and the number of house repossessions has never been so high. Young people grow up in a consumerist society and must learn to save to prevent destitution in later life.

2.6.2 Addressing poor financial management

- 2.6.2.1 Evidence from the curriculum lead of PSHE shows there are numerous resources to support the financial elements of PSHE; for example, KCC work with HSBC on a project called 'what money means'. In addition, there are CD-ROMs and web-based resources on finance, which are available to teachers.

2.6.3 Recommendations

- 2.6.3.1 **The Group is impressed by the level of resource attributed to financial matters and suggests other elements of the PSHE curriculum be focused upon at the present time.**

Developments

- 3.1 There have been many developments in the field of PSHE since the initial meeting of PSHE MAG.
- 3.2 The members of the Group have worked with officers to produce the PSHE Strategy, which was launched at the Secondary Headteachers Conference in November 2008. This has been distributed to all schools. (This can be found following the three letters at Annex A).
- 3.3 In October 2008, the Government announced that PSHE will become a statutory part of the school curriculum from Key Stage 1 to 4 (ages 5 to 16).
- 3.4 The announcement comes in response to the principal findings of both the National Review of Sex and Relationships Education (SRE) in Schools and the report by the National Advisory Group on Drug and Alcohol Education, which both recommended that good PSHE was vital to providing a healthy, rounded education. In addition, the PSHE MAG Group lobbied Rt Hon Ed Balls MP by letter asking for PSHE to become a statutory subject.
- 3.5 It was also announced that headteacher, Sir Alasdair MacDonald, will lead a review into how best to make PSHE compulsory, ensuring that there is a place in the timetable and flexibility in the curriculum to take schools' ethos, pupils' needs and parents' values into account. Updated guidance will also be produced covering the content of the curriculum, based on the existing non-statutory programme of study. The Group wait expectantly for this guidance.

Options for the future

The Group has accomplished the objectives outlined in the original terms of reference. This has given the Group a chance to reflect on how the Group should function, if at all, in the future. Four possible options are described below.

4.1 Option One – Disband PSHE MAG

4.1.1 The first proposal to consider is the disbandment of PSHE MAG. The advantage would be the release of staff time to provide front-line services and to implement the recommendations of the Group. There are officer groups that monitor PSHE delivery.

4.1.2 One disadvantage of this proposal is that the influence of members would be lost. Members would not act as champions of PSHE. Furthermore, Graham Badman praised the Group for providing a ‘layman’s’ perspective, which would disappear.

4.2 Option Two - Continue PSHE MAG until 2010

4.2.1 The second proposal would be the continuation of PSHE MAG until PSHE has become a statutory part of the curriculum. If PSHE MAG were to continue, the Group would provide a service similar to the Members Monitoring Group and the Children’s Champions Board. The Group would monitor the progress of the CFE directorate in implementing the PSHE strategy. It could ensure new guidelines, such as Sir Alasdair MacDonald’s were included in a revised PSHE Strategy. The Group could potentially informally audit the PSHE lessons in the county by frequent visits to schools. Also, as Local Children Service Partnerships are relatively new, they have not had time to monitor PSHE.

4.2.2 The disadvantage could be viewed as the extra time commitment which would have to be made by members and officers.

4.3 Option Three – The inclusion of PSHE as a standing agenda item on CFE POC.

4.3.1 If members, due to time limitations, could not make the commitment to the continuation of the group, then members could propose to CFE POC that PSHE be added as a standing item to the agenda. Members would therefore

monitor the subject. However, the intensity and possibly the frequency of scrutiny would be lower than currently.

- 4.3.2 The disadvantage of CFE POC is that the NHS do not report to the group, whereas professions from the NHS would be happy to report to PSHE MAG.

4.4 Option Four – Indefinite Continuation of PSHE MAG on a less frequent basis

- 4.4.1 From 2009, the Director of Health will receive the local monitoring dataset statistics of 260 indicators, which will show whether the PSHE strategy has made an impact. Those schools or partner agencies that are shown to be underperforming could be challenged by PSHE MAG and be asked to report to the next meeting showing how they intend to improve their school's teaching.
- 4.4.2 As mentioned in the other options, this would be a time commitment for officers and members.
- 4.4.3 The recommendations of the former Select Committee are being implemented through an action plan to support the PSHE Education Strategy. There is a role for the PSHE MAG to maintain a monitoring role of this action plan.

Immediate actions of PSHE MAG

The Group will be asked at the meeting on 26th January 09 to review this report and consider which option the members wish to pursue.

***Report by Sarah Robinson
December 08 - Ext 7000 4118***

Addendum

At the meeting of PSHE MAG on 26th January 2009, option four was chosen. The newly revised terms of reference for the Group are attached to this report (**Appendix 3**).

***Update by Sarah Robinson, February 2009
01622 694118
Sarah.robinson@kent.gov.uk***

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Summary: Please find below the PSHE/Children's Health Select Committee recommendations for reference. These recommendations were published in March 2007.

The Select Committee's Recommendations are: -

1. That all those dedicated individuals working to provide young people in Kent with high standard sexual health services be commended.
2. The Committee urges that all key agencies be wholly committed and signed up to the Kent Teenage Pregnancy Strategy in an effort to decrease the rate of teenage pregnancy.
3. The Committee endorses and supports all the efforts of the Kent Teenage Pregnancy Partnership. It recommends expanding the Partnership's reach to all the young people in Kent by further promoting its sexual health services in places young people frequent.
4. The Committee strongly recommends the broad production, promotion and distribution of discreet information on local sexual health services and support.
5. The Committee recommends that all partner agencies involved must facilitate the expansion of the National Chlamydia Screening Programme, to ensure full screening coverage of all sexually active young people in Kent under the age of 25.
6. That GUM clinics must replace appointments with a "walk in" service. The Committee insists that the proportion of Genito-Urinary Medicine (GUM) clinic attendees offered an appointment within 48 hours of contacting the service must reach 100% by 2008.
7. That the number of school nurses working in secondary schools in Kent be increased, and that the number of accessible, confidential and young people friendly sexual health clinics in all secondary schools in Kent be raised by at least one per cluster by 2008.
8. The Committee commends and supports all those working with disengaged, vulnerable young people, and urges the effective re-integration of more young mothers and fathers into school to complete their statutory education.
9. The Committee recommends that all schools in Kent work towards Healthy Schools validation by March 2009, through a process which is all inclusive to parents and governors.

10. The Committee strongly recommends a strategy for a more consistent and systematic Personal, Social and Health Education (PSHE) delivery, that is coupled with more robust assessment and monitoring methods, and that is adopted in all primary and secondary schools in Kent.
11. The Committee urges that the new RE and Citizenship Advisor remains permanently in place to ensure that one advisor is permanently and wholly responsible and accountable for PSHE in Kent.
12. That PSHE certificates for both teachers and nurses be widely promoted and supported. That each school cluster in Kent has a PSHE lead and each secondary school in Kent has at least one PSHE certified teacher. That PSHE awareness be raised through a countywide multi-agency conference, which includes all the decision makers, by March 2008.
13. The Committee strongly urges the County Council to press Government to make PSHE statutory and therefore part of the core curriculum, thereby ensuring that a selection of PSHE lessons are duly observed during inspections by Ofsted.
14. The Committee insists that all secondary schools in Kent ensure access to websites such as “foryoungpeople”, “RUthinking” and “Frank”, and that they provide permanent information on local sexual health services on a visible notice board.
15. The Committee recommends that school governors ensure that strong and consistent sex and relationships education within a PSHE framework is delivered. That SRE be taught appropriately from primary school and by specialist teachers.
16. The Committee strongly recommends that the “relationships” aspect of SRE be emphasised more than the biological aspect, and that, in order to reflect this emphasis, the name “sex and relationships education” be changed to “relationships and sex education”.
17. That the nature of SRE lessons reflects equality of responsibility between boys and girls, and therefore that it has a stronger focus on young men and on their attitudes and responsibilities when negotiating sexual relationships. That it be considered to teach particular aspects of SRE in single-sex groups.
18. The Committee commends that schools encourage greater involvement of both pupils and parents/carers in the planning and evaluation of SRE programmes.

Kent PSHE Member Advisory Group (MAG)

Revised terms of reference

- To promote the role of PSHE to school staff, KCC officers and the Government as a key driver for ensuring the wellbeing of young people.
- To analyse and monitor KCC's health and wellbeing indicators and to question appropriate staff if deterioration in performance is detected.
- To monitor the implementation of the action plan, which is based on the PSHE Select Committee and PSHE MAG recommendations.
- To identify opportunities to improve the quality of PSHE in Kent and consequently make recommendations to the Senior Management Team of CFE.

Membership

The group will consist of KCC elected members, with membership proportionate to the size of the political groups represented on Kent County Council. Kent Youth County Council representatives, KCC officers and multi-agency experts will be invited to attend in an advisory capacity.

Timescales

The group will not be time-limited, as specified in the original terms of reference written in September 2007. There will be a review of the terms of reference once schools have a statutory duty to teach PSHE to ensure the group's objectives are still appropriate, however, it is expected that the group will continue past this point.

The group will meet at least three times per year.

The way forward

It is proposed that officers will supply elected members with the relevant statistics and information showing progress against the action plan at each meeting. It is expected that the professionals will act within the direction set by the elected members.

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Teenage pregnancy: support available to local areas to accelerate progress

This paper addresses the support needs identified by local areas in a series of regional conferences during summer 2008. The support needs fell under the following headings:

- i) specialist teenage pregnancy expertise;*
- ii) making effective use of local data;*
- iii) improving sex and relationships education in schools;*
- iv) improving uptake of young people's contraceptive services;*
- v) improving communications to young people and stakeholders, including Lead Members for Children's Services*

Much of the support is free but some needs to be purchased by the local area. If appropriate the support could be included as part of the JISP or negotiated through the RIEP. If a number of areas need help with the same issue, the GO and/or SHA could consider facilitating a cluster of areas jointly purchasing support.

Although this support focuses primarily on prevention, included at the end of this table are key policy documents for improving outcomes for teenage parents. Your Regional Teenage Pregnancy Coordinator can provide more advice on links to other indicators in the NIS and NHS vital signs and the importance of integrating teenage parents support into Targeted Youth Support, Children's Centres and other relevant strategies.

All requests for support should initially be made to the Regional Teenage Pregnancy Coordinator, who will have an overview both of support requests from other areas and support developments nationally. Contact details are at Annex C.

Specialist teenage pregnancy expertise
<p>Regional Teenage Pregnancy Coordinator: support with identifying and addressing strategy weaknesses and sharing good practice within and across GOs/SHAs. (free)</p> <p>Teenage Pregnancy National Support Team (DH): provision of expertise and support following either an intensive 3 day or a 'rapid' diagnostic visits. Current capacity limits NST support to high and increasing rate areas and areas significantly off trajectory for LAA targets. (free)</p> <p>Sector experts: 'peer' advice/support from professionals with expertise on different aspects of the Teenage Pregnancy Strategy. For example: Directors of Children's Services, Directors of Public Health, Service Commissioners, IYSS/TYS leads, LA leads, head teachers or governors with expertise on Personal, Social and Health/Sex and Relationships Education, Elected Lead Members for Children's Services, and members of the <i>Teenage Pregnancy Independent Advisory Group</i>. (cost dependent on arrangement with individual sector expert)</p>

Making effective use of local data

TPU 'How to' data guide: practical guidance on effective use of local data for more timely monitoring of progress and improved targeting of young people at risk, including local case studies. Guide publication December 2009, but case studies available from November, with contact details for further information. (free)

Support for implementing 'how to' data guide: available to buy in from CLES (Centre for Local Economic Strategies).

Specialist data advice: tailored advice to address a specific data issue. Initial advice from Dilwyn Sheers (NST/TPU) or East Midlands Public Health Observatory (EMPHO). (Free advice but cost likely for a specific piece of work)

Improving Sex and Relationships Education in schools

Support with implementing school SRE pupil audit tool to review and improve school SRE programmes and provide evidence for Well Being Indicators and Healthy Schools Programme criteria. Free support available from regional and local Healthy Schools Coordinators and PSHE CPD leads. One day training on pupil audit available to buy in from Sex Education Forum through National Children's Bureau Training Department. www.ncb.org.uk or training@ncb.org.uk

Support with PSHE implementation of the secondary curriculum. Lead practitioners with curriculum planning experience for single or groups of schools. Available from SSAT (Specialist Schools and Academies Trust) accessed via www.ssat.org.uk/curriculumdesign. Specialist PSHE support for schools also available from sub regional leads identified by PSHE Association. Contact Kathryn Geels at kathryn@pshe-association.org.uk (0207 843 1914)

Support with development of school based contraception/sexual health services: Information, advice, guidance and good practice available from the Schools and Services email forum; resource packs providing practical guidance on school based services with 4/5 regional dissemination events February/March 2009; information of prevalence of on-site service provision by area. Contact: Lucy Emmerson at Sex Education Forum: lemmerson@ncb.org.uk (free)

Improving young people's uptake of effective contraception

Additional funding for contraception – recurring over 2009/10 and 2010/11. £26.8M has been secured by DH to accelerate improvements in the provision and uptake of effective contraception. All areas need to make maximum use of this additional funding and make sure it is used for its intended purpose.

- £12.8M new funding in PCT 2008-09 baselines; 2009-10 PCT additional funding to be announced at end of November with 2009 NHS Operating Framework.
- £10M new funding allocated through Strategic Health Authorities (SHAs) prioritised to: areas (including districts) with high under 18 conception rates; high

percentage of repeat abortions; and with a focus on ensuring equitable access to Long Acting Reversible Contraception (LARC).

- £1M through SHAs to develop and expand on-site contraception/sexual health services in FE colleges.
- £1.5M for implementation of DH You're Welcome Quality Standards – including standard on contraception/sexual health
- Remainder of funding retained by DH to develop contraceptive publicity campaign to raise awareness of all methods, including LARC, for May 2009.

DH Best Practice Guidance for the Commissioning of Contraception and Abortion Services will be published in December 2008. This will include the economic case for investing in improved contraceptive uptake and will be set in the framework of World Class Commissioning. Additional support with commissioning will be available to individual or groups of areas through the SHA and DH.

Sexual Health Needs Assessment: a how to guide: available at www.dh.gov.uk

FE college on-site services. Support with development of on-site contraception/sexual health services in FE colleges: Mapping of current on-site provision by FE college and area together with advice, guidance and good practice available through the FE and Services email forum. Contact Lucy Emmerson at Sex Education Forum: lemmerson@ncb.org.uk

Preventing repeat conceptions – abortions and births: Repeat conceptions account for an estimated 15% of local area's overall conceptions. Examples of emerging practice available from four Teenage Health Demonstration Sites (Portsmouth, Hackney, Bolton and Northumberland), with contact details for each site for further information. Summary of key ingredients of successful practice available from DH in December 2009.

Support in developing outreach services to reach young people most at risk: *Sexual Health Outreach: why, what and how*, guidance developed by Brook, with support from TPU. www.brook.org.uk

Support with development of condom distribution (c-card) schemes: New guidance from Brook setting out the benefits and the practicalities of establishing multi-agency condom distribution schemes – including links to chlamydia screening programmes. To be published by Brook in December 2008. Implementation supported by free Brook consultancy to 20 high and increasing rate areas with no developed c-card scheme in place – agreed with RTPCs and TPU. Further regional dissemination workshops for local areas in 2009.

Improving communications

Current support for campaign materials for young people

- Free resources from the Teenage Pregnancy National Media campaign for dissemination in schools, FE colleges, youth settings
- RUthinking campaign CD rom from TPU; monthly campaign briefings to all TPCs on forthcoming activity; dedicated campaign website:

www.sexualhealthprofessionals.org.uk

Further support to extend communications to young people

- Regional teenage pregnancy and sexual health campaign workshops for local areas: February and March 2009 – delivered by Forster with TPU and DH. (free)
- Support for improving/extending local campaigns – for an area or cluster of areas – available to buy in from Forster.

Communications with stakeholders and local media: practical guide for local areas on developing effective and sustained communications with all stakeholders; and developing robust reactive and proactive strategies with local media. To be published by TPU in December 2008.

Media training on teenage pregnancy issues: available to buy in via the RTPC.

Lead Members for Children's Services: new briefing on teenage pregnancy aimed at strengthening awareness and engagement of LMCSs in local strategies. Briefing jointly published by Local Government Association (LGA), TPU, TPNST and the TPIAG, at LGA seminar for Lead Members on 19 November 2008.

Improving outcomes for teenage parents

The following policy documents set out the actions local areas should be taking to improve support for teenage parents.

Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts. DCSF/DH 2007

Multi-agency working to support pregnant teenagers. DCSF/DH 2007

Teenage Parents: who cares?: A guide to commissioning and delivering maternity services for young parents DCSF/DH/ Royal College of Midwives. 2008

Getting maternity services right for pregnant teenagers and young parents DCSF/DH. 2008.

Targeted Youth Support and teenage pregnancy – working together to reduce teenage pregnancy rates and support young parents. DCSF. 2008

Teenage Pregnancy Unit, November 2008

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Department for Children, Schools and Families
Sanctuary Buildings
Great Smith Street
LONDON
SW1P 3BT

www.dcsf.gov.uk

Department of Health
Richmond House
79 Whitehall
LONDON
SW1A 2 NS

www.dh.gov.uk

To: LA Chief Executive
PCT Chair
Director of Children's Services
Director of Public Health
Lead Member for Children's Services

28 January 2009

Dear Colleague,

As we're sure you are aware, your local teenage pregnancy rate in the first three quarters of 2007 is higher than the corresponding quarters in 2006. Unless there is a significant rate reduction in the final quarter of 2007, your annual 2007 under-18 conception rate will be higher than it was in 2006. Analysis of the national data shows that the increase in the quarterly 2007 under 18 conception rate is due to a rise in conceptions ending in abortion; conceptions ending in a birth have remained static.

We understand that in some local areas this is a reversal of earlier good progress on reducing teenage pregnancy rates and whilst a minority of areas are still ahead of the trajectory needed to achieve your 2010 conception rate reduction target, we are sure you share our concern about the increases to date in 2007.

We are writing to invite you to consider how you might strengthen delivery of your local strategies, and how developments at a national level can support you.

First, it is essential that new funding provided in the PCT baseline allocations to improve access to effective contraception has maximum impact on reducing your under 18 conception rates. The importance of promoting choice of all contraceptive methods, including Long Acting Reversible Contraception (LARC), and reducing repeat abortions has been highlighted in the NHS Operating Framework for 2009-10. Separate letters have gone to schools and FE colleges in your area, encouraging them to talk to PCTs about locating contraceptive and sexual health (CASH) services in education settings, which are often more accessible to young people and where there is evidence of stronger engagement with services by vulnerable young people, young men and BME groups.

Second, the decision to make Personal Social and Health Education (PSHE) and Sex and Relationships Education (SRE) statutory will raise its profile in schools and will ensure that all young people receive a more consistent offer. However the legislation will not take effect for some time and so it is important that we make progress on implementing the other recommendations made by the SRE review steering group. The letters we have sent to schools in your area have highlighted

the actions they could take now, including:

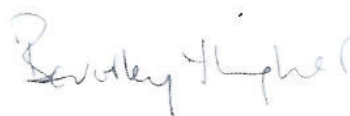
- developing the skills and confidence of staff who deliver PSHE, for example through participation on the national PSHE CPD Programme;
- encouraging schools to seek the views of young people on the effectiveness of their current SRE programmes – in particular through using the SRE pupil audit toolkit referenced in the SRE review report;
- helping schools to build partnerships with external partners – PCTs, sexual health services, Youth Services and the voluntary sector – who can support delivery of schools' SRE programmes; and
- investing – including at a local area level - in resources to support schools' SRE delivery.

Finally, we have drawn up a menu of support which is available to you to help strengthen your strategy (Annex A). Your Regional Teenage Pregnancy Coordinator in the Government Office will be happy to discuss what further support you may need to accelerate progress.

We know you are very aware that teenage pregnancy is a key issue of social exclusion and health inequalities that can significantly limit young people's chance to fulfil their potential. It is clear that strong local delivery of teenage pregnancy strategies brings down rates but that this is a complex issue which requires effective sustained partnership working and strong leadership from you. We look forward to your continued support in addressing this important issue.



DAWN PRIMAROLO MP
MINISTER OF STATE



BEVERLEY HUGHES MP
MINISTER OF STATE

cc: Chair of Teenage Pregnancy Partnership Board, Local Teenage Pregnancy Coordinator, Regional Teenage Pregnancy Coordinator, Director of Children and Learners and Regional Director of Public Health



Sanctuary Buildings Great Smith Street Westminster London SW1P 3BT
tel: 0870 0012345 dcsf.ministers@dcsf.gsi.gov.uk

**To Secondary School/PRU:
Head Teachers
Principals**

28 January 2008

Dear Colleague,

Steady progress has been made in recent years in reducing England's high rate of teenage pregnancy. But data for the first three quarters of 2007 show that teenage pregnancy rates in your local authority area are higher than they were in the corresponding quarters of 2006. Unless there is a significant rate reduction in the final quarter of 2007, the annual 2007 data will be higher than in 2006. Analysis of the national data shows that the increase in the quarterly 2007 under 18 conception rate is due to a rise in conceptions ending in abortion; conceptions ending in a birth have remained static.

The primary responsibility for helping young people make informed choices about sex and relationships must rest with parents who have the biggest influence on their children's well-being. Alongside parents, other services, in particular health services, and the Local Authority itself, have key roles to play. Schools also have an important contribution to make to local teenage pregnancy strategies, in particular through well-planned and effective programmes of sex and relationships education. We are writing to you to set out ways in which you can contribute, and to highlight the support that is available nationally and locally to help you. Ministers are writing in parallel to your Local Authority and Primary Care Trusts (PCTs) about their contribution.

Sex and Relationships Education (SRE)

As you will know, we recently announced our intention to make PSHE statutory, to raise its priority in schools and to ensure a more consistent offer to all young people. But as you will know, driving up the quality of SRE requires more than just changing its position in the curriculum. We therefore also agreed to implement a range of further recommendations that were proposed by the Expert Group that carried out the review of SRE in schools.

While the legislation that makes PSHE statutory will not take effect for some time, schools need to start to take action now so that they are in a position to meet the challenge of statutory PSHE, when it does. This is central to your drive to meet both your safeguarding and well being duty to pupils. Actions you could take now involve:

- developing the skills and confidence of your staff who teach PSHE, for example through their participation in the national PSHE CPD Programme;
- seeking the views of young people on the effectiveness of your current SRE programme – in particular through using the SRE pupil audit toolkit referenced in the SRE review report;
- building partnerships with external partners – PCTs, sexual health services,



Youth Services and the voluntary sector – who can support delivery of your SRE programme; and

- investing in resources to support your SRE delivery.

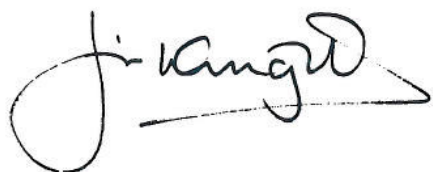
On-Site health advice drop-in services

A recent mapping exercise showed that 29% of secondary schools and 34% of PRUs have health advice services on-site, which includes contraceptive and sexual health advice and treatment. As well as helping to address key public health targets, there is emerging evidence that it can improve attendance and attainment and so support schools' core objectives:

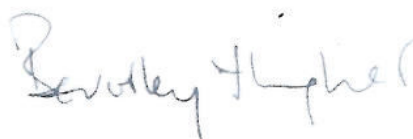
- It avoids young people having to take time off from school to attend appointments at services based in the local community;
- It helps avoid young women dropping out of learning altogether due to unplanned pregnancy;
- It helps young people address early any health concerns that may be affecting their ability to learn effectively; and
- It allows schools to demonstrate – for example to OfSTED – that it is meeting its obligations to support all young people to achieve the 5 Every Child Matters' outcomes and to promote pupils' well-being.

As part of the drive to improve young people's access and use of effective contraception, the Department of Health has provided additional funding for PCTs to ensure young people have access to high quality services in a range of settings, including through school-based services. If you are interested in exploring the potential to develop or extend a service in your school, you can contact your local Extended Schools lead or teenage pregnancy coordinator who will be able to discuss possibilities with your local PCT.

As you are aware, teenage pregnancy is a key issue of social exclusion and health inequalities that can significantly limit young people's chance to fulfil their potential. We know that effective partnership working in local areas can bring down rates. Schools have a unique and important contribution to make to local teenage pregnancy strategies and we look forward to your continued support.



JIM KNIGHT
Minister for Schools



BEVERLEY HUGHES
Minister for Children, Young
People and Families



Personal, Social, Health and Economic (PSHE) Education Strategy for Kent

2008 - 2012



Children, Families & Education Directorate











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Foreword

By Leyland Ridings, Cabinet Member for Children, Families and Education Standards, Kent County Council (KCC)

I am delighted to present Kent's PSHE Strategy which is intended to support schools and other settings. This Strategy has been developed by a multi-agency group, led by KCC. Schools, young people and key agencies which work with children, young people and their families have all been extensively consulted.

Schools, Primary Care Trusts, Children's Social Services, the Youth Service and young people have a common interest in the provision of high quality Personal, Social, Health and Economic Education (PSHE). PSHE is a planned programme of teaching and learning that helps to give children and young people the knowledge, skills and understanding they need to lead confident, responsible, healthy and independent lives. It aims to help them understand how they are developing personally and socially, and tackles many of the moral, social and cultural issues that are part of growing up.

If the outcomes of Every Child Matters (ECM) are to be addressed and if Kent County Council is to meet both national and local targets for Healthy Schools, Teenage Pregnancy and those relating to drugs and alcohol, then it is essential that high quality teaching and learning of PSHE and Sex and Relationship Education (SRE) are provided for all those who attend Kent schools and settings.



Leyland Ridings

Aim of this Strategy

High quality Personal, Social, Health and Economic Education (PSHE) is crucial to ensuring the well-being of children and young people and meeting the five Every Child Matters outcomes: Staying Safe, Being Healthy, Making a Positive Contribution, Enjoy and Achieve, Achieving Economic Well-being.

It can be challenging for schools and settings to deliver PSHE effectively in the context of other pressures and requirements. However, the delivery of high quality PSHE is essential if schools are to meet the aims of the National Curriculum enabling young people to become successful learners, confident individuals and responsible citizens.

The aims of this Strategy are:

- To support schools and settings in ensuring that every child and young person benefits from high quality, holistic and frequent teaching of PSHE and that this positively impacts upon outcomes for children and young people.
- To ensure resources are available to all schools and settings, including non mainstream settings who support a higher proportion of particularly vulnerable young people.
- To ensure that capacity is built within schools, settings and Local Children's Service Partnerships (LCSPs) by ensuring sufficient and relevant training and increase of expertise.
- To ensure that effective partnership working is at the heart of PSHE design and delivery and that PSHE is developed through a whole-school, healthy school approach.
- To ensure that the examples of excellent practice within Kent are recognised and shared and that excellent practice is extended across the County.



What we want this Strategy to deliver for **children and young people** ...?

PSHE teaching supported by wide range of interactive resources

Access to support services

Opportunities to develop life-skills



Student voice issues addressed

Individual needs met through good quality PSHE

Self-esteem, resilience and knowledge

Scope and Accountability of this Strategy

- This Strategy has been developed to support schools and settings, henceforth referred to as schools. Settings include all KCC maintained places where education for school aged children takes place.
- This Strategy applies to Kent County Council (KCC), Primary Care Trusts (PCTs), and to all maintained schools and settings within the Kent Local Authority. It is also relevant to Local Children's Service Partnerships (LCSPs) partners including youth settings, alternative curriculum provision, other out-of-school settings and extra-curricular activities, including those provided by or in partnership with the voluntary and community sector.
- This Strategy applies to all children and young people of compulsory school age and to young people who remain in school up to the age of 18 years.
- Whilst delivery of PSHE benefits from a multi-agency approach, accountability for this Strategy rests within Kent County Council's Children, Families and Education Directorate (CFE).

National Context

The **Children's Plan: Building Brighter Futures, 2007**, outlined how the Department for Children, Schools and Families planned to improve outcomes for children and young people. This plan referred to both the forthcoming National Drugs Strategy and Young People's Alcohol Strategy, both of which are expected to have implications for the delivery of PSHE in schools and settings.

The new **Secondary Curriculum** is being implemented for Year 7 students from September 2008. This curriculum recognises the statutory elements of PSHE, the statutory status of sex education, careers education and work-related learning. The curriculum also recognises cross-curriculum dimensions including 'Identity and Cultural Diversity' and 'Healthy Lifestyles' which provide important unifying areas of learning that help young people make sense of the world and give education relevance and authenticity. These reflect the major ideas and challenges that face individuals and society and PSHE is a crucial aspect of the delivery and exploration of these messages.

PSHE Education is also one of the four core themes of the **National Healthy Schools Programme** and this Strategy aims to support schools in engaging, achieving and building on good practice as part of Kent's successful programme.

A review in 2005 of the **National Teenage Pregnancy Strategy** identified the provision of SRE in schools as the most important source of information about sex for young people (TPSE 2005). However, only about 30% of young people felt it currently met their needs, being too biological and too late, with issues such as peer pressure and confidentiality inadequately covered.

Statutory Requirements

Curriculum: Schools are required to provide drug, alcohol and tobacco education, and sex and relationship education. Although all these statutory requirements could be delivered within the science curriculum, this would miss the incremental and holistic approach of PSHE, which places relationships and the development of skills and values as central to well-being. Effective teaching of these sometimes sensitive subjects is necessary to ensure successful outcomes.

Duties: From September 2007, new statutory duties were placed on schools to promote children's well-being and to promote community cohesion. Fulfillment of these duties requires a whole-school approach, however PSHE is a key component of this approach.

Local Context

- **Members of the Kent Youth County Council identified PSHE as a priority area for development. Research commissioned by Kent County Council found that young people would like more information on aspects of well-being, including relationships and personal safety.**
- **A KCC Select Committee on PSHE and Children's Health reported in 2007, the development of a PSHE Strategy was one of this Committee's key recommendations for improving children's health. Select Committees on Carers and Alcohol Misuse also made recommendations relevant to this Strategy and supported the development of comprehensive PSHE.**
- **Research commissioned by Kent Teenage Pregnancy Partnership over 2004/5/6 identified similar findings to the national research outlined in the 'National Context' section, with over 35% of under 16s reporting being sexually active. It also found young people were undertaking risky sexual activity leaving them open to infection and conception. Although many felt there was some information on sex education, there was felt to be an absence of information on relationships and negotiating sex, leaving some without essential skills to delay sexual activity.**
- **Kent is working towards all schools achieving and maintaining Healthy Schools status. The strategy makes an important contribution to supporting this goal.**

What is PSHE?

The Qualification and Curriculum Authority (QCA) which provides the frameworks for PSHE at Key Stages 1-4 describes PSHE as helping to:

“give children and young people the knowledge, skills and understanding they need to lead confident, healthy and independent lives.”

The QCA goes on to say that PSHE aims to help children and young people:

“understand how they are developing personally and socially, tackling many of the moral, social and cultural issues that are part of growing up.”

The curriculum, which is the entire planned learning experience underpinned by a broad set of common values and purposes aims to inform all aspects of curriculum planning and teaching and learning at whole-school and subject levels. The curriculum should enable all young people to become: successful learners who enjoy learning, make progress and achieve, confident individuals who are able to live safe, healthy and fulfilling lives and responsible citizens who make a positive contribution to society.

PSHE is about ensuring that children and young people have the knowledge, skills, attitudes and values to fulfil each of the five ECM outcomes, to enjoy childhood, to flourish and to fully prepare them for their future lives. Subjects covered by PSHE include Sex and Relationship Education (SRE), drugs education (including alcohol and tobacco education), Careers Education and Guidance (CEG), personal financial capability, emotional health and well-being, and personal safety. PSHE can also cover aspects such as healthy eating, building resilience, raising personal aspirations and developing positive self-esteem.

The role of PSHE in promoting equality and diversity and in meeting the needs of vulnerable children

Equality and diversity requires a whole-school approach. PSHE can contribute to this approach by providing opportunities to discuss issues that are pertinent to different communities and experiences of childhood, including exploring the impact of discrimination and stereotyping, and encouraging understanding of different lifestyles. Particular issues that can be explored through PSHE, in a safe learning environment, include sexual orientation, faith, gender, race, age, disability and social class.

PSHE also provides an opportunity to raise awareness of the needs of particularly vulnerable children and young people such as Looked After Children (LAC), Young Carers and those who experience domestic violence. Support for children and young people from all backgrounds should be implicit in the culture and ethos of the school, however PSHE can provide opportunities to sensitively address these issues and build understanding as well as opportunities to signpost to support and advice.

The importance of personal well-being

Personal well-being enables children and young people to embrace change, feel positive about themselves and enjoy healthy, safe, responsible and fulfilled lives. Through active learning opportunities children and young people recognise and manage risk, take increasing responsibility for themselves, their choices and behaviours, and make positive contributions to their families, schools and communities. As children and young people learn to recognise, develop and communicate their qualities, skills and attitudes, they build knowledge, confidence and self-esteem so they are able to make the most of their abilities. As they explore similarities and differences between people, and discuss social and moral dilemmas, they learn to deal with challenges and accommodate diversity in all its forms. The world is full of complex and sometimes conflicting values. Personal well-being helps children and young people explore this complexity and reflect on and clarify their own values and attitudes. They identify and articulate feelings and emotions, learn to manage new or difficult situations positively and form and maintain effective relationships with a wide range of people.

The importance of economic well-being and financial capability

Teaching children and young people economic well-being and financial capability aims to equip them with the knowledge, skills and attributes to make the most of changing opportunities in learning and work. It enables young people to develop as questioning and informed consumers and learn to manage their money and finances effectively. It should also equip young people with the knowledge and skills required to find and manage a home, and issues around homelessness.

Learning about economic well-being and financial capability improves motivation and progression by helping children and young people see the relevance of what they learn in school to their future lives. It expands their horizons and helps children and young people to aim high. Children and young people build a positive and realistic view of their needs and capabilities so that they can make effective learning plans, decisions and transitions. They become aware of career opportunities and develop the knowledge and skills to make informed decisions about which learning programmes to take.

Children and young people learn to be enterprising. They develop the ability to handle uncertainty, respond positively to change, and create and implement new ideas and ways of doing things. They learn how to make and act on reasonable risk/reward assessments and develop a 'can-do' attitude and the drive to make ideas happen.

The importance of citizenship

PSHE is often taught alongside citizenship and the two subjects are complementary. Education for citizenship equips young people with the knowledge, skills and understanding to play an effective role in public life. It encourages them to take an interest in topical and controversial issues and to engage in discussion and debate. Children and young people learn about their rights, responsibilities, duties and freedoms and about laws, justice and democracy. They learn to take part in decision-making and different forms of action. They play an active role in the life of their schools, neighbourhoods, communities and wider society as active citizens.

Citizenship encourages respect for different national, religious and ethnic identities. It equips children and young people to engage critically with and explore diverse ideas, beliefs, cultures and identities and the values we share as citizens in the UK. Children and young people begin to understand how society has changed and is changing in the UK, Europe and the wider world.

Citizenship addresses issues relating to social justice, human rights, community cohesion and global interdependence, and encourages children and young people to challenge injustice, inequalities and discrimination. Citizenship equips children and young people with the knowledge and skills needed for effective and democratic participation. It helps children and young people to become informed, critical, active citizens who have the confidence and conviction to work collaboratively, take action and try to make a difference in their communities and the wider world.

A whole-school approach to PSHE

In order to be truly effective, the design and delivery of PSHE should have the support and involvement of the whole school community. This includes pupils and parent / carers.

Pupil engagement can be achieved through a variety of means including: identifying pupils' needs using student surveys to assess areas for development, full and active participation in curriculum planning and review, use of assessment for learning approaches to support pupil progress, use of student councils to identify priorities for PSHE, involvement with Governors and Healthy Schools and Eco-Schools working groups.

Parents / carers can and should play a vital role in supporting teaching and learning, both in and out of school. They should be kept fully aware of the PSHE curriculum and delivery and should have opportunities for input and comment on these. Parents/ carers do have the right to withdraw their children from SRE teaching, and need to be fully engaged with the consultation around this aspect of the curriculum.

Monitoring of the Strategy

The implementation of the Strategy will be monitored by the multi-agency Kent PSHE Strategy Group and by the PSHE Member Advisory Group. An action plan will be developed to ensure effective monitoring.

What we want this Strategy to deliver for **health professionals** ...?



Commitments

Kent's PSHE Strategy enshrines three key commitments:

Partnership Working

We will support schools to work in partnership with children and young people, parents / carers, their communities and all LCSP partners to ensure a holistic and consistent approach to PSHE.

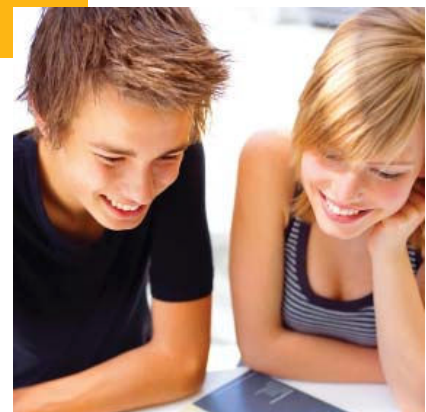
Resources

We will identify and signpost schools to high quality resources to support the design, planning, delivery and evaluation of PSHE.

Capacity Building

We will build capacity with schools and LCSPs to ensure that all children and young people are taught by trained experts in their field.

Together, the delivery of these three key commitments should ensure high quality and sufficient quantity PSHE in all Kent schools and settings.



What we want this Strategy to deliver for **employers** ...?

Happy, healthy,
productive
employees

Opportunities to
collaborate in
education process

Confident,
well-adjusted young
people



Employees with the
interpersonal skills
needed for work

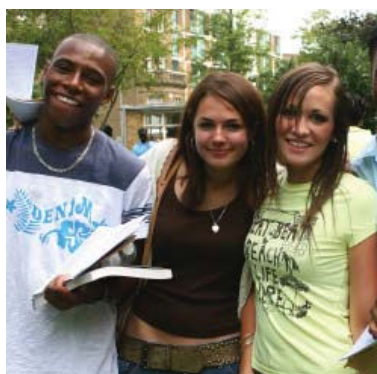
Reliable,
committed
employees; better
informed young
people

Partnership Working

PSHE is most effective when delivered as a holistic approach in conjunction with partners from key agencies that work towards the well-being of children and young people. Partnership working enables children and young people to benefit from the very best expertise and experience and enables PSHE to have the support and engagement of the whole school community.

In order to ensure effective partnership working we will:

- **Provide details of organisations and services that may be able to work in partnership with schools and settings in the delivery of PSHE and guidance for schools on how to quality assure external providers.**
- **Require all schools to implement a holistic approach that engages with children and young people in the curriculum and policy development, assessment and evaluation of PSHE in order to meet the needs of all pupils.**
- **Advise schools of ways to positively celebrate the achievements of children and young people within and beyond the school setting, and thus reinforce positive messages and behaviours.**
- **Support the roll-out of primary and secondary Social and Emotional Aspects of Learning (SEAL) programmes and other emotional intelligence programmes as whole-school approaches that can enhance PSHE, and encourage staff to model excellent emotional, behavioural and social skills and to establish good relationships with children and young people.**
- **Support schools in liaising with parents and carers on all aspects of PSHE, including ensuring clear information and guidance to enable them to fulfil their role in supporting their child's development.**



'Looking Good, Feeling Great' School Nurse Programme

This course was developed by the Thanet School Nurses in 2004 and was co-facilitated by a Primary Mental Health Worker. The course is aimed at vulnerable children in Years 8/9 who have been identified by Health, Education or Social Services, and focuses on raising self-esteem and addresses the reasons for negative behaviours, such as eating disorders and self harming.

Input into the sessions came from various speakers from a variety of support services including, Fitness Instructors, Safe Schools, Kent Council for Addiction, Connexions, Behavioural Support Workers and Thanet College Beauty Department.

The course is delivered in six weekly sessions:

- Week 1** Healthy Lifestyle, covers Health Eating, Diet and Exercise
- Week 2** Emotional Health, covers Communicating Feelings
- Week 3** Risk Taking and Behavioural Decision Making, covers Drugs, Alcohol and Binge Drinking
- Week 4** Positive Attitude/Self Value, covers Bullying and Positive Friendships
- Week 5** Decision making around Sexual Health, this covers Contraception, STI's and Relationships
- Week 6** Moving Forward, covers Career Choices and Further Education, Local Clubs and Groups. This session also includes Prize-giving, presentation of Certificates of Attendance and an evaluation.

The first course was so successful that it was decided to expand and develop the course to include young men, as schools in the area had concerns with pupils around self-esteem and vulnerability. Therefore the course content has been adapted to suit males, however the main principles of the course remain the same. The boys' course was run in a Boys' Grammar School in 2005 and received a very positive feedback and evaluation from the young men attending. Courses continue to be delivered to identified groups of both girls and boys and delivered in a multi-agency way.

Resources

Excellent resources to aid teachers, school nurses, youth workers and all those involved in the delivery of PSHE are crucial. It is essential that resources provided as a result of this Strategy are clear, evidence based, comprehensive and consistent.

To ensure the provision of high quality PSHE resources we will:

- **Provide advice and examples of best practice on methods of delivering PSHE within the curriculum.**
- **Establish a system for identifying and disseminating PSHE resources as they are developed.**
- **Ensure all Kent websites on all aspects of PSHE are updated regularly and promoted to all relevant practitioners.**
- **Ensure there are a range of resources available to schools and settings that meet the needs of all children and young people from all backgrounds and of all levels of need.**
- **Ensure that schools and settings are provided with access to current curriculum, statutory and non-statutory guidance relevant to planning and delivering high quality PSHE.**



What we want this Strategy to deliver for **headteachers** ...?



Supports pupils well-being

Better trained, confident and enthusiastic staff

Guidance and support for governors

Support with policy development

Better support from a range of services

Schools able to meet Healthy Schools criteria to support school improvement

Alternative Curriculum Programme (ACP)

Kent Youth Service

Dartford ACP recently designed a 2-year PSHE programme, which will shortly be followed by all the other Youth Service ACP Networks. In designing this programme the priority was to ensure that the total package met the needs of young people excluded from mainstream educational provision. In Year 10 and Year 11 the programme is delivered in two one hour sessions per week.

Programme content: Year 10

- Exploration of personal qualities/skills and how to use them effectively
- Positive influences of peers and adults
- Issues important to young people such as relationships and sexuality
- Personal care and personal hygiene, healthy eating and fitness drug/alcohol awareness, the criminal justice system
- Home management
- Community involvement

An entry level qualification (WJEC Entry Level Personal and Social Skills) can be achieved at the end of Year 10. The Year 10 programme is built around a series of specially designed activities which lead students to produce work that meets all the criteria of this portfolio based course. Additional PSHE material of relevance to the students but not within the WJEC syllabus is seamlessly woven into the programme.

Programme content: Year 11

- Positive assertiveness and anger management
- Personal care, sexual health and safety
- The law
- Personal finance, including wages, payment methods, saving opportunities and benefits
- Independent living, budgeting, housing services and homelessness
- Employment skills, career planning, job applications, interview techniques, employer expectations and work experience

The Year 11 programme features input from expert speakers from outside agencies and community organisations and allows students to engage in project work. The work produced is accredited through Asdan Certificate of Personal Effectiveness (CoPE) Level 1 or 2.

Capacity Building

Building capacity in the design and delivery of PSHE will ensure that there is sufficient time and expertise available to enable all children and young people to receive sufficient high quality PSHE.

To build capacity we will:

- **Work with LCSP / School / Public Health Nurses and the Kent Healthy School Programme to enhance the delivery of PSHE and capacity build for provision in schools and settings.**
- **Provide, in collaboration with Kent Teenage Pregnancy Partnership, Healthy Schools teams and other agencies, including the School Drugs Education Advisors, a comprehensive CPD training programme designed to meet the needs of teachers and other professionals delivering aspects of PSHE to children and young people.**
- **Liaise with Higher Educational Institutions to ensure that PSHE is incorporated into Initial Teacher Training.**
- **Pilot innovative methods of PSHE education and disseminate to schools, if evaluation proves successful.**
- **Promote and encourage teachers to take part in the National PSHE Continuing Professional Development (CPD) programme and ensure effective CPD related to PSHE for school nurses and youth workers.**



What we want this Strategy to deliver for **teachers** ...?



Drugs Peer Education Drama Competition

The Drugs Peer Education Drama Competition is run annually and is open to all secondary schools. It is organised by Kent County Council's Schools Drugs Education Advisers as an opportunity for young people to explore messages relating to drugs, alcohol and sexual health using a creative and exciting approach to learning.

The theme varies each year to enable broad coverage of topical issues. Schools are invited to research, write, produce and perform a short drama based around the year's theme and submit their entry in February of each year. The entries are then judged and the finalists are chosen to perform their pieces before a panel of judges and an invited audience of KCC Elected Members, and professionals working in the education, drug and alcohol field. The performance is held in March each year at The Hazlitt Theatre, Maidstone.

The final is filmed so that the DVD can be used as an education tool for all schools. Previous winners of the competition have been invited to perform at high-profile conferences in the subsequent year and there are prizes for the finalists.

For more information please contact the School Drugs Education Advisers
www.kenttrustweb.org.uk/Children/drugs.cfm



Key Contacts for Schools and Settings

Advisory Service Kent

(for support in implementing PSHE initiatives):

Oxford Road

Shepway

Maidstone

ME15 8AW

Tel. 01622 203800

http://www.kenttrustweb.org.uk/ask/curriculumsubjects/ask_cs_pshehome.cfm

Alternative Provision Monitoring Team

Sessions House

County Hall

Maidstone

ME14 1XQ

Tel: 01622 696643

Kent Teenage Pregnancy Partnership

<http://www.kentteenagepregnancy.nhs.uk/home/>

Children, Families and Education Policy Unit (for all policy queries):

Sessions House

County Hall

Maidstone

ME14 1XQ

Tel. 01622 694995

www.kenttrustweb.org.uk

Local Children's Service Partnerships

Information on your Local Children's Service Partnership can be found on Kent Trust Web

www.kenttrustweb.org.uk

Kent Healthy Schools Team

Sessions House

County Hall

Maidstone

ME14 1XQ

Tel. 01622 694997

www.kenthealthyschools.org.uk

(the PSHE section contains useful advice and resources)

Notes





If you would prefer this in an alternative format, please contact:

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This publication is available electronically on the KCC website at:

http://www.kenttrustweb.org.uk/ask/curriculumsubjects/ask_cs_pshehome.cfm

By: Leyland Ridings, Cabinet Member for Children Families and Educational Achievement

To: Children Families and Education Policy Overview Committee

27th March 2009

Subject: Comprehensive Area Assessment

Classification: Unrestricted

Summary: This report provides Members with summary information about the new inspection process, Comprehensive Area Assessment (CAA), as it affects children's services. The CAA replaces the CPA (Comprehensive Performance Assessment) from April 2009.

Introduction

1. (1) The CAA replaces the CPA (Comprehensive Performance Assessment), which has been the inspection and assessment framework for local authorities since 2002.

(2) The new CAA framework is designed to connect inspection and assessment activity across local government and key partners. The assessment has two elements, *area* assessment and *organisational* assessment. Children's services will contribute to both of these elements and in addition have a LAC/Safeguarding inspection process (see below).

Area assessment

2. (1) The area assessment is reported as a narrative accompanied by green and red flags.

- Green flags represent exceptional performance or outstanding improvement; they will also be awarded to highlight innovative practice.
- Red flags will be reported where there are significant concerns. This could be a range of issues, from poor performance to insufficient account being taken of inequality or people at risk.

(2) There is no overall score for the area assessment. This part of the assessment focuses on three questions:

- How well do local priorities express community needs and aspiration?
- How well are outcomes and improvements being delivered?
- What are the prospects for improvement?

(3) It is the third question that is the primary focus. The first two questions are designed to provide underlying evidence and understanding to support judgements on the third question.

(4) Four themes are threaded through the area assessment. These are:

- Sustainability - This is not just about the environment, but about long-term social and economic benefit.
- Tackling inequality, disadvantage and discrimination - This is about understanding how this affects your area, as well as what will be done to address it.
- People whose circumstances make them vulnerable - This will focus particularly on people in circumstances where there is a risk to themselves or others.
- Value for money - This will allow the inspectorates to take a broader view of resource use across and between organisations.

Organisational assessment

3. (1) This is an expanded 'Use of Resources' assessment, which was part of CPA. It will be used to measure individual partner organisations as well as councils. It will be scored, and scores will be affected by relevant green and red flags in the area assessment.

It is based on key lines of enquiry assessed across four themes. These are based on the old 'Use of Resources' assessment, with the added element of Managing Performance:

- Managing finances
- Governing the business
- Managing resources
- Managing performance.

(2) For councils with responsibility for children's services and social care, the inspectorates will jointly agree the managing performance and overall organisational assessment score.

Process for organisational assessment

4. (1) Organisational assessments will be scored. For two-tier authorities, it will take into account how effective partnership working is between counties and districts.

- (2) Gathering evidence: The inspectorates will gather evidence from:
- LAA, community strategy and any other local targets
 - National Indicator Set and any other available data
 - inspection findings
 - local performance information, including self-evaluations and scrutiny
 - briefings or evidence from other national organisations
 - views of local people, businesses and third sector organisations

(3) Timescales: Every year will have a regular cycle. The inspectorates will do an update in January, March and June each year. This will not involve a written report,

just a feedback to partnerships. In September/October there will be a formal update in writing with public reporting.

(4) The first ratings for Children's Services will be published in November 2009 alongside the joint inspectorate CAA organisational assessments.

Children's Services element of CAA

5. (1) Ofsted outlines the new framework for inspection in "Comprehensive Area Assessment: assessing children's services and adult learning" (Feb 2009). One intention of the CAA and Ofsted's new framework is to remove the perspective of inspection as an 'event' with the ability to 'prepare'. As a result, maintaining sound performance management frameworks (organisational and partnership) with robust evidence are key; indeed, the inspections will be seeking evidence of effective performance management as well as improved outcomes.

(2) The need for self-assessment will mostly be covered by the annual CYPP Review (& updated ECM Needs Assessment) already underway. The inspection focus on LAC and Safeguarding suggests more may be needed for these areas.

(3) From June 2009, Ofsted will provide a new performance profile of outcomes and services for children and young people in each local authority area, which will be reviewed/updated quarterly and accessed through Ofsted's website. It will draw together evidence from Ofsted's inspection and regulation and set it alongside relevant Every Child Matters indicators from the new NIS. (More details on the profile will be available on 31 March 2009).

(4) Ofsted will use the performance profile to:

- Assist in making CAA joint inspectorate area and organisational assessments, including by drawing on shared evidence from across inspectorates
- Provide an overall rating of the performance of children's services.

(5) As before, Ofsted will apply a number of considerations before arriving at the overall effectiveness judgement for Children's Services of the local authority. These include:

- Overall effectiveness is unlikely to be more than inadequate if either enjoying and achieving or staying safe is judged inadequate by inspectors
- Overall effectiveness is unlikely to be good if either enjoying and achieving or staying safe is less than good (enjoying and achieving is unlikely to be good if children and young people are not judged by inspectors to be making good or better educational progress).

LAC/Safeguarding

6. (1) Much of this new framework for children's services focuses on the programme of inspection for safeguarding and services for looked after children. This part of the CAA will begin on 1 April 2009. There are two main elements:

- Annual, unannounced inspection of local authority contact, assessment and referral centres for children's social care

- Full inspection of safeguarding and services for looked after children in each local authority area at least once every three years.
- (2) Ofsted plans to use a number of new surveys, including two for LAC and Care Leavers, one for social workers, and one for the third sector to inform the inspection process on an annual basis.

Annual Unannounced Inspection

7. (1) Ofsted will undertake annual, unannounced inspections of each local authority's contact, referral and assessment arrangements for children and young people from 1 April 2009.

(2) The purpose of these inspections is to evaluate the quality and effectiveness of arrangements for contact, referrals and assessment in relation to children's social care and their impact on minimising the incidence of child abuse and neglect.

(3) Given the number of "contact, referral and assessment centres" in Kent, inspectors will visit at least two of these, and undertake scrutiny of case files, speak to staff and managers and report findings by letter within 10 working days.

(4) Inspectors will evaluate the:

- Quality and timeliness of assessments, including the extent and quality of multi-agency involvement, the involvement of children and their families and the quality of case-file recording
- Quality of management oversight and decision-making, including case allocation and caseload, quality of supervision and support, and arrangements for informing and involving senior managers in decision making
- Application of thresholds, their clarity and consistency
- Impact of strategy discussions and investigations in protecting children and young people following a duty to investigate
- Effectiveness of communication/liaison and joint working between agencies
- Arrangements for out-of-hours provision, including accident and emergency health services
- Effectiveness of the service in meeting the needs of children from particular groups
- Roles and responsibilities of support staff, level of training and support received
- Effectiveness of social workers and unqualified staff, including family support and social work assistants.

Full 3 yearly inspection of LAC/Safeguarding

8. (1) The full inspections of safeguarding take a comprehensive view of:
- The effectiveness of existing safeguarding systems and frameworks

- The wider safeguarding role of public services
- How well vulnerable groups of children and young people are safeguarded, including asylum-seeking children, children in secure settings, looked after children and children treated by health services
- How well the relevant agencies deal with child protection concerns.

(2) Findings from all inspections of safeguarding and services for looked after children will help determine Ofsted's annual performance rating of council services for children and young people and will make an important contribution to CAA area and organisational assessments.

Other Inspection

9. (1) The only rolling programmes of inspection that have been agreed are for safeguarding children and youth offending, which will be on a 3-year cycle.

(2) Other inspections can be triggered by a range of criteria, from poor performance to direction from the Secretary of State.

Recommendations

Members of the Children Families and Education Policy Overview Committee are asked to note the contents of this report.

Sally Morris
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Background Documents: *'Comprehensive Area Assessment: assessing children's services and adult learning' February 2009*

Other useful information: *None*

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By: Penny Davies, Manager, Kent Safeguarding Children Board
Leyland Ridings, Cabinet Member for Children, Families & Educational Achievement

To: Children Families and Education Policy Overview Committee
27th March 2009

Subject: KSCB Annual report 2007-08 & Business Plan 2008-11

Classification: Unrestricted

Summary: Members are asked to note the Kent Safeguarding Children' Board Annual Report 2007-8 and Business Plan 2008-11.

Introduction

1. (1) This is the second Annual Report of the Kent Safeguarding Children Board incorporating the Business Plan for 2008-2011 (see overleaf). There has been a delay in producing this document due to the availability of activity data.

(2) Incorporated into this report is the Board's first three year business plan of the KSCB following its establishment in April 2006. The Kent Safeguarding Children Board had until April 2008 continued to implement and progress the 2004-07 business plan drawn up by its predecessor the KCPC.

(3) The report fulfils the statutory requirement contained in 'Working Together to Safeguard Children' (2006) to produce an Annual Report that:

- Collates relevant management information on child protection and safeguarding activity in the previous year
- Reports on progress of those objectives identified in the previous year
- Demonstrates a workplan with measurable objectives

(4) The KSCB Business Plan has been developed following consultation on priorities which were identified at a Board Away Day in October 2007. The business plan sets out the current plan of work and the intended actions for the medium term to safeguard and promote the welfare of children in Kent. It also reviews what was achieved during the last year. The Business Plan will be reviewed and updated annually.

Recommendation:

Members of the Children Families and Education Policy Overview Committee are asked to note for information the Kent Safeguarding Children' Board Annual Report 2007-8 and Business Plan 2008-11.

Penny Davies
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Background Documents: *Kent Safeguarding Children Board Annual Report 2007-8 and Business Plan 2008-11*

Other Useful Information: *None*



Kent Safeguarding Children Board

Annual Report 2007-08 and Business Plan 2008-11





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Foreword

I am delighted to present the first Business Plan for the Kent Safeguarding Children Board (KSCB). Our Safeguarding Children Board was established in April 2006 building on the successful work of the Kent Area Child Protection Committee. As a Board, we have widened our responsibilities beyond the priority of child protection to incorporate the “staying safe” outcome of the 5 Every Child Matters outcomes. This includes the protection of children from maltreatment, preventing impairment of children’s health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and undertaking that role so as to enable those children to have optimum life chances and enter adulthood successfully.

Since the KSCB was established we have had a number of successes. Working Together to Safeguard Children 2006 defines the objectives of the Safeguarding Children Boards as:

-  To co-ordinate local work to safeguard and promote the welfare of children.
-  To ensure the effectiveness of that work.

The KSCB has worked towards these objectives through a number of initiatives. The training programme offered by the Board is diverse and challenging, offering colleagues from all partner agencies the opportunity to gain knowledge on current safeguarding topics as well as discuss practice with other organisations.

In order to ensure the effectiveness of the safeguarding work the KSCB will look for gaps where services should be improved. This work is completed and approved through our Board, multi-agency Executive, and Sub-Groups via Serious Case Reviews, Multi-Agency Audits, and Board discussions. One of the results of this work includes our new Safeguarding Procedures.

Future challenges the business plan will focus on include organising the implementing of the Child Death Review Board and the Rapid Response team, both of which became operational on the 1st April 2008. Other priorities include continuing the safer recruitment programme and safeguarding children in a digital age. The Kent Safeguarding Children Board will take these and other initiatives forward to continue to ensure professional competence and effective multi-disciplinary work across the agencies.




Finally, I would like to thank all our partner agencies who have continued to work with the KSCB and its sub-groups over the past year. By bringing the specialist knowledge and skills of your own disciplines to the table, you have enabled the KSCB to take a truly multi-agency, multi-disciplinary approach to the challenge of safeguarding children in Kent.





Introduction





This is the second Annual Report of the Kent Safeguarding Children Board (hereafter referred to as KSCB) incorporating the Business Plan for 2008-2011. The report fulfils the statutory requirement contained in Working Together to Safeguard Children (2006) to produce an Annual Report that:

-  Collates relevant management information on child protection and safeguarding activity in the previous year.
-  Reports on progress of those objectives identified in the previous year.
-  Demonstrates a work plan with measurable objectives.

The KSCB Plan is intended for professionals and others who provide services to vulnerable children and their families whether as a targeted user group or as part of a universal service. It will be made available to all key agencies/organisations and is a public document.

Background

During the inquiry into the death of Victoria Climbié, Lord Laming found some serious flaws in the way that agencies worked together and how this had failed to safeguard and promote Victoria's welfare. These included:

-  Communication between agencies;
-  Co-operation;
-  Accountability; and
-  Commitment of Senior Managers.

The Children Act 2004 lays out the legislative framework for introducing many of the recommendations contained within the report, including the duty on Local Authorities to ensure that they set up a Local Safeguarding Children Board (LSCB). Working Together to Safeguard Children 2006 provides the statutory guidance for how this will be implemented.

"The LSCB is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children and for ensuring the effectiveness of what they do."





Core functions of an LSCB include setting out multi-agency policies and procedures in respect of child protection; training; recruitment and supervision; investigation of allegations; private fostering; cross boundary working. Other core functions include communicating and raising awareness; monitoring and evaluation; participation in planning and commissioning; reviewing the deaths of children; serious case reviews.

Safeguarding Boards need to be independent and have a clear identity; however their plans should be derived from the overall Children and Young People Plan (CYPP). Partner organisations are under a legal obligation to support the Board and should nominate a representative who is a Senior Manager who can speak with authority and hold their organisation to account. In Kent the Board is made up of Senior Managers from partner organisations, including representatives from the twelve District Councils.

Safeguarding Boards have a much wider remit than the old Area Child Protection Committees (ACPCs) which includes a preventative role to ensure that all children have safe and effective care and proactive work to target vulnerable groups as well as responsive work to protect children who are suffering, or at risk of suffering, harm.

Kent Safeguarding Children Board was formed in April 2006 and has met quarterly. Immediate priorities for action were identified as finalising the structure; improving practice; ensuring that serious case reviews are effective and improve practice; developing an overall approach to performance management to drive improvements.

Role of the Business Plan

The business plan is intended to help staff and individuals within the community to understand:



What the KSCB is



What it does



How it is structured



Who is represented



How the agencies involved work together

This business plan has been agreed following consultation on priorities which were identified at a Board away day in October 2007 as - performance monitoring; capacity to deliver; engaging and influencing others; quality of assessments; targeting vulnerable groups (including domestic violence, parents with drug/alcohol issues, disabled children); staying safe in the community; staying safe in school; serious case reviews; Multi-Agency Public Protection Arrangements (MAPPA); preventative work and strengthening families. This will enable KSCB to take on a broader, more strategic role, and that there will be a clear and integrated approach to driving forward all elements of the Staying Safe agenda.





The business plan sets out our current plan of work and the actions we intend to take over the medium term to safeguard and promote the welfare of children in Kent. It also reviews what was achieved during the last year. The business plan will be reviewed and updated annually.

This business plan should be read in conjunction with the Kent Children and Young People's Plan 2006-2009 which can be found at:

www.kent.gov.uk/publications/education-and-learning/kcc-children-young-people-plan.htm

Mission Statement

Safeguarding children is everybody's Business





Roles and Responsibilities of the Kent Safeguarding Children Board and its individual members

The Children Act 2004 provides the legal underpinning for Every Child Matters: Change for Children – the programme devised by the Government aimed at transforming children's services. Every Child Matters focuses upon the experiences of children and young people within each Local Authority across 5 outcomes:



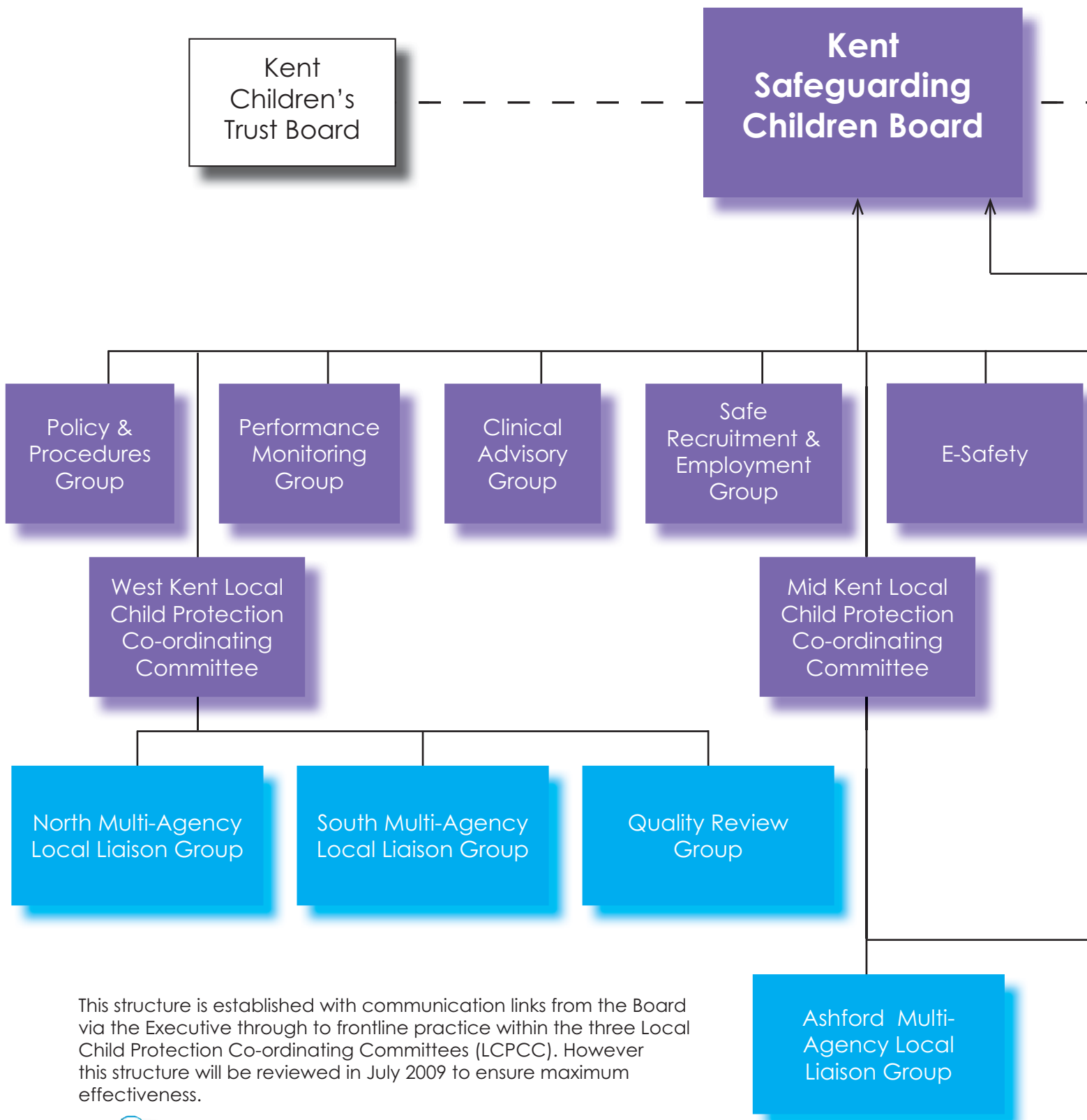
The Children Act and the Local Safeguarding Children Boards Regulation 2006 established a statutory duty on Local Authorities to set up Local Safeguarding Children Boards (LSCBs) to replace the existing ACPCs as an inter-agency forum for co-ordinating and ensuring the effectiveness of agencies and organisations within the community in safeguarding and promoting the welfare of children.

The full guidance for the Local Safeguarding Children Board is contained in Working Together to Safeguard Children DfES 2006. The work of the LSCB is part of the wider context of Children's Trust arrangements that aim to improve the overall well-being of all children in Kent, with a particular focus on aspects of the "staying safe" outcome.



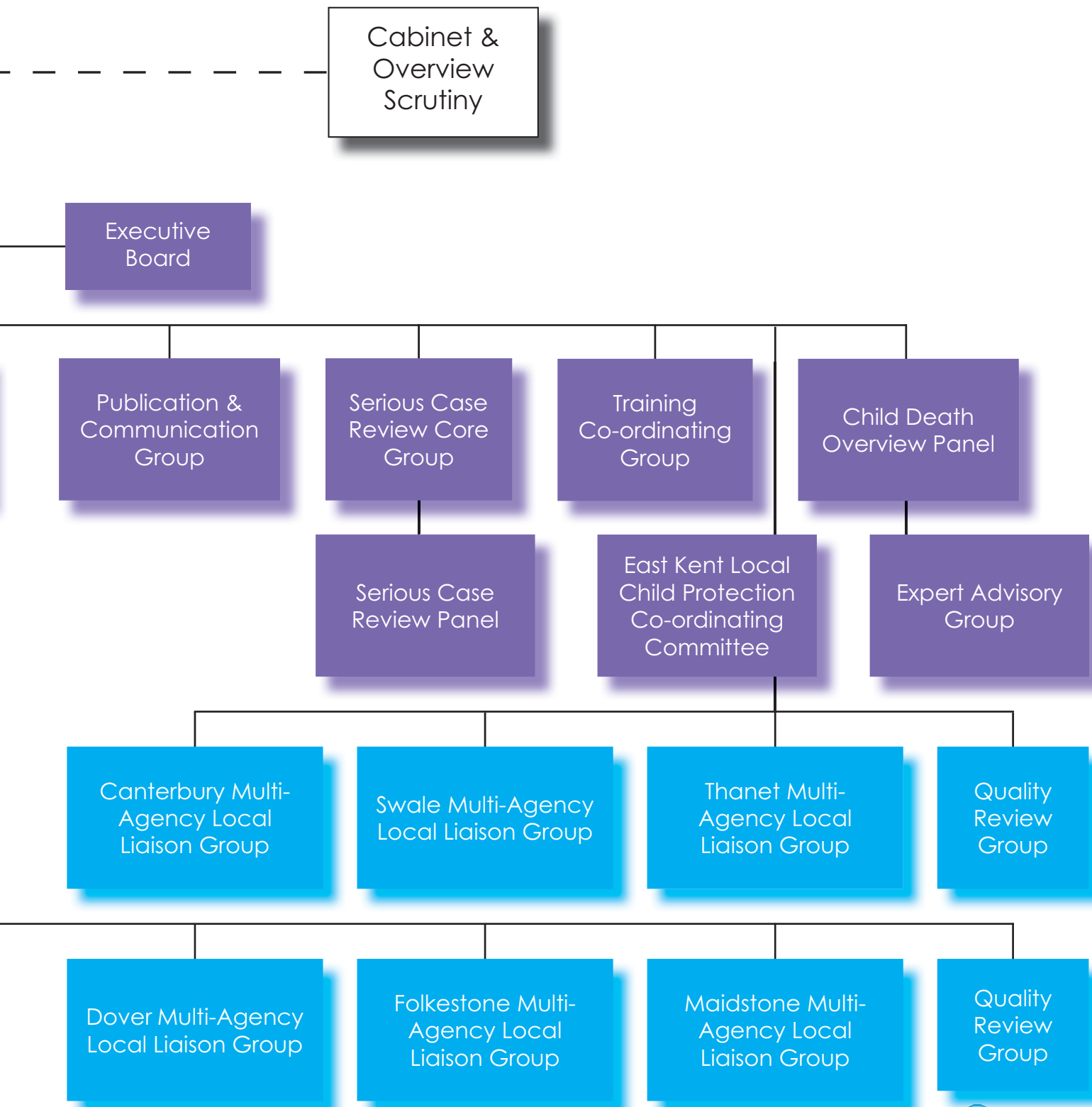


KSCB Structure



This structure is established with communication links from the Board via the Executive through to frontline practice within the three Local Child Protection Co-ordinating Committees (LCPCC). However this structure will be reviewed in July 2009 to ensure maximum effectiveness.







Membership

The core members of the KSCB are those who are designated as statutory members under S.13 (3) of the Children Act 2004. Associate members have been established and ensure robust links with key stakeholders. The KSCB also secure the involvement in its work of State and Independent Schools, Further Education Colleges, Children's Centres, GP's, Independent Health Care Organisations, Kent & Medway Domestic Violence Strategy Group, the Multi-Agency Public Protection Arrangements, Kent Fire and Rescue Service, Housing, Community and Leisure Services, Housing Providers, Drug Action Team, and representatives of children, young people and parents via the sub-groups and existing networks and forums.

All core members and associate members of the LSCB have been provided with a written statement of their roles and responsibilities and their organisation has confirmed that they are able to:



Speak for their organisation with authority.



Commit their organisation on policy and practice matters.



Hold their organisation to account (in matters of safeguarding children).

KSCB Personnel

Members

Graham Badman (Chair)	Managing Director, Children, Families & Education, KCC
Oena Windibank (Vice Chair)	Assistant Director, Eastern & Coastal Kent PCT
Aine Campbell	CAFCASS
Alan Dowie	Director: Offender Management, Kent Probation
Angela Slaven	Director of Youth Service and KDAAT
Bill Anderson	Director of Children's Social Services, CFE, KCC
Charles Unter	Consultant Paediatrician, MTW NHS Trust
Donna Eldridge	Assistant Director of Nursing, West Kent
Glan Hopkin	Head of Kent Youth Offending Service, CMY, KCC
Gordon Bernard	Chief Executive, Connexions Kent and Medway
Jane Mitchell	South East Coast Ambulance
Janet Garnons-Williams	District Crown Prosecutor, Crown Prosecution Service





Joanna Wainwright	Director of Commissioning, CFE, KCC
John Britt	Public Health Manager, Gravesham Borough Council
Julie Pearce	Director of Nursing, East Kent Hospitals, NHS Trusts
Karen Goodman	Head of Operations, Services for Unaccompanied Asylum Seeking Children
Kate Taylor	Medway NHS Trust
Marilyn Hodges	Director of Strategy, Policy and Performance, CFE, KCC
Meradin Peachey	Kent Director of Public Health
Richard Samuel	Chief Executive, Thanet District Council
Sarah Andrews	Director of Nursing, EK PCT
Wendy Thorogood	Named Nurse Consultant, West Kent

Associates

Andrew Hickmott	Head of Children's Services, West Kent, CFE, KCC
Bill Wallace	Inspection Team Manager, Ofsted
Carol McKeough	Adult Protection Manager, ASD, KCC
Cathy Yates	Head of Children's Services, Mid Kent, CFE, KCC
Karen Graham	Head of Children's Services, East Kent, CFE, KCC
Kathy Lambourn	Policy & Performance Manager, Child Protection, CFE, KCC
Kay Weiss	Head of Policy & Performance, CFE, KCC
Kel Arthur	Head of Children's Safeguards - Education, CFE, KCC
Penny Davies	KSCB Manager
Richard Murrells	Director of Children's Health, CFE, KCC

The Board is supported by the Executive, which carries out key functions including:



Managing the business within the KSCB work programme.



Overseeing the development of policy and procedure in line with current, new or revised, legislation and guidance.



Directing supporting and monitoring the work of the various sub- groups.



Monitoring the budget and advising the Board on expenditure.



Reporting to the Board on progress, development opportunities and areas requiring additional attention.



Keeping the broader community informed of safeguarding initiatives and practice through various mediums.



Participating in the planning and commissioning of local children's services.

The Executive Group comprises of members who represent key partner agencies; and has a strategic role and responsibility in relation to safeguarding and promoting welfare of children in their agency.

Role Description of Members of the KSCB



Ensure the KSCB functions well and drives forward its business plan;



Commit to attending 80% of Board meetings in a year (April to March);



Play a part in raising awareness in safeguarding children and young people within the agency I represent and within the wider community of Kent;



Ensure that the outcomes for children and young people improve in the areas of physical and mental health, protection from harm and neglect;



Communicate effectively within the agency/organisation represented;



Ensure that safeguarding and promoting the welfare of children and young people is firmly embedded within the agency represented and that there is adequate knowledge, skills and training for staff;



Ensure that the 'duty to co-operate' is understood and acted upon within the agency represented;



Ensure that all staff within the organisation represented who have contact with children are aware of their responsibilities and are supported to comply with child protection policies and procedures and carry out any designated role;



Ensure the agency/organisation represented makes an appropriate contribution to the resourcing of KSCB;



Read all documents prior to meetings and consult with appropriate personnel within my agency/organisation as appropriate;



Be available for consultation between meetings to facilitate the business of the Board;



Declare any interest in a particular topic or issue preferably before a meeting;











Bring key strategic issues to the Board's attention;



Support the work of KSCB by identifying people within the organisation represented to join KSCB sub-groups or to undertake any necessary research or investigations;





-  Disseminate and communicate KSCB reports and decisions as appropriate and necessary within the agency/organisation;
-  Ensure that the policies and procedures of KSCB are disseminated in an effective way within the agency/organisation and acted upon;
-  Take an active part in CAA safeguarding inspections;
-  Co-operate with the Serious Case and Child Death Review process and ensure that appropriate action is taken within the agency/organisation represented to complete the work in a timely manner and to the standard required;
-  Take any additional actions arising from Serious Case Reviews deemed necessary to improve standards of child protection services within the agency/organisation represented and between agencies. Action of this nature should not necessarily await completion of the review process;
-  Contribute to the development of robust and effective monitoring and performance functions and open the organisational practice to scrutiny;
-  Challenge and question the practice of a member and/or the agency represented for the improvement of safeguarding; and
-  Abide by the constitution.

Sub-Groups of the KSCB

Each sub-group is chaired by a member of the KSCB Board. This ensures that there is a clear line of communication and accountability between each sub-group, the Executive Group and the full Board.

The full terms of reference for each sub-group are available at www.kscb.org.uk.

Each sub-group meets at approximately 6 weekly intervals or more frequently if workloads at the time require it.

The Board Manager sits on all sub-groups to enable good communication, liaison and identification of themes and trends between sub-groups. The Learning and Development Officer and Development Officer with a lead for child deaths will also support relevant sub-groups providing information, advice, key contact point for recording activity, development of objectives, action plans and updating the Board's business plan.

The Chair will take responsibility for the smooth and efficient organisation of the sub-groups setting the agenda, ensuring minutes taken accurately reflect each meeting and that regular reports on progress, key areas for development and work plans are submitted regularly.



The sub-groups will ensure provision of an Annual Report and maintain copies of key documentation for inspection as and when appropriate.

KSCB Executive - responsible for the day to day running of KSCB and for monitoring of the work undertaken by the other groups.

Policy and Procedures - responsible for developing policies and procedures for safeguarding and promoting the welfare of children and ensuring they are compliant with national requirements.

Performance Monitoring - responsible for monitoring the effectiveness of work done to safeguard and promote the welfare of children.

Learning and Development - responsible for planning and co-ordinating multi-agency training on child protection and safeguarding children.

Publication and Communications - responsible for developing and implementing the Communications Strategy for the KSCB, including improving inter-agency communication, raising public awareness and working with the local media.

Safe Recruitment and Employment - responsible for development of safe recruitment practices across all agencies and for development of policy and practice regarding allegations of harm against people working with children.

Serious Case Review Panel - responsible for reviewing cases where a child has died or has been seriously harmed in circumstances where abuse or neglect is known or suspected, and for co-ordinating and disseminating learning from these.

Child Death Overview Panel - on 1 April 2008, the KSCB took on new statutory responsibilities for child death overviews, requiring:



A multi-agency rapid response by a group of key professionals who come together for the purpose of enquiring into and evaluating each unexpected death of a child.



An overview of all child deaths (under 18 years) in the LSCB area, undertaken by a Child Death Overview Panel.

Over the past twelve months, we have been working as part of a multi-agency working group to prepare for these new duties. This has been a complex piece of work, requiring joint planning and co-ordination between the health and social care sectors, the coroners and the police. The Child Death Overview Panel is chaired by a Director from Health. Additionally, we have an Expert Advisory Group of experienced practitioners that supports the Overview Panel in looking at cases.

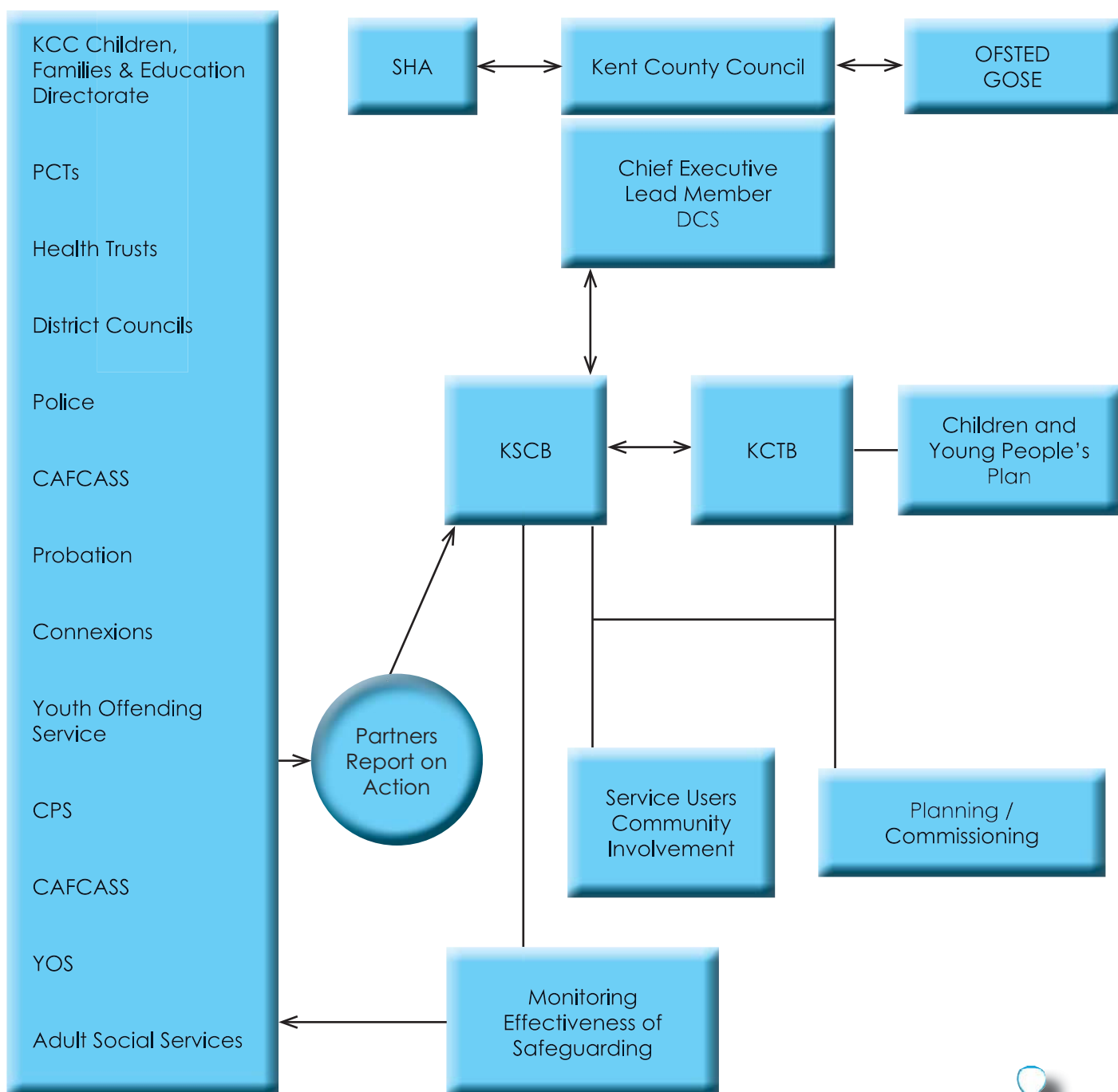




Local Child Protection Co-ordinating Committees x 3 - ensure that local partners' agencies working together to protect children in West, Mid and East Kent are maintained and developed.

KSCB Accountability














The Kent Safeguarding Children Board has an independent body and distinct identity from the Children's Trust. It has a co-ordinating role to ensure the effectiveness of safeguarding services for all children.





Key Achievements of 2007-2008

The overall progress and key achievements of the KSCB in 2007-2008 are highlighted as follows:

-  Production and inter-agency launch of Kent & Medway Safeguarding Children Procedures 2007.
-  Establishing a Child Death Overview Panel well in advance of the April 2008 timescale.
-  Established the Clinical Network sub-group of the Board setting for named/designated professionals in Health.
-  Development and implementation of new board logo and corporate identity.
-  Development of the Kent Safeguarding Children Board website. The site includes:
 - Policies and Procedures;
 - Parenting Section;
 - Information relating to the conference process for parents and young people;
 - Private Fostering leaflets;
 - KSCB Structure Charts and Membership; and
 - Library and other resources.
-  Production of a regular newsletter.
-  Three Serious Case Reviews were commissioned during the year (Adam, Bethany & Cameron). Independent consultants were commissioned to write all the overview reports and parents contributed to some of these reports in line with Working Together 2006. . All were completed within timescales. Two of these overview reports have been evaluated under the new process implemented by the Government and Ofsted and have been evaluated as "good". This reflects the commitment and hard work shown by agencies to this demanding but necessary work. Action plans drawn up from recommendations have been implemented and are regularly monitored by the Board.
-  A Training Strategy which sets out the direction for the provision of training and development opportunities to improve practice, knowledge and skills ensuring that the staff of all agencies and organisations are given the necessary tools to carry out their duties and responsibilities within the safeguarding agenda.
-  Expanded the multi-agency training programme to deliver 40 courses to over 1053 persons who work with children and young people on a multi-agency basis.
-  Two conference events to over 450 delegates, including the third sector.
-  Development of an audit tool in the form of a questionnaire to monitor compliance against section 11 Children Act 2004 standards.
-  Reviewed and sharpened Serious Case Review Procedures to include an updated framework for monitoring implementation of actions arising from them.
-  Developed Allegations Management protocol identifying named Senior Officers to liaise as



appropriate with the Local Authority Designated Officers.



Developed minimum core standards for safer recruitment and employment processes.



Revision of the children and young persons leaflet, and adults leaflet, for attendance at child protection conferences.



Practice Guidance regarding working with parents with mental health problems to promote increased knowledge and understanding of the roles and responsibilities of Children's Social Services and the Community Mental Health Teams.



Missing children protocol.



The E-safety Schools Policy covers issues relating to children and young people and their safe use of the internet, mobile phones and other electronic communications technologies, both in and out of school. It includes education on risks and responsibilities and is part of the 'duty of care' which applies to everyone working with children.



Agreed eligibility and Threshold Policy for Children's Social Services.



Approval of the 2007-2010 Kent and Medway Domestic Violence Strategy. This sets out a vision for effectively addressing the issue of domestic violence in the county and details the steps that will be taken to achieve this within individual agencies as well as on a multi-agency basis. The Strategy builds on the three governmental themes identified by the Home Office as crucial to developing effective domestic violence partnership strategies:

- Prevention and early intervention;
- Protection and Justice; and
- Support for Victims.

Kent 2008 Joint Area Review (JAR)

In 2007/8 Kent was rigorously inspected by Ofsted during the JAR. The overall judgement against the Staying Safe outcome reached by the inspectors was 'good'. It stated that "multi-agency child protection work is good, with well managed and in some instances innovative services; the development of a range of early intervention and preventative services in each district has significantly reduced the number of children being referred for social care assessment. This has allowed social care services to focus their work appropriately on identifying and working with those most at risk of harm".

The report commented that "The County can demonstrate that there are robust arrangements within the Kent Children Safeguarding Board with some areas of excellent practice that support the most vulnerable children and young people within the County's communities".

The major strengths identified in the report were:



Kent Safeguarding Children Board ensures inter-agency responsibilities and accountabilities are clearly understood and actions monitored.



Excellent new child protection procedures underpin consistency of practice in all agencies and



professional groups across Kent.



The well established arrangements across the partnership to identify children at risk of significant harm.



The range and effectiveness of early intervention and preventative services.



Effective engagement and actions taken by schools to safeguard children and young people and to help them develop socially and emotionally.



Good joint action taken in response to domestic violence, bullying and in promoting community safety.



Secure arrangements in place for the safe recruitment and vetting of staff in Children, Families and Education.



The quality assurance arrangements in respect of cases in which children are included on the child protection register.

The one area of development identified in the JAR was the admission of young people who need in-patient mental health treatment to adult wards.

‘What matters to us’ Priorities for KSCB 2007-10

Delivering the key objectives

The development of the business priorities for the KSCB has been steered by the work undertaken by Board members and sub-groups since the initial KSCB meeting in April 2006. It was further developed at the business planning session for Board members on 28 October 2007.

The principal drivers for the priorities include national and local agendas. The Children Act 2004 and Every Child Matters have offered a prescription to LSCBs, in terms of responsibilities and opportunities, which must be addressed.

The agreed key business priorities for the KSCB are as follows and reflects KSCB continued focus and prioritising of Child Protection as outlined in the constitution:

Neglect

Investigate the reasons why there has been a relative increase of children subject to a Child Protection Plan regarding neglect and emotional abuse.





As highlighted by serious case reviews and the work mentioned above, cases within the category of neglect point to the need for the introduction of a standard approach to assessment and on-going intervention amongst front-line agencies. The assessment tool used by Bedfordshire and Luton is currently being reviewed as one possible method for strengthening work carried out with these particular cases.

Promoting safeguarding awareness within the community

The KSCB will continue to raise awareness and promote the safeguarding issues through their communication strategy. The website is central to this and monitoring of its use shows that it is a well used resource.

In addition to this various awareness raising events will continue to be held to promote specific issues e.g. Safeguarding Vulnerable Groups Act/Independent Safeguarding Authority (ISA), new procedures and practice guidance as they are published.

Safeguarding children in a digital age

New technologies are used by everyone within the community to provide a quick and convenient method of communication, but they also provide a major challenge for the KSCB. The abuse of the new technologies to provide a means by which the exploitation of children and young people is possible across area and national boundaries is a major area to address. For this reason, a KSCB strategy will need to be devised which links into national initiatives and also combines this with positive action at the local level.

E-safety also includes the use of new technologies for the purpose of bullying and coercion. In addition, work is also underway to develop links with the private business sector in order to promote awareness around e-safety.

Bullying

In Every Child Matters: Change for Children (2005) the government identified as an aim in its Outcomes Framework that 'children and young people should be safe from bullying and discrimination'. The KSCB seeks to provide a safe, secure and positive environment in which children and young people are treated with respect and understanding and to participate in any activity free from bullying, harassment and discrimination. The KSCB is committed to supporting and developing approaches to bullying prevention, through the provision of training, guidance and good practice initiatives.

Serious Case Reviews

This year the Government published the biennial review of Serious Case Reviews 2003-2005 and the Board will be analysing this national data alongside local trends. The KSCB will review the procedures and practice guidance in light of the forthcoming publications from Government.





Child Death Overview Panel

As of April 2008 all Safeguarding Children Boards have had in place systems for reviewing all child deaths within their area of responsibility. The aim of this work is to learn lessons from these deaths, particularly those which are unexpected, so that this understanding can be incorporated into subsequent public service development and policy.

Staying safe

The Department for Children, Schools and Families (DCSF) completed a national consultation process with children and young people, parents and practitioners, on children's safety. The result of this consultation is the Staying Safe: Action Plan (2008) which sets out how everyone should work together to make children feel safe. The KSCB has incorporated the key factors within the business plan to ensure that we do all we can to make Kent a safe place for children and young people.

Self assessment

Working Together 2006 identifies, as a key function of a Local Safeguarding Board, that they must "monitor and evaluate what is done by the Local Authority and board partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve"; and that they should "have a particular focus on ensuring that those key people and organisations that have a duty under Section 11 of the Children Act 2004 ... are fulfilling their statutory obligations and safeguarding and promoting the welfare of children". This will be achieved through conducting further Section 11 Audits on an annual basis. The information will be analysed and the results and recommendations fed back to individual agencies and, collectively, to the Board.

Safer workforce

Development of this work is being taken forward by the Safe Recruitment and Employment sub-group. Since October 2006, every Local Authority has had to comply to new government guidance and legislation regarding safer recruitment and dealing with allegations against those working with children. Recording and reporting systems of allegations against staff have been established and implemented since February 2007. There is considerable work to be done before safer workforce changes are fully embedded in practice across all agencies.

Managing allegations against people who work with children

The Board has responded to the revised Working Together relating to allegations against persons working with children. Member organisations have agreed Senior Officers who have overall responsibility for ensuring that their organisation follows the procedures as set out in Working Together. The Local Authority Designated Officer (LADO) is consulted on all allegations in order to agree a response. The LADO has participated in the South-East network organised by Government Office South East (GOSE). Although there was already a robust system in place further work has occurred on





establishing a database in order to make regular reports to the Board on the rates of referral and the outcomes of the referrals.

Safeguarding of children with learning difficulties and disabilities

Children with disabilities are at significantly higher risk of abuse than those in the general population, because of their increased vulnerability and because many of them have multiple carers.

The Learning and Development sub-group will continue to take forward a programme of work designed to raise awareness across all staff working with children within the integrated service for children with disabilities. This will include a comprehensive programme of training.

Domestic abuse

KSCB will ensure that partner agencies are aware of and working to the Kent and Medway Domestic Violence Strategy and continue to raise the profile of the significance of Domestic Abuse on safeguarding and promoting the welfare of children and young people through the work of KSCB.





Key Performance Indicators and Management Information

Introduction

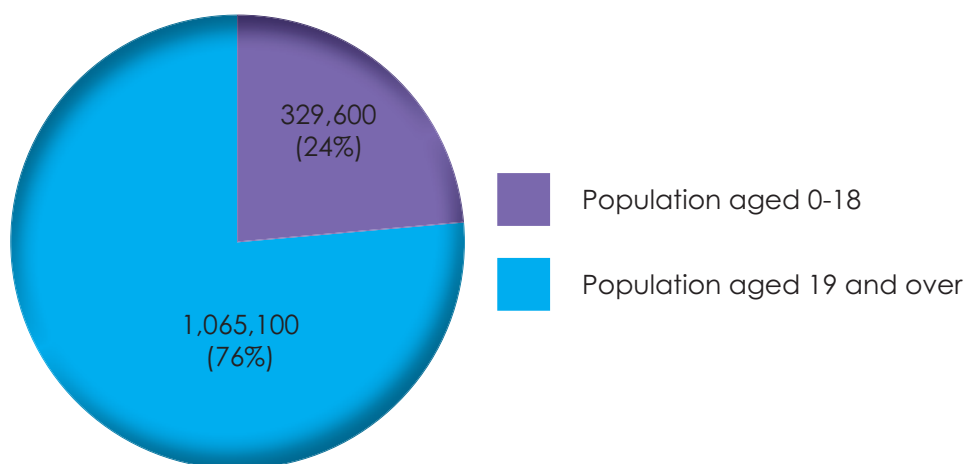
The full suite of performance data which is monitored by the KSCB is via a number of annual reports. This includes the Children Social Services and Private Fostering Activity Reports as well as partner agencies inspection reports.

This section of the report summarises the child protection activity in Kent between 1st April 2007 and 31st March 2008. Where possible there is a comparison at a national level. Where it is available, Kent's activity will also be compared with other Local Authorities in England who are similar in size, structure and demography, known as our statistical neighbours. This enables the Board to better analyse its performance and identify areas for further exploration, consideration and development of activity in future.

Kent context

In 2005, the 0-18 population accounted for 24% of the total population. This proportion is slightly higher than the England average, where 0-18 year olds only account for 23% of the total population.

0-18 year olds relative to the Kent population - 2005



Source: 2007 Mid Year Estimates, Office for National Statistics (Crown Copyright)

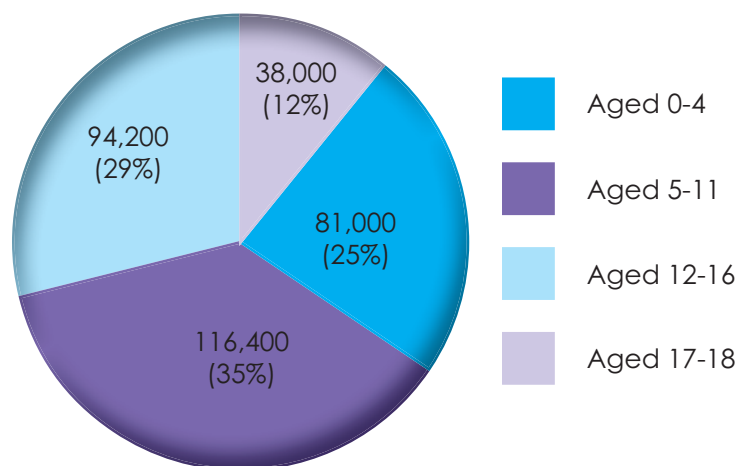
However, children and young people should not be seen as one homogeneous group but as several groups each of which having their own distinctive needs. For example, there is a great difference between the needs of a 5 year old and the needs of a 15 year old.





Chart 2 illustrates a breakdown of the 0-18 year old age group in Kent.

0-18 year olds in Kent by detailed age group - 2005

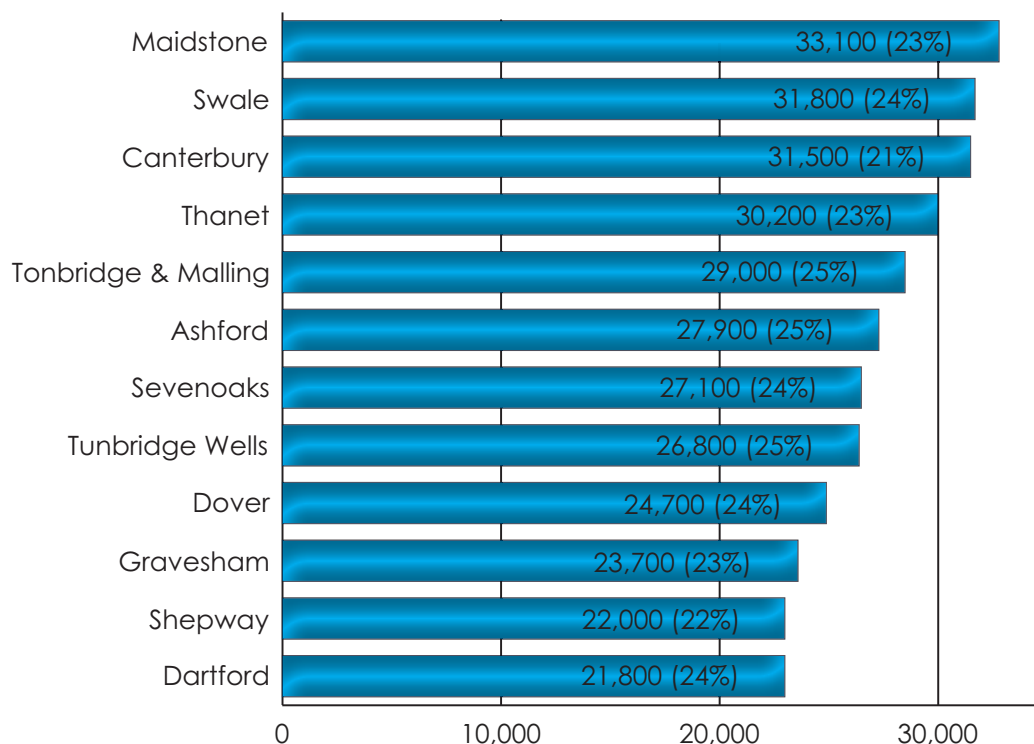


Source: 2007 Mid Year Estimates, Office for National Statistics (Crown Copyright)

The number of children and young people varies in each of the Kent local authority district areas. Chart 3 illustrates the geographical distribution of the 0-18 year old population across Kent.

Numbers of children and young people in Kent Districts - 2005

(% = proportion of total population)



Source: 2005 Mid Year Population Estimates, Office for National Statistic (Crown Copyright)
Data supplied by Analysis and Information Team, Kent County Council





Whilst in real terms Maidstone has the largest number of children aged 0-18 years, these only account for 23% of the total population given the large overall population size of Maidstone. In percentage terms, Tonbridge & Malling has the greatest proportion of children and young people accounting for just over 25% of the total population.

Ethnicity

97% of all of Kent's residents (regardless of age) are of a white ethnic origin (White British, White Irish or White Other). 3% of Kent residents are Black Minority Ethnic (BME). In the South East region 95% of residents are of white ethnic origin compared to 5% BME and in England 91% are of white ethnic origin compared to 9% BME.

Within Kent, the number of children and young people who are categorised as BME is 12,613 which is equivalent to 4% of all Kent children and young people. In the South East region 7% of children and young people were categorised as BME (93% of white ethnic origin) and in England 14% categorised as BME (86% of white ethnic origin). The proportion of children and young people categorised as BME is slightly higher than the proportion for the whole population.

Although the overall proportion of BME children and young people in Kent is relatively small (4%), greater concentrations of BME children and young people can be found across the county as illustrated in Map 1.

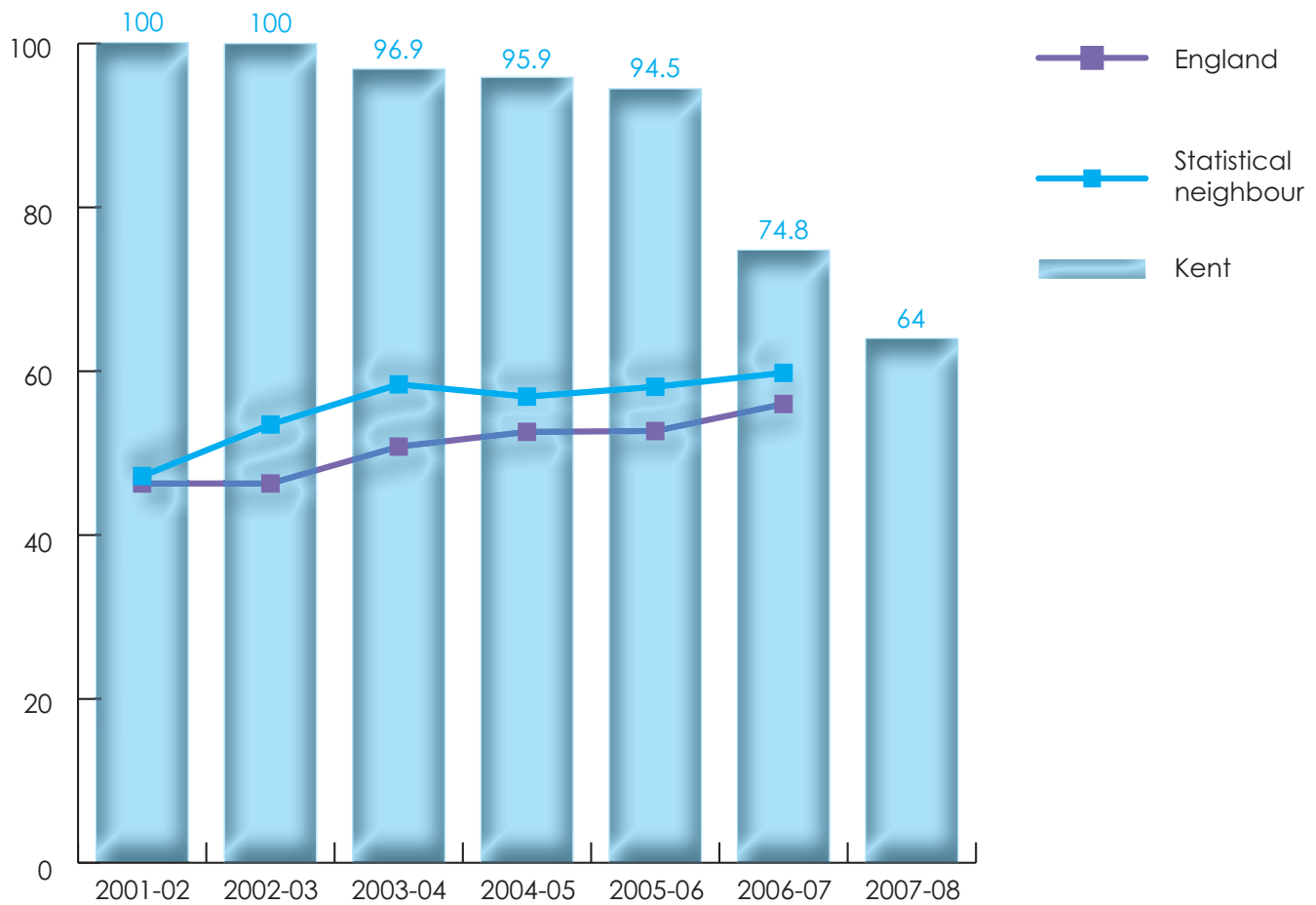
Activity report

This section of the business plan summarises the child protection activity in Kent between 1st April 2007 and 31st March 2008. Where this is available, Kent's activity will also be compared with other Local Authorities in England who are similar in size, structure and demography. This enables the Board to better analyse its performance and identify areas for further exploration, consideration and development of activity in future.

An initial assessment is a brief assessment to determine if a 'child is in need', and if services are required. The timescale for the completion of an initial assessment is within seven working days after the referral day.

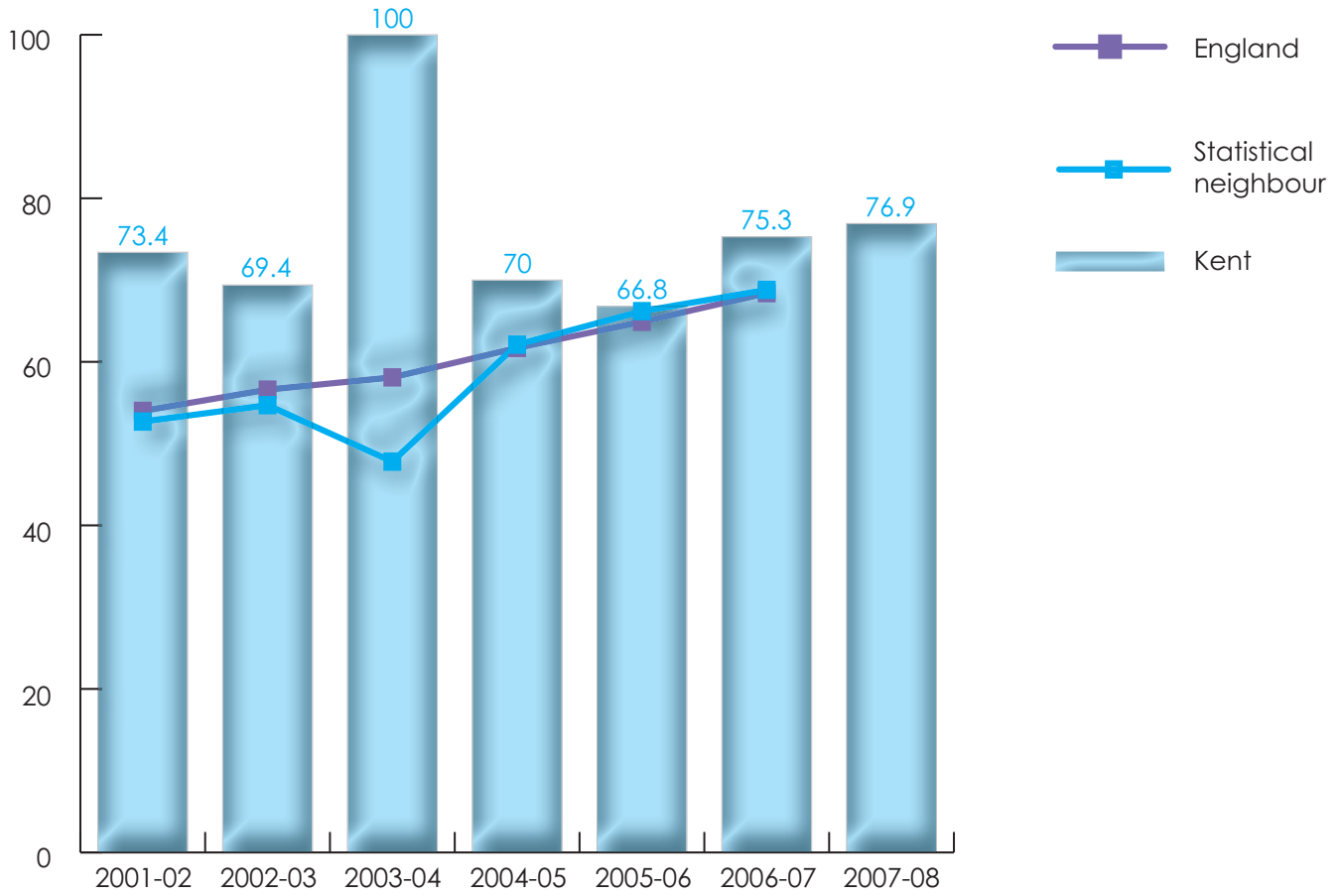


Percentages of referrals of children in need that led to initial assessments





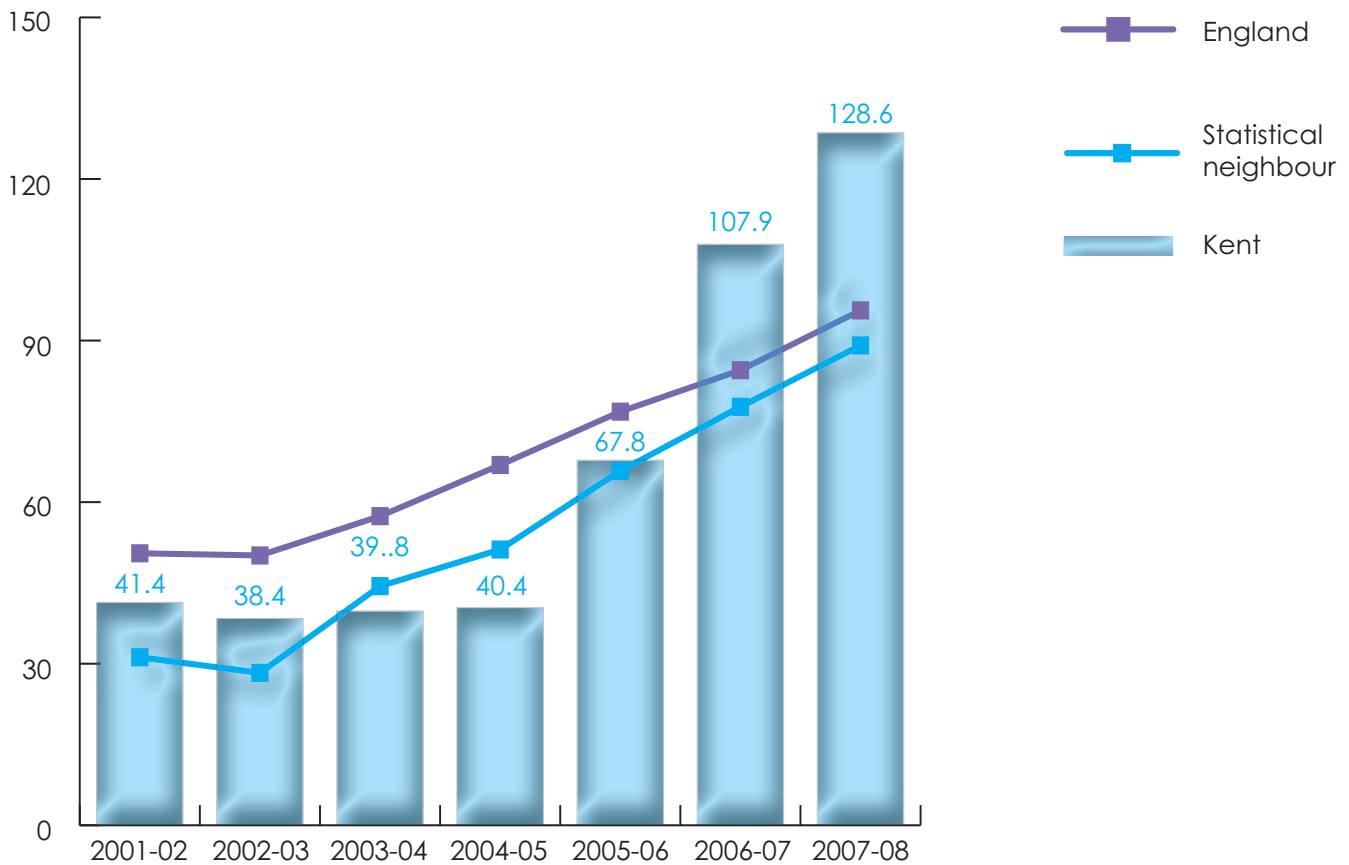
Percentage of initial assessments completed within seven days of referral





A core assessment is a more in-depth assessment of a child or young person that addresses the most important aspects of a child's needs. This is completed within 35 days. There has been a significant increase in the numbers of core assessments completed since 2005/06 and significantly more than the national average and the performance of our statistical neighbours.

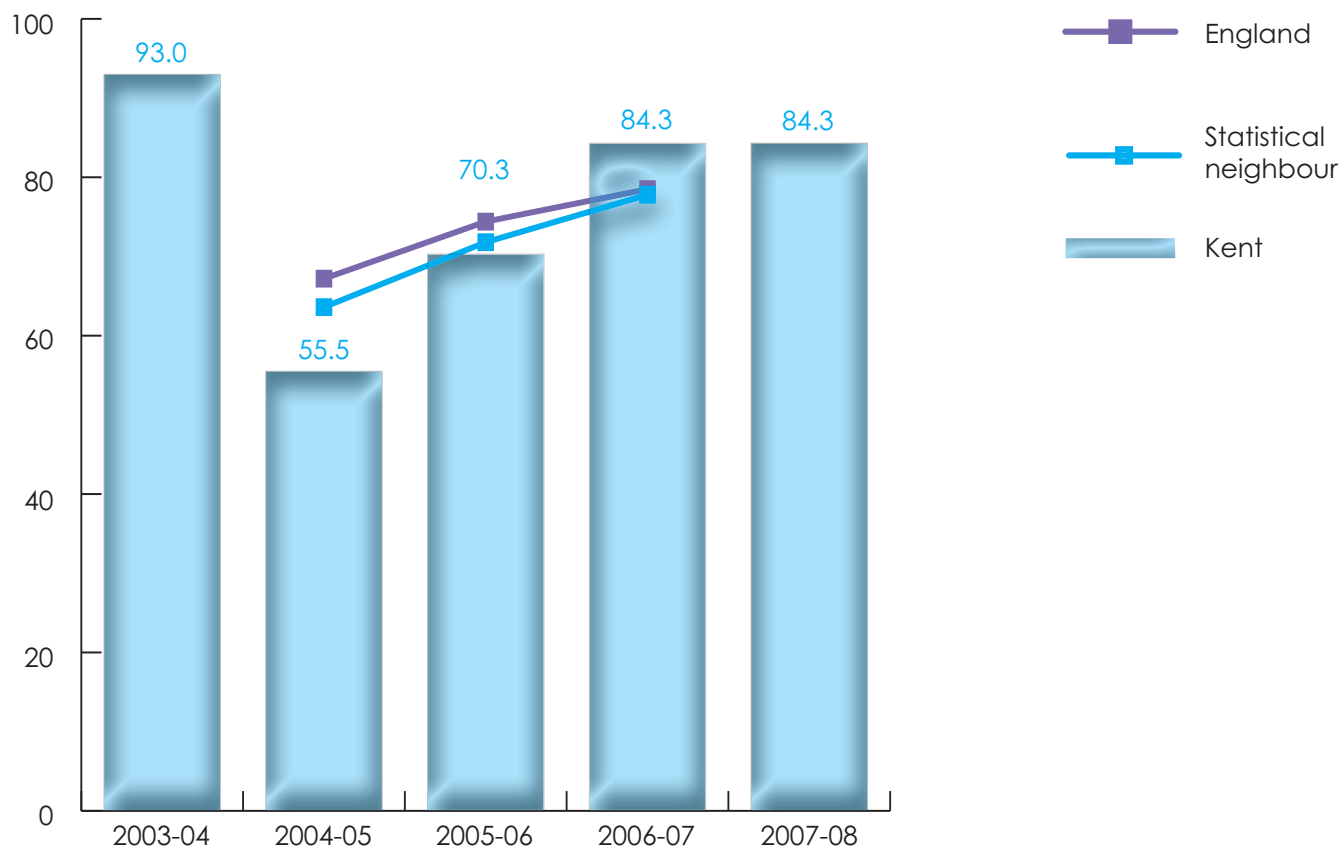
Number of core assessments of children in need per 10,000 population



The completion of core assessments within timescales remains very good at nearly 84% which is better than the national average and the performance of our statistical neighbours.



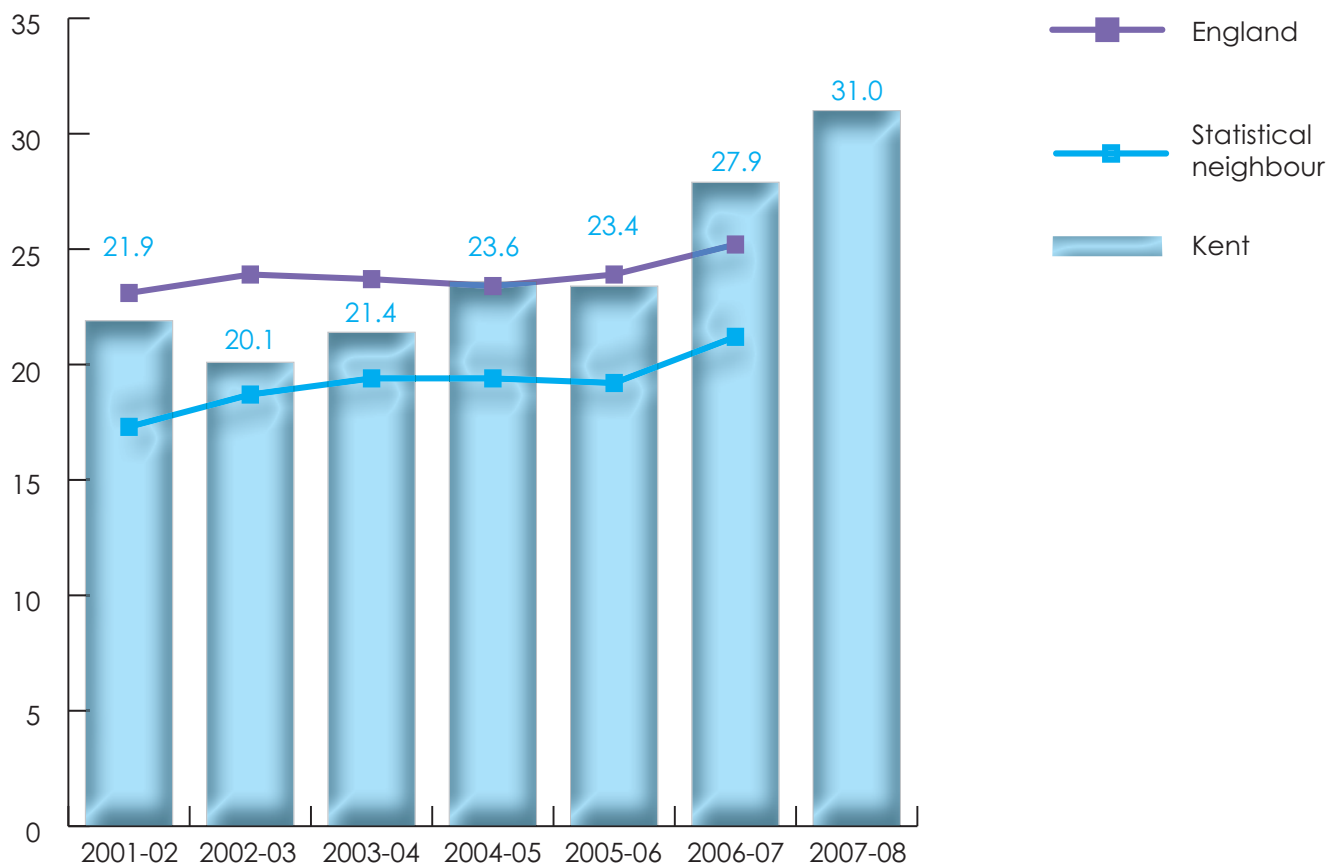
Percentage of core assessments completed within thirty five days of commencement





This information shows the number of children and young people who, as a result of a multi-agency child protection case conference, were considered to be in need of a formal multi-agency child protection plan. Plans for all such children are subject to statutory reviewing processes.

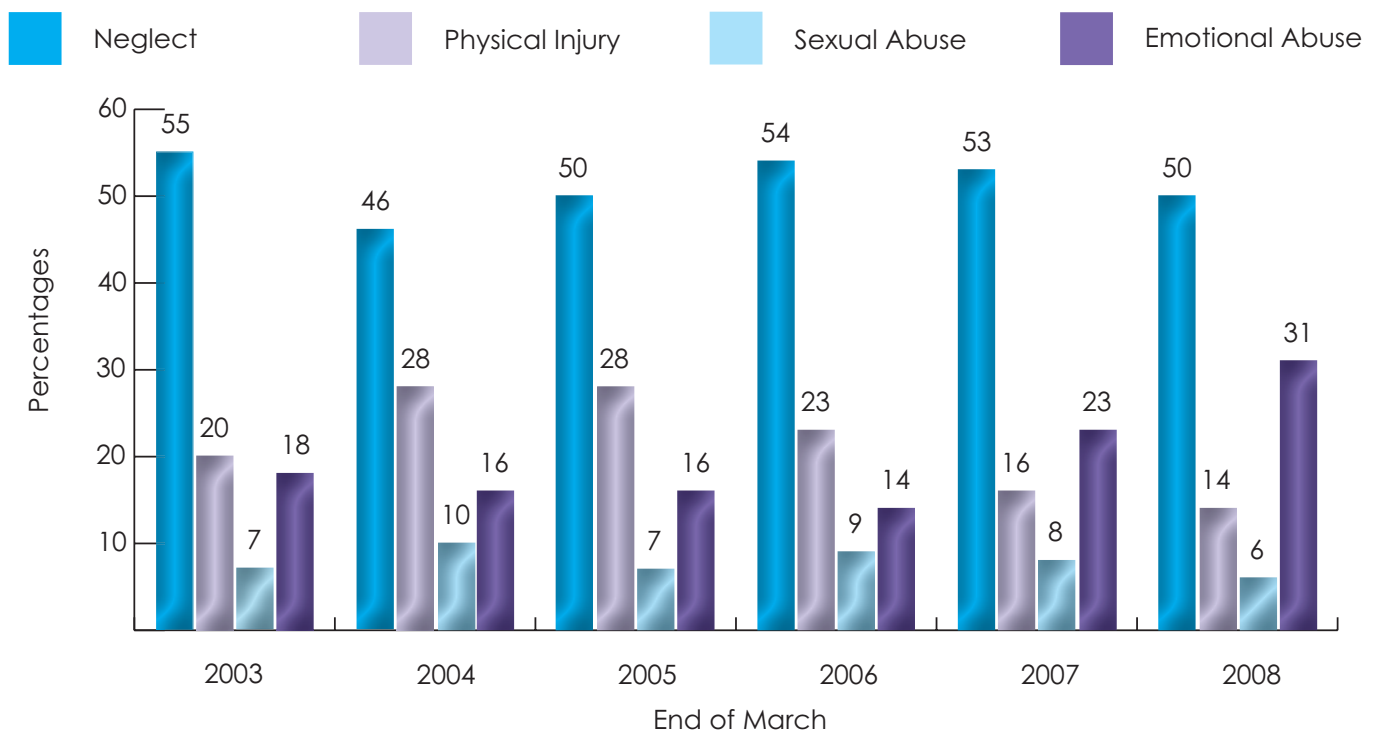
Number of children subject to a child protection plan at 31 March per 10,000 population aged under 18





There are four categories of 'harm' as defined in the Children Act 1989 – Neglect, Physical Injury, Sexual Abuse and Emotional Abuse. The category children are placed under reflect the category professionals consider to most reflect the nature of the risks posed to them. Approximately 80% of all child protection plans are categorised by either emotional abuse or neglect. This reflects the increasing evidence base showing children who grow up in families where there is domestic violence and/or parental substance misuse are likely to be at an increased risk of significant harm. There continues to be low numbers of children with plans relating to sexual abuse.

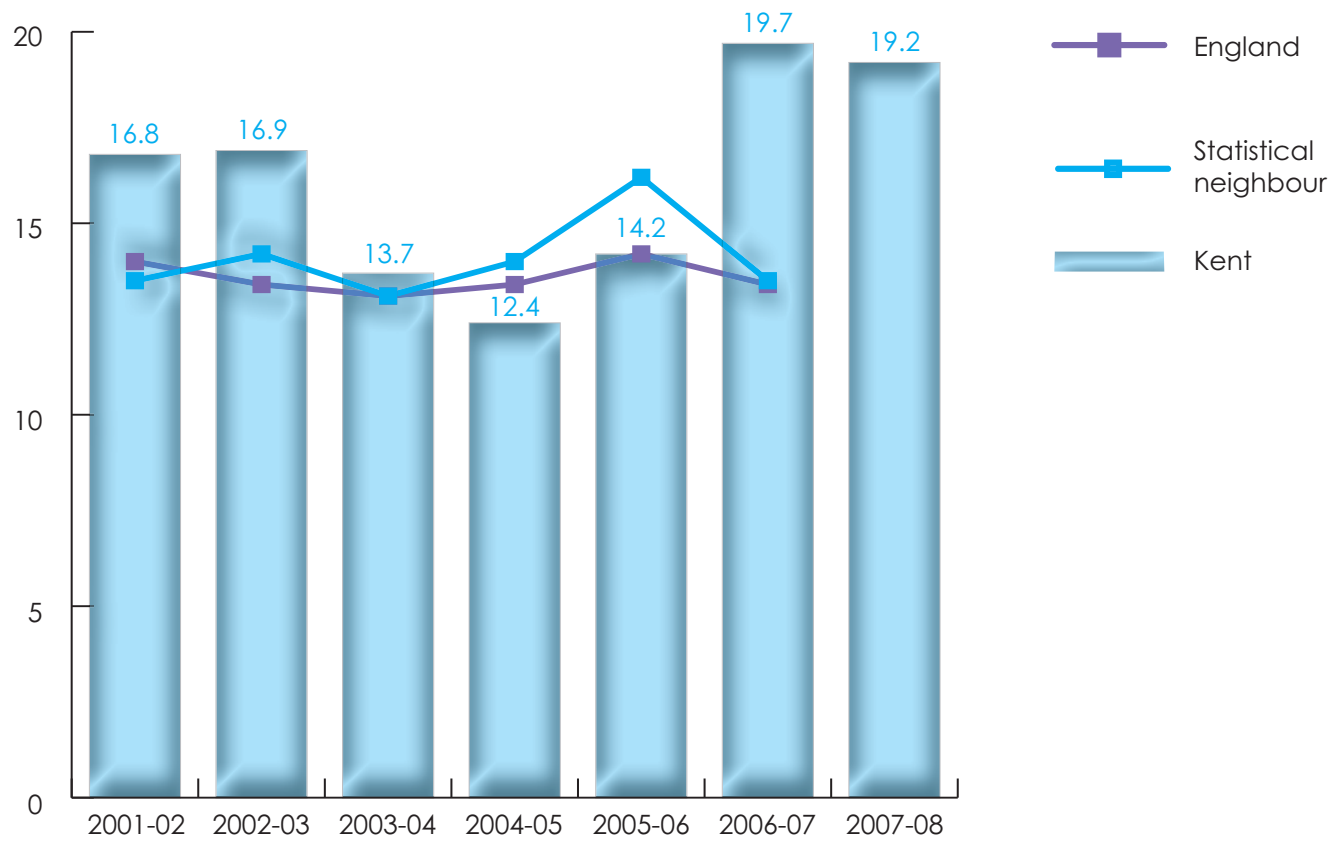
Children subject to a child protection plan as a percentage by category



The 2007/08 year-end figure for the percentage of children who became subject to a child protection plan during the year who had previously been registered was 19.2%, a very slight decrease from last year. We remain higher than our statistical neighbours for 2006/07 (13.5%) and the national average for 2006/07 (13.4%), which is 'acceptable'. It is recognised that there will be some situations where a second child protection plan is required due to changing circumstances.



Children who have been re-subject to a child protection plan in the year

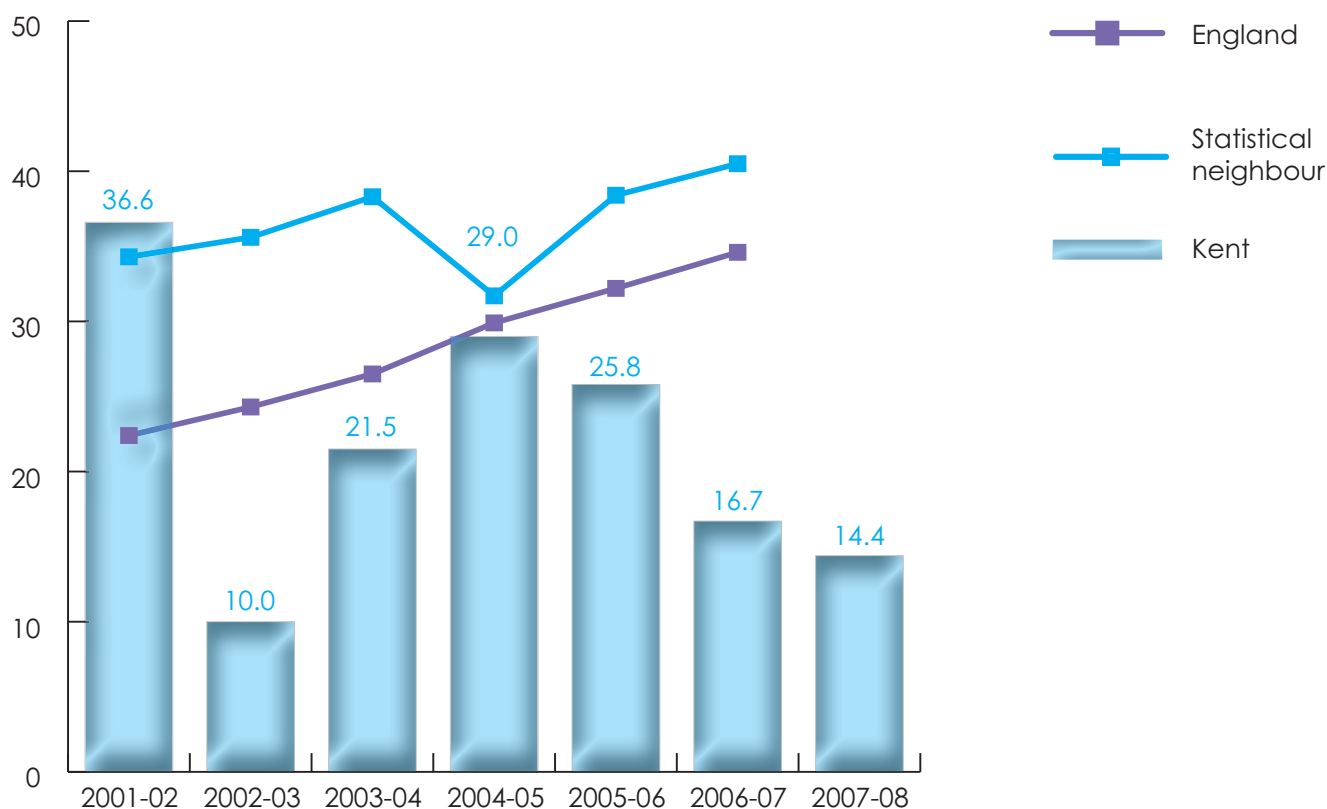




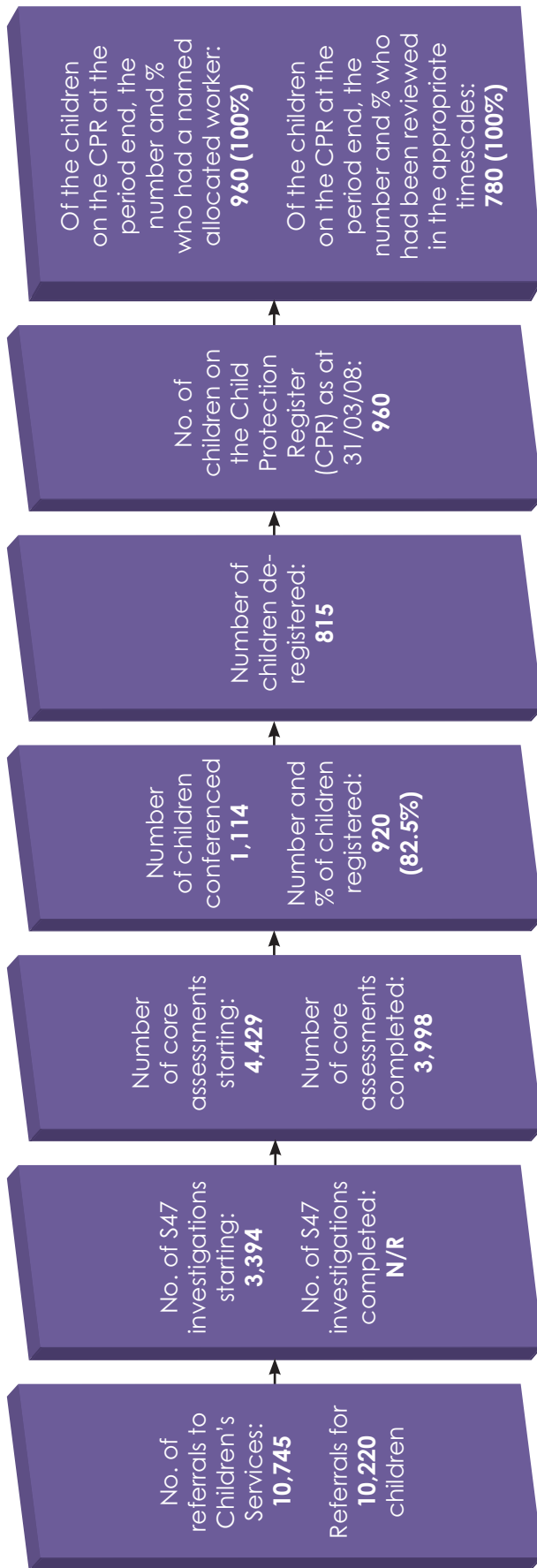
Child protection reviews

The DCSF measures the adequacy of review frequently by considering the review of children on the register at 31st March. All the children on the register at 31st March 2008 had been reviewed at an appropriate frequency.

Percentage of s47 enquiries leading to initial conferences and held within 15 days



Summary sheet (based on 2007-08 data)



National statistics

No. of children on Child Protection Registers as at 31/03/07	Rate per 10,000 children of population	New registrations during the year	Rate per 10,000 children of population	De-registrations during the year	Rate per 10,000 children of population
27,900	25	33,300	30	31,800	29

Kent Child Protection Register

No. of children on CPR		Rate per 10,000 children of population		New registrations during the year		Rate per 10,000 children of population		De-registrations during the year		Rate 10,000 children of population	
As at 31/03/07	As at 31/03/08	As at 31/03/07	As at 31/03/08	06/07	07/08	06/07	07/08	06/07	07/08	06/07	07/08
864	960	27.9	31.0	972	920	31.3	29.6	860	813	27.7	26.2



Police Public Protection Unit

The time period of this report has seen the HQ Police Public Protection Unit (PPU) make significant steps forward in both internal measures, to ensure the quality of service delivered by the Borough Command Units (BCU) teams adds real benefit in safeguarding children and possibly, more noticeable external investigations carried out by the Public Protection Crime Unit (PPCU).

The PPCU specialises in investigations into the sexual exploitation of children in an online environment. This team is under the direction and control of HQ PPU and is the only part of the unit that regularly has external contact with the public. Their work is of huge benefit, as can be seen below:

In the financial year 2007/08 the team investigated 29 new offenders, completed 18 investigations, and charged 4 of the new offenders, the remainder are still under investigation. Current indications are that all of these have in fact committed offences related to child exploitation.

Of the 18 completed investigations, 8 offenders received prison sentences ranging from 8 months for possession of child abuse images, to 12 years for a series of violent rapes and sexual offences against a 12 year old child. 3 offenders received community rehabilitation orders, and 4 offenders were refused charge. Offences investigated include the rape of an 18 month old child, large scale possession and distribution of child abuse images, inciting prostitution and most offences under the Sexual Offences Act relating to acts perpetrated on children. Offenders included an ex-police officer, an immigration officer, a school teacher and a magistrate.

The team also continued to work on cases such as Operation Starlight that commenced in October 2007. The suspects in this case were given combined sentences of over 300 years.

Since the beginning of the new financial year, the team has commenced investigations into 15 further offenders believed to be involved in child exploitation online. One of these has distributed to over 370 other individuals, all of whom the PPCU are trying to identify for dissemination to other forces.

HQ PPU identified the need to tackle the safety of Kent children in a wider context than its traditional remit, and as a result the Board has taken on the strategic responsibilities for missing people, rape and serious sexual assault. These new pieces of business allow HQ PPU via the quarterly assessment, to make the links across its disciplines in a more inclusive manner which has been a considerable improvement for the safety of children.

The funding bid by the unit at the end of 2008 has allowed the PPU to recruit 7 additional posts for the management of violent and sex offenders on BCU and an additional Detective Inspector post to manage violent and sexual offenders at a county level. The unit have also further developed the Audit and Inspection to include thematic reviews. It is felt that the inclusion of this type of review, will allow the unit to enhance the coverage of best practice to the whole of the County. This work is in addition to the large-scale projects such as Multi-Agency Risk Assessment Conferences (MARAC), Child Death Overview Panel (CDOP) and ContactPoint that the unit is working with partners to establish greater safety for the children of Kent.





Private fostering

Private fostering has been identified as a specific area of work for the KSCB. Within Kent County Council, work has been underway since September 2005.





There were a total of 67 new private fostering notifications received within Children's Services during the year 2007-2008. The 67 new referrals notifying of private fostering arrangements led to a total of 56 new private fostering arrangements beginning during the year. This is an increase of 23 new notifications in comparison to 2006-2007, and demonstrates a continuing increase on the previous year (2005-2006), when there were only a total of 17 private fostering referrals across the County throughout the year.

On the 31st March 2008, there were a total of 38 open private fostering arrangements across the County. (This is closely comparable to the previous year, although there is a slight decrease of 2 arrangements.) This figure does need to be approached with some degree of caution, as open arrangement numbers can rise and fall significantly within relatively short periods.

There has been a targeted private fostering publicity campaign in place throughout the year and this will be sustained. The Board will continue to receive an annual report on development in this important area.

Kent Fire and Rescue Service in safeguarding children and families

One of Kent's Fire and Rescue Service's (KFRS) key strategic goals are to reduce the number of deaths and injuries that occur as a result of fires in people's homes. The British Crime Survey identifies the following households as being most likely to have a fire:

-  Households headed by young people, especially if they are lone parents and/or rent from a local authority or a housing association;
-  Households in financial difficulty;
-  Households in which an occupier has a limiting disability; and
-  Households with smokers.

Research has shown that people who are unable to escape unaided from fire are most likely to die in a fire, including very young children, people with disabilities and people under the influence of drink or drugs (social or medical). The likelihood of dying in a fire is increased if the individual also forms part of a household identified as being at higher risk of having a fire (as described above).

The KFRS works with the KSCB, other agencies and voluntary groups in the County to help reduce fires by running publicity campaigns, providing information to parents and carers, providing fire safety awareness training to people who work in people's homes and by carrying out home fire safety checks





and fitting ten year smoke alarms free where we are invited into the home. Last year KFRS carried out 8133 Home Fire Safety Checks in Kent.

KFRS also provides a wide range of safety advice and equipment in homes where children may be at a higher risk of having an accident.

In addition to our prevention work, KFRS also run a juvenile fire-setter counselling service, which works with families where a child is playing with matches or fire. Last year KFRS had such involvement with 236 young people.

KFRS aims to ensure that all homes where a child is considered to be at higher risk from a fire receives a home fire safety check from the fire brigade and has a working smoke alarm. They continue to work closely with the KSCB to achieve this ambition.

Training data

KSCB is committed to providing a comprehensive and effective multi-agency training programme to agencies that contribute to the KSCB budget. The training programme aims to increase participants' knowledge and skills in the field of child protection and improve working relationships between agencies, in order to promote high quality service and improve outcomes for children, young people, their families and carers.

The Training Strategy does not attempt to address the individual training needs of KSCB agencies. It is designed to compliment the training provided on a single agency basis.

The training programme offered by KSCB has developed and expanded over the last year. In total 1053 places were taken up by people who work with children last year through the provision of 40 courses. Health and CFE account for 76% of the take-up on courses. This was despite not having a Training Manager in post for 11 months.

Participants on the training have, through evaluation, indicated that the courses do meet their needs and expectations. Longitudinal evaluation as to the effectiveness of the training programme will be developed in the forthcoming year.

The Board has also tried to respond to demands to provide single agency training in order to assist organisations in meeting their obligations to train their workforce in basic child protection training where possible in accordance with the Training Strategy.



Resources

In order to adequately discharge its multi-agency remit the Kent Safeguarding Children Board relies on a budget which is made up from contributions from partner organisations. The income from agency contributions for the year 2007-8 is £373,791. Other than KCC, other agencies have not increased their contributions to the budget since that agreed by Kent Child Protection Committee (KCPC) over 5 years ago.

Contributions covers salary costs, meeting costs, administration and office costs as well as all KSCB multi-agency training and the annual conference. We also use the money to publicise the work of the Board, and the safeguarding message, across organisations, professionals, parents and carers. Some of the development work for the Board has been funded through an underspend left over from the KCPC.

Additional Expenditure

KSCB also benefits substantially from significant contributions from partner agencies and professionals for which the KSCB does not face direct charges. These range from, for example, professionals from KSCB agencies offering their time and expertise to sub-groups or delivering training as well as free or reduced costs for venues for meetings and trainings.

Additionally, a significant contribution is made by KCC which employs the KSCB staff, providing management and supervision, office accommodation and associated costs.



Kent Safeguarding Children Board budget report 2007/08

	2006/07	2007/08
Income	303541	349836
Underspend Brought Forward *	64929	230755

Board expenses:

Upkeep of Kent Child Protection Register and additional child protection administrative tasks including the support to the Board	56758	51388
Board Manager	21417	63320
Independent Chair for Serious Case Reviews	5178	10711
KSCB meetings arrangements	1254	1737
Sub Total	84607	127156

Work programme:

Printing and publications	78007	103744
Sub Total	78007	103744

Inter-agency child protection training:

Inter-agency Training Manager	46474	52682
Training Administrator	10965	17948
Training programme including annual conference and seminars	48323	52574
Sub Total	105762	123204

LCPCC Administrators	0	22119
Sub Total	0	22119

Total cash costs of Board activities **268376** **376223**

The B/F figure* is largely attributable to vacant posts and the long-term sickness of the Training Co-ordinator resulting in a reduced training programme. A significant proportion of this will need to be re-distributed to address the monitoring and evaluation function of the Board as well as the Child Death Overview Group.



Agencies Contributions

Income	2004/05		2005/06		2006/07		2007/08		2008/09	
	£	£	%	£	£	£	£	£	%	
KCC Children's Social Services	57740	57740	23		0	0	0			
KCC Education (Safeguards)	40167	40167	16		0	0	0			
CFE (including allocations)	0	0	0		202907	202907	202907		54.3	
EKPCT	39664	39664	16		39664	39664	39664		10.6	
WKPCT	50710	50710	20		50710	50710	50710		13.6	
Police	56484	56484	22		56484	56484	56484		15.1	
Probation	6276	6276	2		6276	6276	6276		1.7	
Connexions	0	0			10000	10000	10000		2.7	
CAFCASS	0	500	0.1		750	750	750		0.2	
YOS	0	0				7000	7000		1.9	
District Councils	0	0				0	0		0	
Total	251041	251541	100		366791	373791	373791		100	

Additional income

Training / Miscellaneous	0	0		0	2545	0
Medway	0	0		0	8500	0
Parenting handbook	0	0		0	30000	0
CDOP DCSF	0	0		0	0	95000
Total	0	0		0	41045	95000



Business Plan 2008-11





Objectives	Key Activities	Outcomes	PP and T&D	Timescales		
				2007/08	2008/09	2009/2010
Kent Safeguarding Children Board Development						
The KSCB is adequately resourced to ensure it operates effectively under s13 of the Children Act 2002	Review current budget arrangements in light of additional responsibilities and membership	KSCB is supported by partner agencies with adequate and reliable resources	PP and T&D	✓		
To develop the roles and responsibilities for Board members	To develop Induction for new board members To review KSCB Constitution and roles and responsibilities of board members To set up two Development Days a year for board members	Effective membership of the KSCB and subgroups Partners are clear about what safeguarding entails and the responsibilities that they have in the KSCB by providing literature and verbal presentations	KSCB Chair All members of the Board and Subgroups	✓	✓	✓
	Practice developments are informed by lessons from research and by significant new publications	Evidence that members make distinctive contributions and work together	Learning and Development Co-ordinator	✓	✓	✓
Implementation and Monitoring of Section 11 including s11 training (and links to s175 Education Act)	To ensure that components of Children Act 2004: <ul style="list-style-type: none"> • Are fully integrated into the core business of partner organisations • Have a timed plan for implementation of this integration • Have assessed implementation at an organisational level for risks due to non-compliance and/or failure to 			✓	✓	✓



Annual reporting and review process in place for all KSCB subgroups	Annual Report from each subgroup To monitor the engagement (via attendance on the various KSCB groups) of partner agencies	Reports received by KSCB and Executive Board	✓	✓	✓	✓
Standards of practice remain high by the KSCB scrutinising and challenging the practice of other agencies and raising issues of concern through the chair	Protocol developed	Issues of concern are raised individually by the chair with senior managers and improvements monitored when necessary	✓	✓	✓	✓
Thresholds are produced for referrals of children in need and those where there are concerns about a child's safety and welfare	Set out agreed threshold for referrals of children in need and ensure processes for multi-agency assessments	Thresholds in place	✓		PP and T&D	
Policies and Procedures for Safeguarding and Promoting the Welfare of Children						
Review Safeguarding Procedures	Procedures to be fully reviewed every two years and reflect new legislation/guidance and best practice	Procedures remain up to date and relevant to changes in agency structures and guidance	✓	✓	PP and T&D	✓
Produce and implement procedures to reduce the cases referred for a serious case review and repeated child protection plans under the category of neglect	Adopt a standard approach for assessment and ongoing intervention in relation to cases regarding neglect concerns Investigate existing assessment tools Identify and approve an assessment model Training available	Reductions in number of cases referred for a serious case review and repeated child protection plans	✓	✓	PP and T&D	✓



Support implementation of Common Assessment Framework	Establish KSCB link with CAF implementation project group Incorporate CAF into training programme	All agencies use consistent and locally agreed framework for early assessment of children identified as at the first sign of difficulty	PP and T&D	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓
Development of joint working protocols between Adult Services and Children's Services	Review existing protocol and extend to include professionals from adult social services and health services	Clear protocols in place which will clarify roles and responsibilities within Adults and Children's Services where families are engaged with both services	PP	✓		
Training and Development						
Extend the multi-agency training programme on Child Protection and Safeguarding	Yearly needs analysis exercise to be carried out which will inform updating of annual training plan Training budget to be increased to reflect increased programme Board members support the provision of multi-agency training by committing to freeing staff to participate in training on a regular basis Develop training needs assessment tool	All agencies have access to a range of multi-agency training on safeguarding children to reflect priorities of KSCB and national developments KSCB are confident the training programme meets the needs of people working with children and families	T&D	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓



Review existing training provision with view to ensuring that the wider definition of 'safeguarding children' is incorporated into individual agency and multi-agency training plans	Individual agency training plans to be shared Training plans to be updated to incorporate new national guidance	Professionals across all agencies have access to training on their wider roles and responsibilities with regard to safeguarding children	T&D	✓	✓	✓
Continue provision of annual Safeguarding Conference open to all professionals working with children	Key speakers to be engaged by January Venue to be confirmed by January Advertising September 2008 Conference November 2008	Improved learning across agencies	T&D	✓	✓	✓
Provision of advice and consultancy service on child protection to all agencies	Child Protection Advisers to re-issue leaflet advising service to all relevant statutory and non-statutory bodies	Access to child protection advice and consultation for professionals improved	T&D	✓	✓	✓
Training responding to Unexplained and Unexpected Child Deaths	Incorporate into 2007/08 training plan Training commissioned Monitoring and reporting of take-up	Training carried out Professionals better equipped to respond to child deaths	CDOP and T&D	✓	✓	✓
Ensure Child Protection Training is consistent with Training Strategy issued by the KSCB	Gap analysis to be undertaken	Training for Kent staff consistent with that provided across Kent	T&D	✓	✓	✓

Safe Recruitment and Employment

Ensure KSCB representation from all agencies on Safe Recruitment and Employment Subgroup	Incorporate guidance in Working Together to Safeguard Children and Kent & Medway Safeguarding Procedures on safe recruitment and vetting of staff into all statutory agencies policies and protocols	Safer staff recruitment and vetting procedures within Kent Statutory agencies	SR&E PM	✓	✓	✓
Draft and agree shared guidance on reporting systems to professional bodies where there are concerns about professionals working with children	Scrutinise key agencies reporting systems Draft minimum standards document to cover all key professionals	Clarity for all agencies working with children regarding reporting systems where there are allegations against staff	SR&E PM	✓		
Ensure compliance of all agencies with Working Together guidance on Managing Individuals who pose a risk to children	Scrutinise individual agency recruitment and vetting policies Specific work to be undertaken with the voluntary sector to ensure the minimum standards meet specific need	Greater consistency across agencies regarding safe recruitment and vetting policies and practice Improved information to KSCB regarding professionals who may pose risk to children, allowing for better planning and prevention	PM	✓	✓	✓
Establish link between MAPPA and KSCB and agree reporting systems	Establish link between MAPPA and KSCB Establish reporting system to KSCB on individuals who pose risk to children	Improved communication between MAPPA and KSCB	EXEC	✓	✓	✓

Safety and Welfare of Children in Terms of Preventable and Unintentional Injury

Decrease fire related deaths in the home	To promote knowledge and awareness of the impact and importance of bullying on the KSCB website and training programme	Clear statements in agencies procedures about KSCB expectations around anti-bullying	Anti-Bullying Subgroup	✓	✓	✓
		Bullying reduces				

Safety and Welfare of Children who Experience Bullying and Discrimination

KSCB to support the Anti-Bullying Strategy and Plan as part of its responsibility for 'Stay Safe' outcome	To promote knowledge and awareness of the impact and importance of bullying on the KSCB website and training programme	Clear statements in agencies procedures about KSCB expectations around anti-bullying	Anti-Bullying Subgroup	✓	✓	✓
		Bullying reduces				

Safety and Welfare of Children who are Privately Fostered

Establish annual reporting system to KSCB regarding private fostering activity	Annual report to be provided by HOCs responsible for Private Fostering	Improved information to KSCB on numbers of children privately fostered allowing for better planning for and safeguarding of children	PM Karen Graham	✓	✓	✓
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Private fostering arrangements are known and assessed. The assessment includes all appropriate statutory checks.	KSCB need to ensure that practice is embedded and public and agencies are aware of the requirement and importance to notify	PM Karen Graham	✓	✓	✓
Private Fostering Procedures are implemented	Information to be added to KSCB website				
Procedures developed and implemented to ensure that the public are aware of the requirement to notify the LA	Programme of advertising / public awareness				
Agencies are aware of the importance of notification					

Safety and Welfare of Children who are Involved in Domestic Violence

The KSCB works with other agencies to ensure that responses to issues of domestic violence address child safeguarding issues	Establish feedback loop with Kent & Medway Domestic Violence Strategy Group	Reports to KSCB	✓	✓	✓
	To ensure a co-ordinated multi-agency response throughout the county to child survivors of domestic violence				
	To monitor the effectiveness of the KSCBs relationship with Kent & Medway Domestic Violence Strategy Group				
	Improve identification of all children and young people exposed to domestic abuse				
	Attendance at Multi-Agency Risk Assessment Conference				

Communication and Awareness Raising

Develop and implement a Communication Strategy	Strategy developed KSCB newsletter - agencies contribute to the newsletter KSCB Annual Conference Website Agencies make available resources/skills to help implement the strategy	Improved awareness across partner organisations of safeguarding responsibilities Work with the KSCB is cascaded and understood	P&C	✓	✓
Establish Safeguarding Children input to induction programmes across agencies	Scrutinise individual agency induction programmes to ensure Safeguarding Children is included	Improved awareness across partner organisations of safeguarding responsibilities	P&C	✓	✓
Development of a comprehensive database of voluntary, community and faith groups in the county	Work with Children's Trust to establish database	Better targeting of safeguarding message within non-statutory sector facilitated	P&C	✓	✓
Establish reporting system from Children's Trust to KSCB, with particular regard to non-statutory safeguarding work	Establish link person and reporting system to KSCB	Improved links between KSCB and non-statutory providers Better awareness within KSCB of safeguarding activity within non-statutory sector	EXEC	✓	✓
Ensure KSCB website is regularly updated	Website to incorporate national and local developments	Greater public access to safeguarding information	P&C	✓	✓



Agree plan for greater access to written translations of key safeguarding documents, to families whose first language is not English	Key languages to be agreed Feasibility exercise to be conducted to include costing	Improved access for non English speaking families and children	P&C	✓	✓	✓
Public awareness campaign to raise profile of KSCB and the role of the public in safeguarding children	Advertise in Partners newsletters and promotional materials including those produced by District Councils	Increased awareness across Kent regarding action to be taken when there are concerns about a child at risk of harm Work of the KSCB is cascaded and understood		✓	✓	✓
Improved systems for hearing children's views	Establish link between Children's Trust and KSCB Ensure safeguarding issues are addressed in wider participation and involvement strategy	Children's concerns regarding safety incorporated into KSCB activity and planning	P&C	✓	✓	✓

Monitoring and Evaluation

<p>The Board agrees a data set of relevant and meaningful information based upon the criteria of safe at: home, school and on the streets based on clear standards and performance indicators for child protection, and uses management information in respect of child protection and safeguarding of children to improve service</p>	<p>Data set agreed and information collated</p> <p>That the Board reviews the usefulness of the data set collected on a regular basis and to ensure it remains outcome focussed</p> <p>The relevant information, as agreed by the Board, be submitted in a standardised and cohesive way and is reported on a six monthly basis</p>					<p>✓</p>
<p>All statutory agencies to report to KSCB on safeguarding activity</p>	<p>Agree reporting systems to KSCB</p> <p>Regional and local linkage with other Performance Monitoring Groups (including MAPPA QA Group) to learn mutual lessons</p>	<p>Improved awareness of multi-agency safeguarding activity, facilitating better joint planning</p>	<p>PM</p>			<p>✓</p>
<p>KSCB to continue to monitor and analyse statistics on children at risk of harm</p>	<p>Annual report from Children Social Services to KSCB</p>	<p>Improved awareness of safeguarding practice trends and developments</p>	<p>PM</p>			<p>✓</p>
<p>Establish annual multi-agency file audit for use by the LCPCC to assist self and peer evaluations</p>	<p>Develop multi-agency auditing tool</p>	<p>Improved awareness of practice across agencies and improved capacity for learning from good practice</p>	<p>PM</p>			<p>✓</p>



Monitor the implementation of Serious Case Review Action plans and lessons from Child Deaths are learnt	To monitor and evaluate the work of the Children's Service Authority and KSCB members individually and collectively to safeguard children	Agree reporting systems to KSCB and internal agency audit plan	Lessons are learnt from child deaths within the county of Kent	SCR CDRP PM	✓	✓	✓	✓
		Individual agencies to provide child protection audit information Collaborative solutions to performance obstacles Formulation of a multi-agency Audit Calendar which highlights areas of strengths, gaps and weaknesses A peer audit process to be developed. Agencies to be audited on recommendations from key inspections	Provision of performance data evidencing LSCB member organisations' work with regard to safeguarding which meets required standards and is safe To enable an integrated approach to auditing safeguarding activity Evidence of LSCB and partner agencies work both individually and collectively is undertaken with regards to safeguarding and is compliant with national and local standards		✓	✓	✓	✓



<p>Evaluation of both single and inter-agency safeguarding children training</p>	<p>Each KSCB member agency to produce a Training Strategy document approved by the KSCB outlining safeguarding training needs and a clear plan as to how these will be achieved. There is a clear standard within the Training Strategy.</p>	<p>Delivery of single and multi-agency safeguarding training which meets national and local standards and meets the needs of organisations</p>			
<p>KSCB Learning & Development Subgroup will audit both single and multi-agency safeguarding training against the agreed set standards. Single agency training must meet the set standards to be endorsed by the Kent Safeguarding Children Board in October 2007.</p>	<p>Local and national safeguarding standards are met on both a single and multi-agency basis to ensure training continues to be highly effective</p>				
<p>Staff of all services have a consistent understanding of the thresholds for sharing information with and referral to Children Social Services and Health/Police, and the undertaking of an initial assessment to identify if the child is in need and, if so, if the child's welfare is being safeguarded</p>	<p>KSCB to ensure clarification of thresholds and actively ensure promulgation and dissemination across and between agencies</p> <p>Multi-agency task group to be set up to review/develop thresholds and report to LSCB</p> <p>Links to be made between Children in Need and Child Protection Procedures as an integral part of developing a child concern model</p> <p>Develop a shared protocol around the process of assessments involving NHS Trusts, Police and Children Social Services</p>	<p>KSCB to ensure clarification of thresholds and actively ensure promulgation and dissemination across and between agencies</p> <p>Multi-agency task group to be set up to review/develop thresholds and report to LSCB</p> <p>Links to be made between Children in Need and Child Protection Procedures as an integral part of developing a child concern model</p>			



Carry out research into under representation of disable children referred into Children Services where there are concerns that may have suffered harm and subject to a Child Protection Plan	Commission piece of independent research	Better understanding of referral and registration statistics and in particular whether the safeguarding needs of all of Kent's children are being fairly met	✓	✓	✓
Establish link between MAPPA and KSCB and agree reporting systems	Establish link person between MAPPA and KSCB Establish reporting system to KSCB on individuals who pose risk to children	Improved communication between MAPPA and KSCB	EXEC	✓	✓
Participation					
Ensure KSCB representation on CYPSP, Children's Executive Group, Safer Kent Partnership and relevant planning forum	In place	Safeguarding agenda is incorporated into all multi-agency planning and development.	EXEC	✓	✓
Serious Case Reviews and Child Deaths					
Carry out reviews into serious cases according to criteria set out in Working Together to Safeguard Children	Serious Case Review Core Panel to continue to monitor and to ensure Serious Case reviews are undertaken within the Panel timescales as directed in 'Working Together 2006' where possible	Lessons learned from serious cases and disseminated to all key agencies Recommendations and lessons learnt from Serious Case Reviews are reflected within safeguarding Children Training	SCR	✓	



Review serious cases which do not meet the threshold for a formal Serious Case Review	Devis and agree system across all partner agencies for internal reviewing of serious cases which have not met formal review threshold because of limited agency involvement	Greater consistency of case reviewing across agencies and improved system for learning lessons from these cases	SCR	✓	✓	✓	✓	✓	✓
Audit single agency progress made following the implementation of Action Plans produced for agencies/ organisations from Serious Case Reviews undertaken	To determine if recommendations of Serious Case reviews have been implemented - to highlight areas of good practice and where improvements can be made	Recommended and auditable		✓	✓	✓	✓	✓	✓
Develop administrative and financial arrangements and systems for Child Death Overview Process	Discrete budget identified within KSCB finance Staffing needs identified and costed Appointment of Administrative staff Database set up Clear communication between CDOP and SCRPR PR work delivered to raise awareness of CROP with agencies and general public (especially parents of children with vulnerable health conditions)			✓	✓	✓	✓	✓	✓
A co-ordinated response to sudden and unexpected child deaths within Kent	Rapid response to all unexpected and unexplained child deaths in place in each PCT and Acute Health Trust	A co-ordinated and rapid response to all unexpected and unexplained deaths within the Kent area	CDOP	✓	✓	✓	✓	✓	✓



<p>All child deaths are monitored, trends are identified, and prevention planning is enhanced to prevent untimely deaths</p>	<p>Child Death Overview Panel as per guidance Working Together to Safeguard Children is in place by April 2008</p> <p>Agree process for collecting data which will be informed by the CEMACH pilot and DCSF</p> <p>Analyse overview information to inform local strategic planning</p> <p>Staff appointed by health and KSCB to ensure CDOP can meet its statutory obligations</p> <p>Development of single and multi-agency training</p>	<p>Better information regarding trends in unexpected child deaths, leading to better preventative planning</p>	<p>CDOP</p>	✓	✓	✓
				✓	✓	✓
				✓	✓	✓
				✓	✓	✓
				✓	✓	✓







KSCB, Kent County Council, Sessions House, County Hall, Maidstone ME14 1XQ
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By: Marisa White, Head of Extended Services
 Leyland Ridings, Cabinet Member for Children, Families & Educational Achievement

To: Children Families and Education Policy Overview Committee
 27th March 2009

Subject: Working Draft: Kent Children’s Trust “Thinking Family” Implementation Plan for Kent Supporting Parents

Classification: Unrestricted

Summary: This report gives an update on the “Thinking Family” Implementation Plan for supporting parents and sets out the draft priorities, how it will be taken forward and some initial challenges and opportunities linked to the implementation of the Supporting Parents strategy. It also updates on recent government initiatives related to this area of work.

1. Introduction

- 1.1 The KCT Strategy for Supporting Parents, the accompanying Parents Charter and a summary for parents were launched throughout October and November 2008.
- 1.2 Since June 2008 meetings have been held with a wide range of multi-agency providers, practitioners, Local Children’s Service Partnerships and parent groups to discuss the implications of the strategy, its implementation and areas of need. Identified issues, both around gaps in services for groups of parents, service improvement potential and workforce development opportunities are reflected in the plan as a result of these discussions.
- 1.3 The implementation plan also takes account of recent government initiatives and requirements related to this area of work. These are set out in section 2 of this report.

2. Further Developments

- 2.1 DCSF Parent Grant Funding has been provided to employ a Senior Parenting Practitioner whose role includes:
 - Co-ordinating a national offer of training for parenting practitioners
 - mapping of services and providing a central database of parenting interventions, including trained practitioners, programmes and levels of intervention for local commissioning purposes
 - working towards supporting practitioners and programme developers to assess quality of parenting programmes offered to parents in Kent
 - Kick-starting parent practitioner groups locally to improve information sharing, networking and understanding of client need
- 2.2 The Government has funded the National Academy of Parenting Practitioners (NAPP) which works to transform the quality and size of the parenting workforce across England so that parents can get the help they need to raise their children well. NAPP are currently offering

local authorities free training places on a range of evidenced-based training programmes for parenting practitioners and the Extended Services team is working to co-ordinate places on this training. Requirements set out by the Government on standards of delivery, supervision of practitioners and data provision on delivery back to the DCSF are rigorous. Priority services have been identified as Children’s Social Services, Youth Offending Service, KDAAT, CAMHS and Health but take up has varied according to service capacity to co-ordinate, deliver and meet the required standards.

2.3 With regard to the NAPP offer of training, co-ordinating services has proved difficult as has the co-ordination of practitioners on the ground where services do not have a lead “parent champion”. Areas where there is an existing practitioners group or lead co-ordinator are more able to make a speedy and informed response. Services have been very keen to engage in the strategy as a whole but will need a period of adjustment, (including budgets and planning). Where there are commissioner/provider relationships, work will need to begin to help commissioners think through how services could better be ready to meet growing training opportunities and demand especially around “Think Family”.

2.4 The Government has also recently announced additional funding for local authorities for “Think Family- Improving Support for Families at Risk”. Funding will be provided for 2009-10 and 2010-11 in the first instance for:

- Implementing Think Family reforms in local authority systems and services including more effective ways of working between children’s and adults services
- Family Intervention projects which provide intensive support to families in the greatest difficulty
- Parenting Early Intervention Programmes to help parents of children at risk of poor outcomes to improve their parenting skills

We are liaising with the DCSF for further detailed information and guidance in order to take forward these areas of work.

3. The priorities

3.1 The Draft Priorities of the Thinking Family Implementation Plan are:

1	Reducing poverty
2	Resilient and healthy families
3	Positive families
4	Housing
5	Supporting Vulnerable families
6	Safe, active and confident communities
7	Help parents to bring up children and young people ready to face the world as it really is
8	Strategic Delivery and Workforce Development
9	Respecting, involving and listening to parents

The priorities and actions have been set out in a way that is intended to demonstrate the linkages to targets and indicators in the Local Area Agreement, the Children and Young people’s Plan and other relevant service and partnership plans.

3.2 As parent support is a cross-cutting agenda, it is neither possible nor practical to include all actions and work that will be carried out to implement these priorities at a local level. This plan therefore reflects a range of services and work plans and sets out how they will contribute to the priorities, desired outcomes and strategic commitments of the strategy.

Actions incorporated within the plan demonstrate a commitment to actively seeking, promoting and responding to parent voice, a desire to re-assess and improve the practice of parent support across services as well as a need to improve and co-ordinate the strategic direction of travel towards “Thinking Family”.

4. Implementation

- 4.1 The implementation plan will go out to wider consultation following consideration by CFE SMT and the Kent Children’s Trust Board 8-13 Sub Group.
- 4.2 A workshop is being organised in Partnership with Kent Can to discuss the impact of the strategy on VCO organisations in Kent and their role in its implementation.
- 4.3 Local Children’s Service Partnerships will have a key role in implementation, translating the commitments within this strategy into actions which support their own local Children and Young People’s Plan priorities and tailoring the local actions to the voices of their parents, evidenced need and gaps in service provision.
- 4.4 Consultation will be ongoing and will continue particularly with parents through the local Parent Forums and other local and County-level parent groups.

5. Structure, Governance and Accountability

- 5.1 The Strategy and implementation plan are located within the overall framework of the Kent Children’s Trust arrangements. Oversight of the strategy will be the responsibility of the 8-13 Trust Sub-group.
- 5.2 Monitoring of the implementation plan will be through the “Thinking Family” Implementation group whose terms of reference are attached at the back of the draft implementation plan. This group will report back through the 8-13 Sub-Group who will own and manage the outcome framework and performance management of the strategy.
- 5.3 Monitoring will be undertaken at two levels:
 - Against CYPP and National Indicators (in order not to replicate current monitoring arrangements)
 - Against progress of key actions and projects and using qualitative feedback from parents and, where relevant, practitioners.

6. Recommendations

Members of the Children Families and Education Policy Overview Committee are asked to:

1. Note the draft priorities for the implementation plan and give views
2. Note the ongoing consultation, implementation and monitoring arrangements and give their views.
3. Note the national developments as set out in section 2 of this report.

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Background Documents:

Draft Think Family Implementation Plan for Supporting Parents 2009-2012

KCT SUPPORTING PARENTS STRATEGY

http://www.kenttrustweb.org.uk/UserFiles/CW/File/Extended_Services/Strategy_for_Supporting_Parents/Strategy_for_Services-Final.pdf

PARENTS' CHARTER

http://www.kenttrustweb.org.uk/UserFiles/CW/File/Extended_Services/Strategy_for_Supporting_Parents/Parents_Charter-KCT_final.pdf

Other Useful Information: None

WORKING DRAFT

THINK FAMILY
Kent Children's Trust
Implementation Plan for
Supporting Parents

2009-2012

The Strategic Vision

In Kent's successful communities, achievement exceeds aspiration, diversity is valued and every child, family, mother, father and carer is supported, Parents and carers are positive about their own and their children's futures and are able to be effective in ensuring that their children have every opportunity.

Kent mothers and fathers are confident in supporting their children so that they are:

- nurtured and encouraged at home
- inspired and motivated by learning
- safe and secure in the community
- living healthy and fulfilled lives

Organisations and individuals working with parents, carers and their families will work together to ensure that:

1. parents and carers' views, faith, beliefs, strengths and knowledge of their children are respected and their involvement in the design, delivery, evaluation and development of services is encouraged and supported continuously
2. diversity and difference is valued – including different models of family life
3. Support is provided wherever possible by universal services in a variety of local and centralised welcoming areas, this includes Children's Centres and Extended Schools.
4. the importance of natural community support systems is recognised and encouraged
5. seeking help will be seen as a strength, not a weakness and will lead to better outcomes
6. services value and support the role of fathers and are sensitive to fathers' needs, lives and motivations.
7. all services will draw on the best available research evidence of what is effective and staff will be supported by appropriate training, information and supervision
8. the wellbeing of children, young people and vulnerable adults is paramount and is the responsibility of all those working with families

Context, Ownership and Implications for LCSPs

Context

This plan is the implementation arm of the Kent Children's Trust Strategy for Supporting Parents which was launched in November 2008. For information see http://www.kenttrustweb.org.uk/Community/com_sch_ext_parenting_strategy.cfm

Implicit in this plan are the overarching commitments made in the strategy and the expectations outlined in the Parents charter¹

Extensive research and consultation was carried out around the county for the development of the strategy, the parents' summary of the strategy and the parents charter. Consultation and feedback is continuing through local children's service partnerships and services that support children, young people and their families. This implementation plan reflects the findings of the research and consultation carried out. However, further consultation with a wider range of parents with varying levels of need and with practitioners has continued and is reflected through the priorities.

Ownership of this Plan

This plan was commissioned by the Kent Children's Trust and will be championed by the Kent Children's Trust 8-13's sub group who be the lead group for parenting . However, the Thinking Family Implementation group will take the lead responsibility for the plan. ²This group will be made up of designated people responsible for each priority who will monitor, feedback, and identify gaps in provision for parents. There will be an additional representation for workforce and for parent participation/engagement and involvement.

This group will report to the Kent Children's Trust 8-13's sub group which will in turn support and inform the performance monitoring cycle of the KCTB.

Performance management/monitoring

Discussions are currently in place with CFE colleagues in policy, strategy and performance about developing qualitative and quantitative measures of performance.

Where actions and outcomes can be tracked against national indicators we plan to show how the implementation of this strategy is contributing towards these indicators. In other areas of action, data will be monitored against service monitoring. Work is being done to put together a framework for this.

¹ See Appendix 1 and 2 for more information.

² To see proposed terms of reference please see Appendix 3.

Qualitative data will be tracked on a “red, amber, green” scale, asking project leads to feed back where the project lies on the scale so that there is a clear idea on how the plan is both being implemented and achieving outcomes for families.

Implications for LCSPs

The current “developmental” position of LCSPs poses challenges and opportunities to the implementation of the strategy.

As a result of this, many of the actions reflect a focus on overall service development, re-assessment or developing new models or guidance of working to meet the needs of an ever increasing Think Family agenda.

The aim here is to support the co-ordinating and commissioning role of the LCSPs so that the services they pull together are already beginning to focus on whole family engagement, the implications of Think Family, and the strategic commitments made to parents.

Nevertheless, and in advance of many of these discussions, LCSPs have developed their children and young people’s plans and most have already identified their actions for supporting parents locally.

However this plan should be used in developing their children and young people’s plans further with an expectation that all LCSPs will reflect their priorities for parents by 2010.

Each LCSP will need to engage in discussions around workforce issues for supporting parents. These will include training, supervision, availability of and access to services and resources in order to meet the strategic commitments whilst making links to the Workforce Strategy.

In addition, each local partnership will benefit from bringing together local practitioner forums to look at implementing strategic commitments and local priorities and to co-ordinate local delivery. Support will be provided for this.

Parents’ fora across the county have begun to shape local priorities for parents and there are different models and priorities emerging. Actively seeking the views of, and developing services in partnership with parents will ensure that local provision is needs led. Particular attention must be paid to engage a broad range of mothers, fathers, carers and extended family from across all sections of the community. Working in partnership with a range of parent groups, in particular those hosted by voluntary sector partners will be crucial to ensuring that representation is as inclusive as possible.

Think Family.

Every Child Matters is already transforming the way services are delivered for 0-19 year olds. 'Think Family' extends this model to include adult services and puts families firmly at the centre". (DCSF)

This first implementation plan is taking clear steps toward meeting the requirements of the Think Family agenda through workforce development and encouraging wider discussions with adult service providers and partnerships to look at ways of joint working.

Some of this work is already happening, for example, a joint protocol with CFE and KAS around supporting young carers and their families.

Practically, this will mean

1. **Planning and delivering support for families as a whole**

- Effective provision that responds to how risk in families inter-relates. For example:
 - Improving children's behaviour may require support with parenting
 - Enabling a parent to consider returning to work may require tackling a child's school absenteeism
- Ensuring whole family support packages are available at different levels of intensity, including very intensive support (the FIP model) for the most risky families

2. **Reforming LA systems to 'Think Family'**

- Changes to delivery systems and workforce culture to ensure consideration of the family context to need in order to identify and intervene early with all families at risk

3. **Joining up children's and adult services**

- Ensuring there is joint governance and commissioning.

There are many important steps to take towards this approach and many of them involve huge culture and attitudinal shifts.

This plan aims to reflect some of the work required to meet these incredibly challenging but necessary demands with particular emphasis through workforce development and strategic delivery.

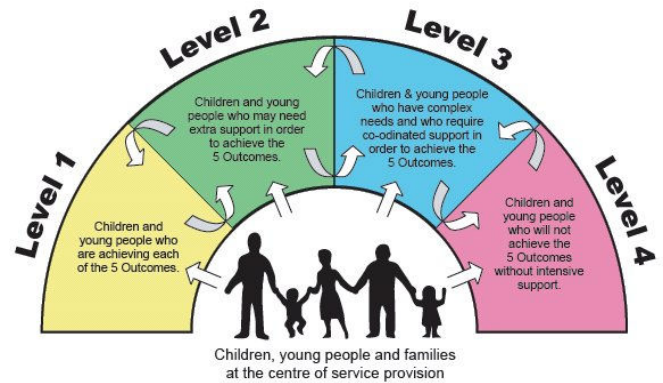
The direction of travel from ECM to Think Family (DCSF 2008)

	The ECM Framework	'Think Family'
Integrated front-line delivery	<ul style="list-style-type: none"> • Multi disciplinary teams: 'team around the child' • Lead professionals 	<ul style="list-style-type: none"> • 'Team around the family' • Lead professional/key worker for the family
Integrated processes	<ul style="list-style-type: none"> • Common Assessment Framework • Information Sharing across local children's services 	<ul style="list-style-type: none"> • Whole family assessment • Information sharing across children's and adults services about family needs
Integrated strategy	<ul style="list-style-type: none"> ▪ Single Children & Young People's Plan ▪ Pooled budgets to support joint commissioning of services for children ▪ Single outcome framework C&YP 	<ul style="list-style-type: none"> • C&YP and Parenting Strategy includes the contribution of adults' services to family wellbeing • Pooled budgets to support joint commissioning of services for families • Common vision and agreed outcomes for families
Inter-agency governance	<ul style="list-style-type: none"> ▪ Director and lead member for Children's services ▪ Duty to create LSCB 	<ul style="list-style-type: none"> • Nominated senior lead to ensure clear accountability for outcomes for families • Strategic leadership of TF (on CT board?)

A Family Support Model

The Supporting Parents Strategy sets out areas for further development within the context of a continuum of support, from universal to targeted, through to specialist support, or where required, intervention. The strategy also covers families with all ages of children.

This implementation plan therefore looks at the **whole range of services and workforce requirements** across the continuum of support and takes a multi-faceted approach to ensuring that every child matters.



At the very basic level, most families need to be able to

- Know that services exist that meet their needs (e.g. Have good, widely available, clear information around needs based services)
- Be able to get to them (services located locally and at times people can get to)
- Trust in the staff from those services (quality workforce, consistent communication, honesty, partnership and respect)

The rationale behind this is to make sure that our front line delivery and approach cultivates a positive working relationship with parents as opposed to cultivating negativity, distrust and a sense of “irrelevance” or “waste of time”. We must do all we can to ensure that parents feel able to ask for support, know where help is available and get reliable, honest and consistent service when they ask for it.

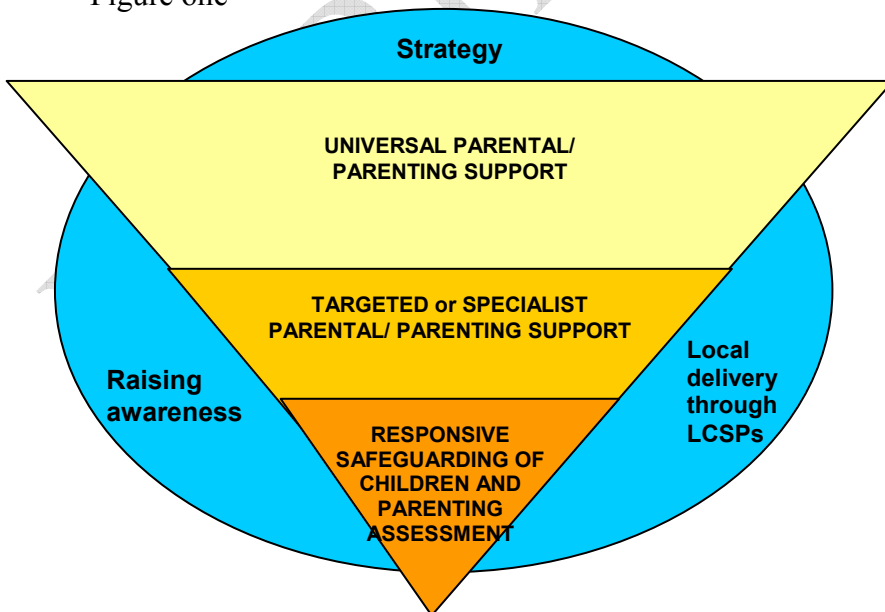
However, this is not just about making parents feel good about services. Keeping families working in partnership with agencies at universal and targeted levels is imperative for good outcomes for children. This reasons for this are:

1. Families and children in need are identified and receive services as soon as possible.
2. Developmental or situational problems can be minimised or avoided through appropriate support.
3. Stigma for receiving services is eliminated, because it is viewed as natural for the community to take advantage of resources.

Therefore, at earlier stages of support, and where use of services by families is often voluntary, services must know how to recognise problems before they arise, and refer parents to appropriate support.

However, it is recognised that families need varying degrees of support and where children are at risk of significant harm, action may be required to protect them. In exceptional circumstances it may not be safe for children to remain in their families

Figure one

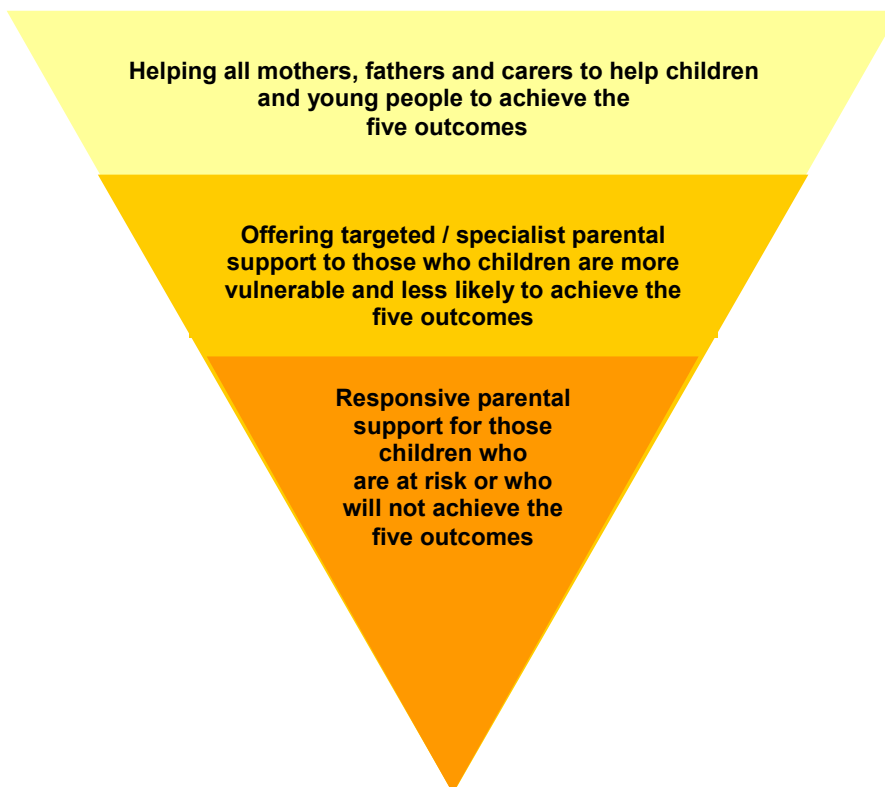


Figures one and two outline the levels of support available for mothers, fathers and carers to ensure that children can achieve the every child matters five outcomes.

Figure one contextualises this in the role of the strategy, local delivery and communication through awareness raising and local delivery whilst

Figure two focuses on showing the relationship between parent support, every child matters and ultimate responsive safeguarding of children.

Figure two



Work highlighted in this plan reflects how we can work in a preventative way to:

- Do all we can to enable families (mothers, fathers, carers and extended family) to get help and continue to seek help from non stigmatising services – (this includes linking to adult services)
- Know when and to whom to raise appropriate issues of concern around child or family wellbeing.
- Improve information and availability of information to parents
- Differentiate between the needs of families and needs within families and offer individualised support
- Work more in partnership (consultation, engagement and participation) with parents in developing services
- Address skills, training and attitudinal barriers to the workforce

The overall aim is to improve our support for **all** families as they move in, out and around levels of intervention or support and minimise overall risk to children .At the same time, we wish to improve our enhanced support and intervention for the most vulnerable families when required

The driving force behind all of this work is children and young people's ability to achieve the every child matters outcomes.

Child welfare is of paramount concern.

This plan and its relationship to Towards 2010, The Vision for Kent- (Kent's community strategy) and The Kent Agreement (LAA2).

Through "Thinking Family", this plan takes a community approach to developing better outcomes for children, young people and their families. Acknowledging that children are not islands, and that positive community and family relationships are vital for them to thrive, this implementation plan aims to encourage parent led service provision, community cohesion and encourage the development of community infrastructure to strengthen local support for parents across Kent.

Targets in this plan are relevant to the following targets in the Vision for Kent, Towards 2010 and The Kent Agreement (LAA2) including:

Towards 2010

1. Economic success - opportunities for all
2. Learning for everyone
3. Preparing for employment
4. Enjoying life
5. Keeping Kent moving
6. Environmental excellence and high quality homes
7. Improved health, care and well-being (staying healthy)
8. Improved health, care and well-being (independent living)
9. Stronger and safer communities

Vision for Kent

- 1 Economic success – Opportunities for all
- 2 Learning for everyone
- 3 Improved health, care and wellbeing
- 4 Stronger and safer communities
- 5 Enjoying life
6. Keeping Kent moving
7. High quality homes

The Kent Agreement 2 -LAA2

1. Economic Success
2. Learning for Everyone
3. Improved health, care and wellbeing
4. Stronger and safer communities
5. Enjoying Life
6. Keeping Kent moving
7. High quality homes.

The Supporting Parents implementation plan and its relationship to The Kent Children and Young People's Plan

This implementation plan has a supplementary relationship to the Kent Children and Young person's plan.

In order to ensure that the KCT CYPP priorities are focused upon AND the most important priorities for parents are considered, the following table outlines the priorities for the Supporting Parents implementation plan and their corresponding CYPP priorities. Our priorities for parents reflect how we will be **Supporting Parents to support children**.

	Supporting Parents Implementation Plan priorities	KCT CYPP priority
1	Reducing poverty	1.To reduce the impact of poverty (generational and situational) on children lives by tackling the underlying causes and mitigating the effects.
2	Resilient and healthy families	2.To draw on and improve resilience in C&YP to help them make informed and healthy/safe choices and develop coping strategies. To include a focus on C&YP with emotional and/or mental health problems.
3	Positive families	3. To improve parenting by implementing Every Parent Matters and developing more effective multi agency support and early intervention for families experiencing problems. To include: <ul style="list-style-type: none"> ▪ taking action to increase fathers' involvement in their children's upbringing ▪ reducing the incidence & impact of domestic violence and substance misuse on children and families ▪ improving the communication & interaction development of younger children
4	Housing	4.To improve the quality and stability of housing provision for vulnerable children & young people through to early adulthood
5	Supporting vulnerable families	5. Supporting vulnerable Children to improve their life chances including improving the achievement and quality of life for young carers by implementing the Kent Young Carers Strategy.
6	Safe, active and confident communities <i>(N.B This priority covers CYPP priority 6 and priority 8)</i>	6.To ensure more young people have things to do and safe places to go in their leisure time and improve outcomes for adolescents at risk to themselves and potentially others, through for example implementation of the Integrated Youth Support Services Strategy 8. Children and young people are safe and feel safe in the communities where they live, go to school, play and work – with a focus on taking action to reduce the incidence and impact of bullying in school and the community
7	Help parents to bring up children and young people ready to face the world as it really is	7. To increase engagement and participation by young people in education, employment and society in order to prevent disaffection and improve security

This plan also recognises the same enabling measures to support the delivery of the 8 KCT priorities through the strategic commitments made in the Kent Children’s Trust Strategy for Supporting Parents and the Parents Charter.

These are:

- Local delivery of quality services
- Workforce planning and development
- Integrated processes and procedures
- Involvement and participation of children young people and their families

In this plan, these enabling measures will be addressed through the following priorities.

- Strategic Delivery and Workforce Development
- Respecting, engaging and listening to parents

The 9 priorities highlighted in this plan are therefore.

1	Reducing poverty
2	Resilient and healthy families
3	Positive families
4	Housing
5	Supporting Vulnerable families
6	Safe, active and confident communities
7	Help parents to bring up children and young people ready to face the world as it really is
8	Strategic Delivery and Workforce Development
9	Respecting, involving and listening to parents

Please note that although “*respecting, involving and listening to parents*” is a priority in itself it is crucial that this approach to service delivery and development is inherent and active across all priorities.

Note:

Due to parent support being a cross-cutting agenda countywide, it is neither possible nor practical to include all actions and work that will be carried out to demonstrate how these priorities will be achieved. For example, LCSPs priorities for parents play a vital role in delivering the Trust’s strategic commitments and priorities for parents, and will steer local work and strategy, but they are already reflected in existing plans, as are a number of actions outlined in this document.

This plan therefore reflects a range of services and work plans as examples and how they will contribute to the priorities, desired outcomes and strategic commitments of the strategy. Actions incorporated within the plan demonstrate a commitment to actively seeking, promoting and responding to parent voice, a desire to re-assess and improve the practice of parent support across services as well as a need to improve and co-ordinate the strategic direction of travel towards Thinking Family.

Priority 1: Addressing Poverty

Priority lead:

CYPP Outcomes supported:

- **Outcome 1a:** Mothers, Fathers and carers are enabled to work or take up learning opportunities
- **Outcome 1b:** Children and young people fulfil their potential regardless of financial circumstances
- **Outcome 1c:** Families struggling to manage financially have access to help and support
- **Outcome 3a:** Mothers, fathers and carers have help when they need it
- **Outcome 5a:** Young carers and supported to live a full and active life

Relevant strategic commitment groups:

1. Involving and listening to parents
2. Access to quality staff and services
3. Respect

Supporting National Indicators:

NI 106 Young people from low-income backgrounds progressing to higher education

NI 116 Proportion of children in poverty

NI 118 Take up of formal childcare in low-income working families

Other performance indicators:

2010 KCC Number of parents contacted through children's centres and family liaison officers

Supportive Actions
1. Support sustainable, flexible, affordable local childcare to meet the needs of working parents, including out of school provision
2. Ensure Job Centre Plus support is available in all children's centres.
3. Through consultation with parents and carers, obtain information on and assess childcare sufficiency and parental requirements in local communities
4. Increase advertising and marketing of the Children and Families Information Service to lone parents where the age of the child means that Income Support will be replaced by Job seekers allowance if they are ready and able to work
5. Utilise family learning or parent support events through schools, children's centres, community venues and adult education centres to encourage mothers, fathers and carers to take up learning opportunities when appropriate.
6. Jointly commission the St Giles Trust to provide support, advice, guidance and advocacy for families of offenders to find work and manage finances

7. Maximise the income to families with young carers
8. Explore the feasibility and impact of credit unions in areas of deprivation
9. Ensure local services are equipped to offer a first line of support and signposting to debt counselling and welfare services
10. Trial the doorstep libraries approach of engaging the hardest to reach families to facilitate support to other services when needed

Priority 2: Resilient and healthy families

Priority lead:

CYPP Outcomes supported:

- **Outcome 2a** Children and young people are resilient and equipped with social and emotional skills to deal with the challenges and pressures in their lives
- **Outcome 2c** Reduction in the proportion of children and young people who are not a healthy weight(LAA)
- **Outcome 2d** Improved access to mental health support
- **Outcome 3d** Mothers and fathers have information, advice and support that will help to give children the healthiest possible start in life by increasing rates of immunization, breastfeeding and reducing rates of parents smoking.
- **Outcome 5a** Young carers are supported to live a full and active life
- **Outcome 5b** Children and young people and those with learning difficulties have access to services that meet their needs, experience better educational outcomes and improved outcomes in all aspects of their lives.

Relevant strategic commitment groups:

1. Involving and listening to parents
2. Access to quality staff and services
3. Respect

Supporting National Indicators:

NI 53 Prevalence of breastfeeding at 6-8 weeks from birth

NI 50 Emotional health of children

NI 51 Effectiveness of Children and Adolescent Mental health services (LAA)

N1 55 Obesity among primary school children in reception year

Supportive Actions
1. Raise awareness to mothers and fathers through public health, midwifery, post natal services and PSHE of the importance of health and well being when they are planning parent-hood.
2. Ensure that all new mothers and fathers, and those who are planning to have a baby have equal access to clear information, advice and guidance with fathers being actively encouraged and supported.
3. Support and encourage new mothers to understand the effect of good nutrition during pregnancy, the benefits of breastfeeding and the different approaches to weaning.
4. Support parents of children under 5 to develop a better understanding of healthy weight and associated areas including promoting healthier food choices, support to build physical activity into everyday life and accessing personalised support.

- | |
|--|
| <p>5. Support parents of young carers to recognise and address their children's health needs/preventative aspects of health</p> |
| <p>6. Make programmes/advice, information and support more easily accessible to parents with learning disabilities.</p> |
| <p>7. Support Voice4Kent's Parents' action group to work in partnership with Children's' centres across Kent to help train staff and raise awareness about parents with learning difficulties so that parents are treated equally and get the support they need</p> |
| <p>8. Raise awareness of mental health issues experienced by children and young people within the Swale District</p> |

Priority 3: Positive Families

Priority Lead:

CYPP Outcomes supported:

- **Outcome 2b:** Reduction in inappropriate risk-taking behaviour, which should lead to reduction in drug and alcohol misuse and teenage pregnancy
- **Outcome 3a:** Mothers, fathers and carers have help when they need it
- **Outcome 5d:** Black and minority ethnic children and young people are fulfilling their potential
- **Outcome 8c:** Ensure vulnerable children are safeguarded

Relevant strategic commitment groups:

1. Involving and listening to parents
2. Access to quality staff and services
3. Respect

Supporting National Indicators:

NI 112 Under 18 conception rate

NI 113 Evidence of Chlamydia in under 20 year olds

NI 107 Key stage 2 attainment for Black and minority ethnic groups

NI 108 Key stage 4 attainment for Black and minority ethnic groups

Other performance indicators:

2010 KCC Number of parents contacted through children's centres and family liaison officers

Supportive actions
1. Through the introduction of a countywide speak easy co-ordinator; introduce an element of SRE to appropriate parenting programmes across Kent.
1. Work with Fios and PSAs to help them assess appropriate levels of parenting intervention versus parent and child need.
2. Identify gaps in services or support for Grandparents and extended family and develop support packages as a response.
4. EMA specialist teachers and MCAS practitioners to work with children's centres and schools to help better identification of ethnic minority families in their communities and develop strategies for engagement and support.

5. Through the implementation of the NAPP training programme, ensure that at least one MCAS member of staff per area is linked as advisor or co-facilitator to the delivery of accredited parenting programmes to ensure that the programmes are accessible and inclusive of ethnic minority, migrant and gypsy traveller families.
6. MCAS and Extended Services to develop multi agency guidance on engaging with BME families including gypsy travellers to ensure that all practitioners have clear advice, information and guidelines on how to work with, approach and include families that often find services hard to reach

Priority 4: Housing

Priority Lead:

CYPP Outcomes supported:

Outcome 4a: Families and vulnerable young people have access to decent and suitable housing (LAA)

Relevant strategic commitment groups:

1. Involving and listening to parents
2. Access to quality staff and services

Supporting National Indicators:

NI 146 Young offender access to suitable accommodation

NI 156 Number of households living in temporary accommodation

Supportive Actions

1. Through the Parenting Implementation Project develop joint working protocols with housing and providers and support the implementation of the CYPP housing priorities
2. Pilot in one area, a project to reduce homelessness for young offenders focusing on early intervention and prevention through offering mediation and support to parents of young offenders
3. Increase links with the social landlords network to identify joint training opportunities and information requirements to ensure that there is a common understanding between housing providers and local children's service partnerships.

Priority 5: Supporting Vulnerable Families

Priority Lead:

CYPP Outcomes supported:

- **Outcome 3c:** There is a reduction in the repeat incidence and impact of domestic violence and substance misuse on children and families (LAA)
- **Outcome 5b:** Children and young people who are disabled and those with learning difficulties have access to services that meet their needs, experience better educational outcomes and improved outcomes in all aspects of their lives.
- **Outcome 5c:** Looked after children are fulfilling their potential and have the help and support that they need
- **Outcome 6b:** Reduce youth offending
- **Outcome 7c:** Improved, participation, achievement and progression in and through the 11-19 education and training offer

Relevant strategic commitment groups:

1. Involving and listening to parents
2. Access to quality staff and services
3. Respect

Supporting National Indicators:

- NI 19** Rate of proven re-offending by young offenders
- NI 32** Repeat incidence of domestic abuse
- NI 40** Drug users in effective treatment
- NI 45** Young offenders engagement in suitable education, employment or training
- NI 54** Services for disabled children
- NI 58** Emotional and behavioural health of children in care
- NI 87** Secondary school persistent absence rate
- NI 111** First time entrants to the youth justice system aged 10-17
- NI 112** Under 18 conception rate
- NI 115** Substance misuse in young people
- NI 117** 16-18 year old who are not in education, employment or training

Supportive Actions

1. Through the aiming high for disabled children: short Breaks Transformation programme; offer increased choice in service provision and develop services which are available to families where and when they need them.

<p>2. Through Partnership with Parents extend impartial and confidential support and advice to parents of disabled children on the range of services that they can access</p>
<p>3. Develop Partnership with Parents focus groups concentrating on supporting parents of disabled children and children with SEN.</p>
<p>4. Support families affected by parental substance misuse, by developing co-ordinated services that meet the whole family's needs, enhancing physical, social, educational and emotional well-being and improving outcomes for all family members</p>
<p>5. Establish facilitated parenting or fathers groups for male perpetrators of Domestic Violence who have completed the IDAP or CDAP programme.</p>
<p>3. Ensure that mothers, fathers, and carers who have been a victim of domestic violence have the opportunity to access organised and positive play with their children through targeted intervention</p>
<p>4. Increase availability and awareness of the range of Partnership with Parents services to all foster carers, including training workshops and surgeries.</p>
<p>5. Extend availability and training and support to foster carers with children placed from out of county, in line with existing foster carer training</p>
<p>9. Through the Parenting Implementation project and trialling parental involvement in commissioning-pilot the use of the family group conferencing approach – with budget holding lead professional to help shape package of services for family and avoid escalation of issues</p>
<p>10. Pilot a project with Kent prisons to develop multi agency support and positive play opportunities for families of prisoners.</p>
<p>11. Through continued support and development, increase the number of young parents attending YAPS groups and consequently YAPS plus groups</p>
<p>12. Support Teenage Parents back to ETE when appropriate and enable them to access available benefits.</p>
<p>13. Develop and sustain at least 5 projects working with young parents across the county.</p>
<p>14. Through the Youth Crime Family Intervention Project and Think Family, co-ordinate intensive support for very vulnerable and/or challenging families, with multiagency intervention involving children's services and adult services e.g housing, drug/alcohol services, criminal justice, community safety</p>

Priority 6: Safe, active and confident communities

Priority Lead:

CYPP Outcomes supported :

- **Outcome 6a:** Encourage all children and young people to take part in youth, cultural and community activities
- **Outcome 6b:** Reduce youth offending
- **Outcome 8a:** The incidence and impact of bullying has been reduced
- **Outcome 8b:** Reduction in perception of crime and Anti social behaviour where the offender or victim is aged 17 years or under (LAA)

Relevant strategic commitment groups:

1. Involving and listening to parents
2. Access to quality staff and services
3. Respect

Supporting National Indicators:

NI 69 Children who have experienced bullying

NI 87 Secondary school persistent absence rate cut by vulnerable groups

N1 110 Young people's participation in youth activities

NI 110 First time entrants to the youth justice system

NI 114 Rate of permanent exclusions from school

Supportive Actions
1. Develop comprehensive and up-to-date and jargon free guidance for parents about bullying
2. Strengthen the bullying complaints and mediation services in order to improve support for parents and ensure productive joint working with schools and settings.
3. Pilot and build on support for families with children and young people at risk of exclusion and for those excluded or out of school
4. Through a mapping exercise of training, skills and attitude, identify and implement methods of improving home and family engagement of YOS practitioners.
5. In line with the county and district play strategies, increase the availability of safe, affordable and exciting play opportunities for children and young people

Priority 7: Help parents to bring up children and young people ready to face the world

Priority Lead:

CYPP Outcomes supported:

- **Outcome 2a:** Children and young people are resilient and equipped with social and emotional skills to deal with the challenges and pressures in their lives
- **Outcome 7a:** Improved outcomes for children in their early years
- **Outcome 7d:** Young people are equipped with the personal, employability and learning skills and attributes for success in higher levels of learning, training and employment. (LAA)

Relevant strategic commitment groups:

1. Involving and listening to parents
2. Access to quality staff and services

Supporting National Indicators:

NI 72 Achievement of at least 78 points across the Early foundation stage with at least 6 in each of the scales in Personal, Social, Emotional Development and Communication, language and literacy.

NI 92 narrowing the gap between the lowest achieving 20% in the Early year's foundation stage profile and the rest.

NI 117 16-18 years olds who are not in education, employment or training.

Other performance indicators:

2010 KCC Number of parents contacted through children's centres and family liaison officers

Supportive Actions
1. Increase in the number of parents who receive Bookstart Plus packs by extending distribution outlets.
2. Learn from and rollout the Parents as Partners in Early learning projects via children's centres and settings
3. Identify two ASK staff per cluster to be 'Parent Champions' to support the development and sustainability of the parental involvement work throughout

4. Provide information and advice to enable mothers, fathers and carers to support their child to make effective choices in progressing through education and training including at school parents evenings and at access points, through website and marketing information and on the Kent area prospectus and electronic application system

5. Roll out Transition Information Sessions to parents across the county through extended schools and children's centres

6. Link with local parents fora and Partnership with Parents to involve parents in developing the "parent and carer " collections in Kent libraries to improve the relevance, availability and usefulness of the resources.

7. With a focus on positive parenting and understanding a child's cognitive, physical and emotional development pilot Transition Information Sessions based in children's centres and other community venues for new mothers and fathers and parents with children due to start pre-school.

Priority 8: Strategic delivery and workforce development

Priority lead:

CYPP Enablers supported

- **Enabler A-** Integrated service delivery teams that are easily accessible
- **Enabler B-** A quality workforce in place that ensures there is a range of skills to meet the varied and different needs of children and young people
- **Enabler C-** Integrated processes- Common processes for early assessment (including multi-agency assessment), allocation/referral and response from the most appropriate services are in place and working effectively.
- **Enabler D-** Participation and involvement of children, young people and parents/carers in all key decisions

CYPP Outcomes supported:

Outcome 8c: Ensure vulnerable children are safeguarded

Relevant strategic commitment groups:

1. Involving and listening to parents
2. Access to quality staff and services
3. Respect

Supporting National Indicators:

NI 64 Child protection plans lasting 2 years or more

NI 67 Children becoming the subject of a Child Protection Plan for a second or subsequent time

NI 68 Referrals to children's social care going on to initial assessment

These actions will also be monitored on a "red, amber, green" basis.

Supportive Actions
1. Implement a county wide mapping exercise of services that support parents, building on and linking to existing information and the resource directory to identify gaps in services or service improvement requirements.
2. Develop an electronically available resource with practical tools and information by September 2009 based on the work of the Thanet parenting co-ordinator
3. Through the DCSF Parent Know How programme develop a Children and Families Information Service which will work in partnership with the Kent Resource Directory and Contact Point.
4. Set up parents' practitioners fora at local children's services partnership level to enable partners to share issues, best practice, and improve local co-ordination and delivery of parental support. To include if possible, Children's centres, health visitors, school based services, CAMHS, social services and the voluntary sector

<p>5. Working with Kent-Can, set up a range of opportunities to consult with representatives of the voluntary sector on the implications (including opportunities and challenges) of the supporting parents strategy commitments and how we can work together to implement them across Kent.</p>
<p>6. Develop a range of multi agency Think Family agreements which detail how both adult's and children's services (including district councils and housing providers) will work together to support families in a range of areas e.g. Domestic Violence/ alcohol misuse, disability, adult and children's mental health.</p>
<p>7. Through the workforce strategy and local partnerships, address ways of extending or varying service delivery time to parents to ensure there is fair access to all and based on times when parents are available.</p>
<p>8. Ensure that families can easily access the support that they need, in places that they can get to utilising community venues, including children's centres and extended schools.</p>
<p>9. Take account of new and existing research, insights, evaluation, monitoring, needs analysis, evidence bases and gaps in services within Kent and nationally to inform the development and commissioning of services for parents.</p>
<p>10. In partnership with The Fatherhood Institute, develop guidance for services and partnerships around father inclusivity and engaging fathers.</p>
<p>11. Develop a guidance document which includes a robust and outcome based evaluation tool to ensure quality and consistency of parenting programmes and guidance on the tiers of intervention, levels of need and practitioners skills and experience required for effective delivery.</p>
<p>12. Work with NAPP to identify and train practitioners county wide in ten nationally recommended parenting programmes that are proven to have positive outcomes for children, mothers, fathers and carers.</p>
<p>13. Work with NAPP to identify and train practitioners on a variety of "best practice" models in working with fathers, teenage parents, substance misusing parents, bme parents and parents of disabled children</p>
<p>14. Map and identify gaps in parenting programmes against the tiers of intervention and priority groups and address ways of ensuring that there is sufficient and appropriate support in place where needed.</p>
<p>15. Support parenting practitioners to evaluate their skills in assessing the effectiveness of their work</p>
<p>16. Explore options around developing teams around the family through local children's service partnerships, taking into account CSS commissioning deployment plans for family support staff and VCS partners.</p>
<p>17. Using case studies, Children's social services to facilitate "professional judgement" sessions through partnership or cross partnership events to promote a common response to referrals and</p>

understanding of roles.

18. PSAs, Fios and Children's social services teams to set up sharing events where teams can discuss mutual concerns, share information and identify agreed protocols of working.

19. Hold a series of planning meetings to address current gaps in family support and the interface between tiers 1 and 2 and the higher tiers of service particularly during transition phases of family support from Children's social services to LCSPs.

Priority 9: Respecting, involving and Listening to Parents

Priority lead:

CYPP Enablers supported:

- **Enabler B-** A quality workforce in place that ensures there is a range of skills to meet the varied and different needs of children and young people
- **Enabler C-** Integrated processes- Common processes for early assessment (including multi-agency assessment), allocation/referral and response from the most appropriate services are in place and working effectively.
- **Enabler D-** Participation and involvement of children, young people and parents/carers in all key decisions

Relevant strategic commitment groups:

1. Involving and listening to parents
2. Access to quality staff and services
3. Respect

These actions will be monitored on red, amber, green basis

Supportive actions
1. Set up a county parents forum to advise and help shape development of policies and commissioning of The Kent Children's Trust Partnership Board
2. Develop guidance and support to enable partnerships and individual organisations to assess their inclusive practice for mothers, fathers, carers and extended family and to ensure there are opportunities to address whole staff attitudes towards parents
3. Develop and agree with parents and practitioners, in line with existing groups, a county protocol for integrating parents into decision-making, including mechanisms for feeding back the process between consultation and decision.
4. Ensure that practitioners and services routinely ascertain the views and needs of the father (resident or non resident) as well as the views and needs of the mother. Services will also ensure that recorded information differentiates between the views and needs of all significant parents/carers including extended family) in the child's life.

5. Develop county guidance on producing jargon free and inclusive information for mothers, fathers and carers with additional guidance on communicating with parents with learning difficulties, and English as a second language.

6. Pilot new ways to get information or consult with parents and carers e.g. the web, local media, help lines, text messaging and evaluate and share successes and learning.

APPENDIX 1-THE KENT CHILDRENS TRUST STRATEGIC C COMMITMENTS TO PARENTS

This implementation plan is the method by which the The Kent Children's Trust strategic commitments to parents will be delivered.

In line with the CYPP priority: "To reduce the impact of poverty (generational and situational) on children lives by tackling the underlying causes and mitigating the effects these commitments focus particularly on those children and families living in poverty

INVOLVING AND LISTENING TO PARENTS

1. Consider what support mothers, fathers and carers need in bringing up their children and work with all agencies to make sure that this support is provided.
2. Make sure that mothers, fathers and carers opinions are considered and that they are kept up to date on issues such as housing, transport, health, environment, leisure, safety and education.
3. Find the best ways for mothers, fathers, carers and communities in improving and getting involved with services that support families.
4. Offer a range of opportunities in each district for mothers, fathers and carers to be consulted and influence the way that local children's services and agencies work.
5. Work with mothers, fathers and carers to ensure that their views are represented on the Kent Children's Trust Partnership Board.
6. Based on what parents have told us, do more to involve and support fathers and male carers regardless of whether they live in the family home or not.

ACCESS TO QUALITY STAFF AND SERVICES

7. Look at where we need to improve our services and take the appropriate action to make them more helpful to mothers, fathers and carers.
8. Ensure that we provide quality programmes that help parents in their role, run by experienced, sensitive and responsive staff.
9. Promote positive parenting messages.
10. Provide clear, easy to understand information on services that are available to support mothers, fathers and carers.
11. Look at the best ways to get information to parents and carers e.g. the web, local media, help lines, text messaging.
12. Offer local services, close to where mothers, fathers and carers live, available at times that they are needed and in places where families feel comfortable.
13. Ensure that staff that work with mothers, fathers and carers are appropriately qualified and have the opportunity to access on going training and support through good line management.
14. Make sure that staff are trained to work with all kinds of families and that they can also respond and understand the different needs of people within the family e.g. the needs of mothers, the needs of fathers.
15. Make sure that where extended family members are acting as a parent, they have the opportunity to receive support and help in their role if needed.
16. Take account of new and existing research, insights and evaluation within Kent and nationally to inform the development and commissioning of services for parents.

17. Provide regular opportunities for staff working with parents and carers to meet, be informed, exchange ideas and share best practice.

RESPECT

18. Respect, communicate, listen to and be honest with mothers, fathers and carers.

19. Respect that every family is different but equal and that each family's individual circumstances need to be looked at when working with them.

20. Be aware that many adults who need support for other issues e.g. disability, illness, addiction could be parents or family members. When this is the case, their role will be considered when support is offered.

APPENDIX 2- THE KCT PARENTS' CHARTER

What parents can expect

Parents can expect to be **INVOLVED AND LISTENED TO**

We commit to:

- listen to their opinion; and
- Give ongoing feedback.

Parents can expect to have **ACCESS TO HIGH QUALITY STAFF AND SERVICES**

Mothers, fathers and carers can:

- get help when they need it;
- get help from professionals quickly;
- receive clear information about how to get help;
- work with trained staff;
- be given the same help as everyone else; and
- have one main point of contact.

Parents can expect **RESPECT**; and,

- be treated as an expert on their child;
- have their responsibilities as a parent acknowledged
- be treated as an individual
- be treated with respect at all times
- for help and information to be available to extended family members

What Parents feel they should do for their children.

Parents commit to **MAKING CHILDREN FEEL LOVED AND IMPORTANT**

Mothers, fathers and carers pledge to their children that they will:

- Love them and listen to them
- Help them become well adjusted and have good self-esteem
- Make sure they go to school on time and attend school every day and encourage them to learn
- Provide a healthy diet and encourage them to be well, fit and active
- Give them the right information to make the right choices for drinking and drugs.
- Provide a stable home environment
- Talk to them about sex and being responsible

Parents commit to **TEACHING CHILDREN TO BE PART OF A COMMUNITY** and:

- Teach them the difference between right and wrong and accept the consequences of their actions.
- Teach respect by example-Be a role model
- Be fair, loving and kind in the way we treat them and everyone around them

Parents commit to **HELPING CHILDREN TO BECOME AN ADULT** by:

- Helping them stand on their own two feet
- Helping them to be equipped to deal with the world as it really is e.g. peer pressure, life skills

Appendix 3 -Thinking Family Implementation Group

Proposed terms of reference

Overarching purpose

To ensure delivery of the strategic commitments outlined in the KCT “Thinking Family” Supporting parents strategy

1. To champion parents voice and seek to meaningfully engage parental involvement and participation in service/LCSP development.
2. To ensure the implementation of the 9 priorities and related outcomes of the KCT “Thinking Family “Supporting parents action plan “
3. To ensure that the 9 priorities and related outcomes of the KCT action plan are monitored and evaluated. This includes looking at how we co-ordinate county wide data.
4. Highlight gaps in provision of services for parents and areas of significant need and contribute to the specification of required services in order to inform commissioning.
5. To work to, feedback and advise the Kent Children’s Trust of key issues for attention through the appropriate sub group.
6. To seek advice from and feedback to LCSP level practitioner and parent fora when appropriate.
7. To oversee work and service development with the National Academy of Parenting Practitioners and subsequent training and implementation of parenting programmes(ensuring quality standards for programme delivery are in place, including appropriate supervision arrangements for trainers, resources and access support for parents.)
8. To champion Think Family and its strategic importance in service and partnership development countywide
9. Ensure Equalities issues are addressed.
10. To act as a forum where best practice, innovation, research, strategy and policy relevant to supporting parents can be shared and disseminated through its members.

Frequency of meetings and administration:

- Meetings will be held quarterly
- Minutes will be taken of each meeting, and will be issued via email within 10 days.
- Papers will be issued 5 working days prior to the meeting.
- The Extended Services Development Team will support the group.

Membership

Initially, nominated representatives from action plan leads but this will be flexible. Voluntary sector colleagues must be represented.

By: Sue Dunn, Joint Head of the 14 to 24 Innovation Unit
Leyland Ridings, Cabinet Member for Children, Families & Educational Achievement
Mark Dance, Cabinet Member for Operations, Resources and Skills

To: Children Families and Education Policy Overview Committee
27 March 2009

Subject: **The Implementation and Planning of 16-19 transition for April 2010**

Classification: Unrestricted

Summary: This report sets out the context within which KCC will undertake its new role in respect of commissioning and funding 16 to 19 provision across Kent and Medway for April 2010 when those responsibilities are transferred from the Learning & Skills Council (LSC) following its abolition.

1. Background

- 1.1 This report sets out the framework of the new and significant 14 to 19 responsibilities the Local Authority will acquire following the abolition of the LSC, including commissioning all 16 to 19 education provision, implementing the national entitlement, apprenticeships, the qualification credit framework and raising the participation age.
- 1.2 Local Authorities will have a duty to promote effective participation of all young people in their area and will need to ensure there is provision and support that caters for all the progression pathways. The Local Authority will hold the responsibility for ensuring provision is designed, secured, monitored, supported and challenged in order to meet the needs of learners.
- 1.3 At the time of writing this report, further more detailed guidance is awaited from the DCSF. This had been expected earlier but it is now anticipated to be published at Easter. In the medium term, pending this more detailed information, a range of transition activities have been put in place as explained in the body of this report. However at this time the Local Authorities are unable to implement proposals or appoint staff to undertake this significant new role as the detailed guidance has yet to be published.
- 1.4 Three new government agencies will be established to replace the LSC:

- **Young People's Learning Agency (YPLA)** responsible for all 16 to 19 funding allocations and the agency that will work most closely with Local Authorities. This agency will also oversee the commissioning of specialist services. Staff appointments are currently being made to this new body from within the LSC and a detailed blueprint of the functions of the YPLA was published in January 2009.
- **National Apprenticeship Service (NAS)**. This service will oversee all apprenticeship programmes and funding. This service will be fully functioning from the 1st April 2009. A number of LSC staff will be appointed to this service.
- **Skills Funding Agency (SFA)**. This agency will be responsible for all post 19 learning and will continue to oversee FE capital funding. Further details of the operational aspects of this group are still unclear and it is not certain when guidance will be published

2. Managing the transition process and commissioning 16 to 19 provision

- 2.1 The 14 to 24 Innovation Unit has been leading the implementation and supporting the delivery of the 14 to 19 reforms. The unit is well connected with key partners and is ideally placed to develop the 16 to 19 commissioning plans and oversee the commissioning of education services across the local authority in conjunction with CFE Finance. The unit has strong and effective working partnerships with the LSC, Connexions Service, integrated youth support services, regeneration and economic development teams and Medway Local Authority.

3. Developing the commissioning plans

- 3.1 The detailed guidance on the commissioning/allocations process is still to be published. However, it is clear that the Local Authority will not have total commissioning powers over the 16 to 19 provision as the funding available will be set by a national formula that will be run by the YPLA. We expect this national formula to be very close to that currently operated by the LSC, especially as that formula has only recently been changed. The extent of the Local Authority's influence in this process at this stage is still unclear but indications so far are that any influence will be extremely limited.
- 3.2 The current guidance sets out the need for local authorities to develop commissioning plans which outline:
- Where the places for resident learners will be secured, both within the LA area and for those travelling outside the authority.
 - What places will be secured in the institutions for which the authority is the lead commissioner
- 3.3 The LA will have to develop new relationships with FE colleges and work based learning providers to ensure funding allocations are distributed in a fair and transparent way. As the details of the commissioning process become clear there will be consultations with all stakeholders to shape the structure and inform the decision making process. It is expected that this dialogue will take place between September 2009 to February 2010, with final allocations being agreed with providers in April for a financial year that will begin in August 2010. It is already

clear that we will have to maintain the August-July financial year for 16-19 funding that the LSC adopted when it was created.

- 3.4 The 14 to 19 Strategic Planning Forum (Partnership) has a key role in setting the strategic priorities for delivery of the 14 to 19 entitlement through the 14 to 19 plan, including improving participation, raising of the participation age and overseeing the operational elements to deliver the strategy through the nine local planning forums. This plan will determine the need and demand for particular programmes and pathways. The Area Prospectus is integral to informing the 14 to 19 plan and will ensure that learners receive impartial information on all post 16 provision available to them.
- 3.5 The Local Authority and the 14 to 19 Strategic Forum will have distinct but complementary roles in the commissioning cycle. The Local Authority will need to provide information to ensure the planning of provision is based on an analysis of the current offer and how it needs to change to meet the needs of young people in the following year. This includes:
- Historic trends of what young people choose to do and their travel to learn patterns
 - Views of young people on what they want and need
 - The performance of providers
 - The future size and demographic makeup of cohorts
 - How provision fits with changes in local labour market trends
 - The provision will need to deliver the full participation on all pathways

4. Timescales

- 4.1 Pending the passage of the Education & Skills Bill the responsibilities for 16 to 19 commissioning and funding will transfer to local authorities from April 2010. This will be the start of the commissioning cycle for provision for the academic/financial year 2011/12. The KCC 14 to 19 commissioning plans and 14 to 19 strategic plan will need to be developed and revised over the spring /summer of 2010.
- 4.2 The Local Government Association and LSC are supporting LAs over the next two commissioning cycles to build the capacity and expertise within LAs and 14 to 19 partnerships.

5. Implementation

5.1 Stage 1 Sub Regional Groupings

All LAs are expected to work together in sub-regional groups. Kent and Medway have agreed to work together as a sub region. Both authorities are still awaiting feed back from GOSE on these proposals

5.2 Stage 2 Sub Regional Groupings

Kent and Medway had to submit proposals to GOSE to show how the outcomes for young people will be delivered through the 16 to 19 commissioning process across the sub-region by the 27th February. This includes information on governance, sub-

regional decision making processes, dispute resolution, staffing needs, reporting processes, financial and performance accountabilities

6. Transition arrangements

6.1 16 to 19 Sub Regional Transition group

A 16 to 19 Transition group was established in July 2008 to oversee the initial stages of transition. Currently the group comprises representatives of KCC, FE Colleges, Medway LA, work-based training providers and the LSC. The membership of this group will be reviewed as activities become more focused and national guidance becomes clearer. The group has developed a detailed implementation plan and communication strategy. This group will lead on the implementation of the Stage 2.

6.2 16 to 19 Project group

The LA and LSC 16 to 19 project group has been established to oversee the full integration of the 16 to 19 functions including finance, staffing, data and contracts. A detailed project plan with costings will be drawn up once the detailed guidance about the LA role has been received from the DCSF.

6.3 Communications with providers

Briefings for schools, colleges and work-based learning providers have taken place. Workshops were delivered by the 14 to 24 Innovation unit and CFE Finance at the end of February to ensure that all providers were briefed on first phase of the transition process. Further briefings will be held over the course of the next year. A detailed communication plan with the key dates and outline of the planning cycle has been drawn up.

6.4 Staffing, workshops and work shadowing for LSC Staff

Detailed information on LSC staff transferring to Local Authorities has yet to be received and that is a cause for some concern. The current position is that we cannot make any appointments before the 1st September 2009 largely because of a nationally agreed protocol between the LGA and LSC. To ensure that the LA has a robust understanding of the funding allocations and current LSC processes, LA officers are currently shadowing the LSC in terms of this year's grant allocations to FE colleges and work-based learning providers.

6.5 Whilst all the above arrangements are working well there is a concern that with just 12 months to go until all these new responsibilities transfer to Local Authorities we are still awaiting some significant elements of guidance from the Government. Critically, the information as to the process of transferring staff from the LSC to LAs is still outstanding, although recruitment from the LSC to some of the new successor agencies (YPLA, NAS and FSA) has already started. The workload in planning for the transition will increase markedly over the next few months and ideally we would look to secondments from the LSC to assist, but as this option is currently prohibited by the LSC we may have to look at other arrangements.

Recommendations

- Members of the Children Families and Education Policy Overview Committee are

asked to note the contents of this report

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Background Documents:

- *14 to 19 Partnerships and planning*
- *DCSF/DIUS/LSC documents on transition*

Other Useful Information: *None*

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By: Angela Slaven, Director of Youth Services and KDAAT
To: CFE Policy Overview Committee, 27 March 2009
Subject: An Alcohol Strategy for Kent

Purpose: To set out the development of the Alcohol Strategy for Kent

Summary: The Alcohol Strategy for Kent sets out the way forward for agencies across Kent to work in partnership to prevent the harm caused by alcohol misuse. It aims to provide a structure for the development of treatment programmes, a preventative strategy for adults and young people and a community approach to issues such as policing, licensing and trading standards. It sets in context the current resources allocation and the necessary improvements to ensure that the County of Kent has in place an effective and responsive system.

Classification: Unrestricted

1. Introduction

- 1.1 The National Treatment Agency was established in 1988 and the principal focus of its work has been tackling drug misuse. In 2007 the Government published 'Safe, Sensible, Social' to address alcohol misuse, an update of the 2004 National Harm Reduction Strategy. This is supplemented by a series of other strategies including those within the Public Health realm and significantly the Licensing Act of 2003. All the strategies bring alcohol misuse into much sharper focus and a requirement for the public sector to work in partnership with the alcohol industry at both production and retail levels.
- 1.2 In 2007 Kent County Council convened a Select Committee to review the health aspects of alcohol misuse. This focussed upon treatment provision, preventative services and in particular the impact of patterns of alcohol consumption by young people. The Committee received evidence from a wide body, including treatment providers, the health service, young people and the police. The review concluded with a report detailing some 28 recommendations and this report provided a very useful foundation for the development of an alcohol strategy for Kent. A report back to the Select Committee will be undertaken in the forthcoming months.

2. An Alcohol Strategy for Kent

- 2.1 The strategy (included at Appendix 1) has been developed using the framework recommended by the National Treatment Agency and has been

supported by Alcohol Concern, agencies from across Kent County Council, Police and Health Services. It reflects the national evidence base of the harm caused by alcohol to health, employment/industry and criminal justice and makes local comparators from which to build and develop service responses.

- 2.2 The strategy sets out Kent's position in respect of treatment for young people and adults and the activity being undertaken to address the community safety concerns and the mechanisms for managing the impact of alcohol misuse within the public realm.
- 2.3 Alongside this work, in 2008 an increasing focus on what is called 'Hidden Harm' has emerged and this has been brought into very significant attention following the tragic death of Baby P and safeguarding practice. The strategy will incorporate work being undertaken to ensure that Kent is addressing issues relating to families and the welfare of children and young people.
- 2.4 The strategy identifies the priorities for action which include:
 - a. **Communication:** how to convey important public health messages without alienating the general public, ensuring that key professionals have a understanding of alcohol misuse, its symptoms and outcomes, and seeking to have an informed employer group that can support and manage workplace issues
 - b. **Treatment:** improving the current level of treatment provision across a range of needs from prevention, early diagnosis to acute care
 - c. **Community Safety:** working with the Police and other Criminal Justice agencies to develop responses that minimise the impact of alcohol misuse and ensure that within, for example, the prison system, that education programmes are developed alongside treatment
 - d. **Licensing:** working within a partnership arrangement to ensure the intentions of the Licensing Act 2003 are achieved and fulfilling the 2010 Strategy to work with off-licenses and other trade organisations
 - e. **Children & Young People:** working with education, schools and colleges to provide evidence-based programmes about alcohol and where necessary providing the appropriate level of treatment interventions
 - f. **Hidden Harm:** as outlined above

3. Financial Implications

- 3.1 The strategy highlights the need for a coherent and rigorous analysis of expenditure relating to alcohol. Kent has used national data to achieve an estimate of the impact of alcohol misuse across the county and we are currently commissioning PHRU to give a more in depth assessment of investment against outcomes.
- 3.2 The key funding providers will remain Health and Social Care in particular for those people where alcohol misuse has reached a chronic state. The Police and other emergency services make a considerable investment when responding to disorder, road accidents and injury and fires within the home,

all of which will continue to arise unless the messages contained within this strategy are achieved.

- 3.3 Through the KDAAT partnership some £1,772k is currently invested in treatment, KCC £121k, PCT £1,622, and Probation £29k. Supporting People funding supports a wide range of clients needs including alcohol. Within the annual funding of £542k, £95k is specifically allocated for the provision of a floating alcohol support service.
- 3.4 Investment in 2009/10 will increase a further £390k with much of this coming from Health, Supporting People, and Probation to support improved and targeted community alcohol service provision.

4. Conclusions

- 4.1 The Alcohol Strategy for Kent is a partnership strategy that aims to address alcohol misuse, provide improved information, advice and guidance and combat the negative outcomes within our communities when the consumption of alcohol leads to disorder or other injury. It is a strategy that will be progressed as new information comes forward, treatment services improve and our response via policing or other emergency services is developed. The strategy is a significant Partnership agreement that will lead to enhanced service provision and a better understanding of the impact of alcohol misuse in our communities and how best to promote safe, sensible and social drinking.

5. Recommendations:

- 5.1 This strategy is presented as a framework for consultation and Members are asked to note the contents of this report and comment on the content and direction of the strategy
- 5.2 Members are asked to support the progress of the strategy to broader consultation with partners and communities.

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Background Documents: 'An Alcohol Strategy for Kent' (Draft 4) – Appendix 1

Other Useful Information: None

An Alcohol Strategy for Kent

DRAFT v4

Executive Summary

To be completed once strategy agreed

1. Foreword

Alcohol within our society is seen by many people as a source of pleasure and enjoyment and a part of social gatherings such as weddings, birthdays or other celebratory events. Many of us will share stories about fun and occasionally bad times that have involved the consumption of alcohol. Some sections of our society, be it for religious or other belief systems, exclude alcohol from their daily life. This statement I trust paints a picture of our varying and sometimes problematic relationship to alcohol. For some people alcohol misuse becomes a significant problem and this is demonstrated through increasing difficulties within families, at work, and their own relationship with the world.

This alcohol strategy aims to set out our response to the management of alcohol by promoting attitudes and behaviours that allow the majority of people, for whom alcohol does not present a problem, to continue to enjoy the benefits of social drinking and associated pleasures while ensuring that if necessary, others can access advice, help and support if required. The strategy recognises that access to information for individuals in difficulty is important and where the problems are chronic, access to treatment services should be made available.

The alcohol trade works within a regulated framework and the strategy seeks opportunities to improve and support the responsibilities of those working within the license trade. This includes areas such as underage sales, alcohol sales promotions, and the responsibility for managing licensed premises in cooperation with the police and local authorities.

To deliver the strategy effectively we must continue to work in partnership with a range of organisations and agencies. These include the police and emergency services, mental and public health sectors, voluntary agencies and other excellent treatment programmes that currently contribute substantially to our aims and objectives. As a County Council we have a responsibility to work and support the efforts of all those engaged in this work. This strategy sets out the principles we aim to implement and we trust that it provides a backdrop for Kent's residents to enjoy life to the full and adopt a relationship to alcohol that avoids harm and promotes safe, sensible and social living conditions.

2. Aim

Excessive consumption of alcohol is a growing problem in both Kent and the UK. Yet, alcohol also gives much pleasure and is a significant and traditional part of the local economy. Kent is still a safe place to live and socialise but it is important to address the problems which inevitably arise. The intention of this strategy is to attempt to balance these costs and benefits. This strategy is not trying to "ban" alcohol, instead its aim is:

- "To reduce the harms associated with alcohol, in order to ensure that alcohol can be enjoyed safely and responsibly, as part of a vibrant and inclusive community".

3. Objectives

The objectives of this strategy are:

- To prevent alcohol related harm by increasing public awareness and understanding of the impact of alcohol misuse;
- To promote community safety and create a safer environment by reducing alcohol-related violent crime, criminal damage and anti-social behaviour and by enabling offenders to access appropriate interventions and treatment throughout the criminal justice system;
- To ensure swift and easy access to services for individuals seeking information, guidance and treatment;

- To encourage responsible practices in the licensed trade by ensuring that those involved in the production and sale of alcoholic drinks act within the law and with an appropriate sense of social responsibility;
- To prevent children and young people developing alcohol related problems through a programme of education and, where necessary, law enforcement; and
- To set a robust strategic framework which is based on partnership working.

4. A Partnership Approach

A partnership approach is essential to ensure an effective response to alcohol. This strategy will engage a range of organisations so that there is:

- A shared understanding of the issues to be addressed and the outcomes achieved;
- Appropriate sharing of information;
- Cooperation and coordination between statutory, voluntary and community organisations as well as the licensed trade;
- A consistent approach to reducing the harm caused by alcohol;
- Consistent messages to the public and to people needing or seeking help;
- Appropriate arrangements to ensure that any work on alcohol links in to the plans of the Local Strategic Partnership and the Local Area Agreement.

Service users and carers, voluntary and community organisations will be involved and consulted at every level of the strategic process.

5. Key Strategic Links

This strategy must link with other national and local strategies. At the national level it links to the following:

- *Safe Sensible Social* - the 2007 update on the National Alcohol Harm Reduction Strategy originally published in 2004.¹
- *Choosing Health* - the public health strategy - which has alcohol harm reduction as a major theme and identifies a number of 'big wins' related to combating alcohol misuse^{2,3}.
- *Models of Care for Alcohol Misuse* – which sets the framework for the development and delivery of alcohol treatment services
- Legislation linked to alcohol enforcement such as the *Licensing Act 2003* which governs the management and control of licensed premises and the *Violent Crime Reduction Act 2006*
- *New GP contract 2004* – which identifies a Nationally Enhanced Service for alcohol
- *Alcohol Misusing Offenders – A Strategy for Delivery 2006* - National Probation Service – a strategy for addressing alcohol misuse for offenders.
- *Youth Alcohol Action Plan 2008* – which set out particular steps to tackle alcohol misuse among young people.
- *Youth Matters* – A Government White Paper which sets out the vision for empowering young people, giving them somewhere to go, something to do and someone to talk to.

A particular priority is to ensure that the delivery plan links to the Home Office's Public Service Agreement (PSA) priorities as set out in the new National Indicator Set. The Kent Local Area Agreement (LAA) already includes targets and objectives aimed at dealing with

¹ *Safe.Sensible. Social: The next steps in the National Alcohol Strategy*, Department of Health, Home Office, Department for Education and Skills, Department for Culture, Media and Sport, 2007.

² *Choosing Health: making healthier choices easier*. 2004, Department of Health.

³ *Delivering Choosing Health: making healthier choices easier*. 2005, Department of Health.

alcohol-related problems. For example, it endeavours to reduce alcohol abuse (Outcome 16), to reduce the overall level of crime (Outcome 10), and to increase the proportion of people who believe Kent is a Safer County (Outcome 9).

In addition PSA 25: "Reduce the harm caused by alcohol and drugs" sets a target of reducing *Alcohol-harm related hospital admission rates*. PSA 14 refers to the need to reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances. These targets are mirrored in *Vital Signs* the indicator set for the NHS.

This strategy also links to other local strategies, of which the key ones are:

- Borough and District Crime and Disorder Reduction Partnerships' (CDRPs) Community Safety Strategies
- Primary Care Trust (PCT) Delivery Plans
- Borough and District Council Statements of Licensing Policy 2008-2011
- Domestic violence strategies.
- Kent Police's Drug and Alcohol Strategy
- Children and Young People's Plan (outcome 2 - reducing risk taking behaviour)

6. Stakeholder Consultation

This strategy builds on the Report of Kent County Council's (KCC) Select Committee on Alcohol Misuse. That report was built on an extensive consultation with key stakeholders including service user representation, local councils, service providers and national experts.

In July 2008 the county launched the Select Committee report with an event which included an opportunity to propose ideas for further developing the response to alcohol misuse.

7. The Impact of Alcohol: National Evidence

Nationally, the annual human and financial costs of alcohol misuse include:

- 22,000 preventable deaths per year which are associated in some way with alcohol misuse.
- Around half of all violent crimes (1.2 million) and a third of all reported incidents of domestic abuse (360,000)
- £7.3 billion spent tackling alcohol related crime and public disorder.
- Up to 70% of A&E admissions at peak times.
- £95 million spent each year on specialist alcohol treatment.
- Over 126,000 admissions to hospital for mental and behavioural disorders resulting from alcohol misuse – a rise of 75% over the past ten years.
- Up to 1.3 million children affected by parental alcohol problems.
- More than one in five men, one in six women and one in seven 16-24 year olds having had unsafe sex after drinking too much alcohol, increasing their risk of pregnancy and disease.

8. The Impact of Alcohol: Local Evidence

The majority of Kent's population are either low risk or non-drinkers. However, patterns of problematic drinking are emerging in Kent, especially among women and young people. The proportion of adults in the South East binge drinking at least one day a week has reached about 20% for men and about 9% for women. In Kent 11% of males and 5.5% of females exceed the weekly recommended amounts. These rates are lower than in most other regions, but are higher than those of London and the East of England.

These drinkers can be divided into three categories⁴:

- Hazardous drinkers - women drinking more than 14 units and up to 35 units of alcohol per week and men drinking more than 21 units and up to 50 units of alcohol per week, These drinkers may have avoided significant alcohol-related problems so far but they will still benefit from brief advice about their alcohol use.
- Harmful drinkers - women drinking over 35 units and men drinking over 50 units of alcohol per week who show clear evidence of some alcohol-related harm, which may be physical or mental.
- Dependent drinkers - have a definite problem with drinking and in severe cases may be physically dependent.

In Kent there are about 200,000 hazardous and harmful drinkers and 30,000 dependent drinkers.⁵

(It should be noted that these categories do not refer to young people. Guidance is expected from the Chief Medical Officer in early 2009 as to the safe levels of alcohol consumption for under 19s.)

The Government sponsored North West Public Health Observatory⁶ provides seventeen statistical indicators of alcohol related harm broken down by local authority area. Most areas of Kent are around the national average for the health indicators with the exception of Thanet which has above average levels of alcohol related hospital admissions for both adults and young people. Shepway has above average levels of alcohol related hospital admissions for young people.

Other data indicates that:

- In 2005 about 4,400 people diagnosed with “alcoholism” claimed incapacity benefits or severe disablement allowances; this figure is the fourth highest of the nine regions in England.
- Alcohol-related crime and violent crime in Kent is below the national average. However, the level of crime attributable to alcohol is above average in three Kent districts (Dartford, Gravesham and Thanet) and higher than the South East average in four districts (Dartford, Gravesham, Swale and Thanet).
- Alcohol-related violent crime is higher than the national average in three districts (Dartford, Gravesham and Thanet) and is higher than the South East average in five districts (Dartford, Gravesham, Shepway, Swale and Thanet).
- The rate of sexual offences attributable to alcohol is the same as, or higher than, both the national and regional average in seven districts (Ashford, Dartford, Gravesham, Maidstone, Shepway, Swale and Thanet).
- The number of adults in Kent undergoing treatment for alcohol misuse more than doubled from 2005-6 to 2006-7. In the same period the number of young people in treatment increased from 115 to 271.
- The number of alcohol-specific hospital admissions in Kent has almost doubled from 885 admissions in 1997-8 to 1,454 in 2006-7.
- In Kent, the number of adult arrests for drink offences increased from 5,732 in 2005-6 to 5,950 in 2006-7. The number of young people arrested has increased, from 278 in 2005-2006 to 403 in 2006-7.
- In Kent, it has been estimated that substance misuse (both for alcohol and drugs misuse) is a parental characteristic of over half the approximately 800 children (56.1%) on the child protection register.

⁴ Drummond et al, Alcohol Needs Assessment Research Project (ANARP): the 2004 National Alcohol Needs Assessment for England, Department of Health, 2005.

⁵ Drummond et al, Alcohol Needs Assessment Research Project (ANARP): the 2004 National Alcohol Needs Assessment for England, Department of Health, 2005.

⁶ www.nwpho.org

- In Kent the number of young people arrested for alcohol related offences increased from 278 in 2005/6 to 403 in 2005/6.
- It is estimated that the number of children with alcohol dependent parents in Kent could be in the region of 23,000.

It is also known that, although overall fewer young people are drinking alcohol, those who do are using more and those who do are starting alcohol use at an earlier stage. These trajectories are of great concern.

9. What Is Currently Happening

Much work has been undertaken in Kent to tackle alcohol misuse, but more needs to be done. This section sets out what is already happening and section 10 identifies key gaps and how they will be tackled.

9.1 What Is Currently Happening – Communication

Target 50 of *Towards 2010* recommends the introduction of a hard-hitting public health campaign targeted at young people in order to increase their awareness of, amongst other things, the effects of alcohol misuse. One example of this is the House campaign that moves round the districts month by month providing a centrally located meeting place for young people combined with public health messages. It targets young people who may be outside mainstream provision and potentially most vulnerable to substance misuse.

The Kent Healthy Schools Programme promotes the health and well being of children and young people through a well planned school curriculum that encourages learning and healthy lifestyles choices. In order to gain healthy school status, schools have to demonstrate, amongst other objectives, that they are delivering effective Personal, Social and Health Education (PSHE), alcohol education is one of the subjects of the PSHE programme

9.2 What Is Currently Happening – Adult Treatment Services

The Kent Drug and Alcohol Action Team (KDAAT) is the agency responsible for the specific management and commissioning of alcohol and drug-related treatment services across the County.

KDAAT commissions a variety of statutory and voluntary organisations to provide a range of treatment services across the whole of Kent. Agencies include: KCA, Turning Point, Action for Change, The Kenward Trust and The East Kent Community Alcohol Service.

One of the strands of the KCC Supporting Independence Programme is dedicated to helping people with alcohol or substance addiction to move out of dependency and achieve greater independence.

9.3 What Is Currently Happening – Community Safety

The commitment of Kent County Council to deal with alcohol-fuelled offences is reflected in the *Towards 2010* strategy. Target 57 aims to support Kent Police and to work with CDRPs to strengthen the police presence in problem areas. Target 60 requires the council to support young people in order to reduce the risk of them offending. The county also has the Kent Community Alcohol Partnership: a multi-agency initiative to reduce under age sales and offending (see box below).

A number of specific initiatives reflect the commitment of local partner agencies such as Trading Standards and Kent Police to reducing alcohol related harm. These include:

- The use of Penalty Notices for Disorder (PNDs) to individuals exhibiting disruptive behaviour.
- The use of alcohol enforcement areas which have been adopted by most CDRPs in Kent.
- “Conditional Cautioning” referral schemes which aim to provide an alternative to prosecution where offenders must attend sessions to learn about the consequences of alcohol misuse.
- “Meet and greet” tactics in which officers patrol targeted night-time “hot spots” to provide reassurance for the public and to deter crime.
- The “Three Strikes” scheme in Dover which involves penalties such as issuing Anti-Social Behaviour Orders (ASBOs) after a third arrest for alcohol-related offences.
- Anti-Social Behaviour Act (2003) powers which enable local authorities and the police to disperse disruptive individuals and send home young people under the age of 16.
- The designation of anti-social behaviour areas.
- Establishing alcohol free areas in Broadstairs Harbour and Canterbury.

9.4 What Is Currently Happening – Licensing

Kent has approximately 6,500 premises licensed to sell or supply alcohol. 57 of these open 24 hours a day, comprising 35 supermarkets and stores, 14 hotels and 8 late night venues. A number of initiatives are in place to promote responsible trading:

- Last year Kent Trading Standards performed 151 test purchases, and found that in about a third of them alcohol was sold to underage people.
- Many licensed premises in Kent have joined the “Safer Socialising” scheme which awards certificates to those businesses selling alcohol in the night-time economy that demonstrate high standards of management and operation.
- Both the Kent-based company Shepherd Neame and the Wetherspoon pub chain, amongst other schemes aimed at promoting sensible drinking, make use of mystery shoppers to test socially responsible behaviour of the staff in its pubs.
- “Pub Watch” schemes have been developed which involve the exchange of intelligence between businesses, the police and other agencies in order to identify “hot spots”.

Example of action - Kent Community Alcohol Partnership

KCAP is based on a project first run in St Neots which engaged the licensed trade. There was a press launch by the Chief Executive, Chief Constable and licensed trade in November 2008 at Sainsbury’s Maidstone.

On the ground it consists of a host of small initiatives, e.g. supporting shops not to be intimidated, dealing with proxy purchasing in a better fashion and multi-agency patrols. There will be three 6 month pilot sites in Canterbury, Thanet and Edenbridge to see how it operates in different environments.

9.5 What Is Currently Happening – Young People

Kent schools have a programme of Personal, Social and Health Education (PSHE) which includes education about alcohol misuse. It has been announced recently that PSHE will become part of the National Curriculum. A number of other initiatives target young people. These include:

- A strategy on PSHE for all Kent schools produced in 2008 – this aims for uniform practice with sufficient resources and support to deliver high quality PSHE to all young people.
- In West Kent, Targeted Prevention services are working with partners in education and health to understand substance misuse needs among school populations and to develop an integrated and coordinated approach to meeting those needs.

- The Alcohol Intervention Support Programme (delivered by the Kenward Trust), aims to divert young people from substance misuse through education and awareness. This programme will be rolled out across all of Kent from March 2009.
- A Hidden Harm working group has been established to look at the needs of young people with substance misusing parents.
- Kent Safeguarding Children Board provides multi agency training to raise awareness and improve responses to parental alcohol misuse
- The substance misusing parents project in Thanet and Dover fast tracks substance misusing parents – drugs and alcohol – into treatment and ensure joint work between Children and Families teams and the drug and alcohol service.
- The Sunlight Project (run by KCA) in Thanet, Canterbury, Dover and Swale provides group work for children 7-13 whose parents abuse drugs and/or alcohol.
- Early Intervention which targets vulnerable groups of young people. This focuses on making contact with young offenders, looked after young people, those young people who are not in mainstream schools, refugees and asylum seekers.
- An intensive multi component intervention is being developed which is working to reduce alcohol and drug use in addition to other risky behaviours with a view to building young people's resilience.
- DUST training is a programme of training for the children and young people's workforce in drugs and alcohol awareness, assessing problematic use and interventions for those who are not problematic.
- Specialist young people's community treatment provides one to one interventions for young people who are assessed as problem users. This includes specific drug and alcohol work with young offenders to impact positively on offending.⁷

A booklet has been published by the Kent Children's Safeguarding Board for parents of teenage children that provides helpful advice and guidance as well as contact numbers. Further information can be found on the Kent Resource Directory website.

9.6 What Is Currently Happening – Hidden Harm

Alcohol misuse affects not just the drinker, but the family around them. Many children can just about cope, but for others, a parent's drinking can lead to feelings of isolation, guilt and poor performance at school. Children of problem drinkers can experience long-term psychological damage into adulthood. Services to support both young carers and chronic-drinking parents are too scarce.

In some cases where a parent's drinking has become so debilitating, their children have been forced into caring roles. This group of young carers looking after a parent with an alcohol problem is both hidden and particularly vulnerable. Most young carers in this situation simply never get support, with too many ending up in care when families reach crisis point.

10 Priorities for Action

10.1 Priorities for Action – Strategy

A strategic priority will be to collect and share data about alcohol misuse. This will ensure that there is robust baseline data available for planning. Information is needed from A&E to pinpoint problems with licensed premises. Better data on alcohol related offending will also be important.

10.2 Priorities for Action – Communication

A co-ordinated approach is required to improve education and communications on alcohol related issues, by ensuring consistent methods and messages are used to create maximum impact. Campaigns should adopt a social marketing approach to achieving positive behavioural goals in the target audience.

Communications activities will be developed to support all the strategic objectives set out elsewhere in this strategy, as well as to deliver the following specific objectives:

- To prevent alcohol related harm by increasing public awareness and understanding of the impact of alcohol misuse;
- To prevent children and young people developing alcohol related problems through a programme of targeted interventions including social marketing.

Communications will adopt the partnership approach underpinning an effective response to alcohol in Kent. A Communications Sub-Group (of the Kent Action on Alcohol Steering Group) will co-ordinate communications activity across the county and also commission research, campaigns and other related activity needed to help fulfil the strategy's objectives.

The sub-group will:

- Develop a Kent Action on Alcohol Communications Strategy and Action plan, drawing on partners' work as well as its own commissioned activities, to include all relevant activities, campaigns and social marketing interventions;
- Ensure that young people and their families are being targeted with appropriate educational information;
- Establish an annual county budget to support alcohol communications work with contributions from a range of agencies and sectors;
- Continuously monitor and evaluate the impact of activity across the county.

Other related communications work will also take place including the development and updating of content on partners' websites, the creation of an "alcohol services" directory and working with local employers to encourage the adoption of workplace alcohol policies and employee access to information and treatment services.

10.3 Priorities for Action - Adult Treatment

It is recognised that there is an under-provision of treatment services in the county. It is estimated that if a minimal level of access was provided (10%) 18,000 individuals would be helped each year. A good level of service (20%) would provide treatment to 36,000 people. Government data suggests that the level of access in the region is currently only 5%. A sustained programme of increasing the resources going into alcohol services will be put in place.

A key priority is the introduction of screening and brief interventions for hazardous and harmful drinkers in non-alcohol-specialist setting e.g. primary care, A & E and criminal justice settings.

At the other end of the process there is an identified need for better aftercare, including wraparound services such as employment and training support or financial advice. A specific route into treatment is needed for people with a dual diagnosis of alcohol misuse and mental disorder. Clarity is required on who is responsible for people who have alcohol-related brain-damage.

Services also need to be developed for particular groups. Appropriate services will need to be offered to people who are homeless or require better housing. Additional temporary sheltered housing will be facilitated by KCC for individuals recovering from alcohol addiction, particularly those discharged from hospitals, prisons and residential alcohol treatment, in order to prevent relapse.

Approximately 40-60% of clients who enter alcohol treatment services will drop out within as little as a couple of sessions. These difficult to engage clients may be far riskier and more vulnerable than those in treatment. This is an important group of clients and a care pathway will be developed to address their needs.

Treatment services will need to be developed within the context of a system of outcome measures and with the application of a performance management system.

10.4 Priorities for Action - Community Safety

It is a priority to tackle crime and anti-social behaviour linked to alcohol. This will require a number of developments.

A priority is a focus on ensuring that there are pathways from the criminal justice system to treatment services for both persistent drunken offenders and those who are first experiencing problems due to alcohol. This will include the use of Alcohol Treatment Requirements, Conditional Cautioning, Arrest Referral and the provision of alcohol interventions to people in the Multi-Agency Public Protection Arrangements and Prolific and Priority Offender systems or on Acceptable Behaviour Contracts or Anti-Social Behaviour Orders.

Local people with alcohol problems who are in the prison system will be targeted with advice and interventions and must be able to move into treatment immediately on leaving prison. Peer education in prisons will be considered as an approach.

Alcohol is a contributory factor to a significant proportion of domestic violence: however, local data on this is poor and will be improved. Those working with problem drinkers will be made aware of domestic violence and, where appropriate, alcohol interventions will be part of any programme targeting perpetrators and possibly victims of domestic violence. The alcohol strategy will link in to the local domestic violence strategies.

An ongoing priority will be to manage alcohol misuse effectively within the night time economy (NTE) and to ensure the development of a planned and balanced NTE.

10.5 Priorities for Action – Licensing

The application of the Licensing Act 2003 should be monitored. In particular are members of the public being encouraged to make representations and seek reviews of problem premises and are more socially deprived communities making as much use of these rights as more affluent communities?

The *Towards 2010* strategy requires the County Council to work with off-licences, pubs and clubs to reduce alcohol-related crime and antisocial behaviour. A key element will be to seek to discourage the practice of discounting alcoholic drinks, charging high prices for soft drinks and other strategies that could promote irresponsible drinking.

Where necessary, use of appropriate legislation will be considered to reduce alcohol-related crime and disorder, for example licence reviews, dispersal powers and designated public place orders.

As a last resort, when all other practical attempts have been unsuccessful, consideration can be given to the establishment of alcohol free areas and Alcohol Disorder Zones, which can require premises failing to implement actions to reduce alcohol-related anti-social behaviour in their vicinity to contribute towards the cost of necessary additional policing.

Trading Standards and partner agencies should increase their efforts to identify retailers who supply alcohol to under age persons and ensure that penalties are applied.

10.6 Priorities for Action - Children and Young People

Ensuring that all young people receive appropriate, evidence based, education about alcohol is vital. In particular, awareness will be raised about safe and sensible alcohol consumption. Personal Social and Health Education (PSHE) lessons in school are the core of this and it is important to ensure that these inputs are fit for purpose. PSHE accreditation for both teachers and school nurses will be supported. Peer education will also be considered as an approach.

Such work also needs to focus attention on young people living in deprived communities who have particular risk factors. However such interventions should not be offered in isolation and should be offered at universal, targeted and specialist level. The national Every Child Matters Change process requires health and wellbeing issues to be tackled in an holistic manner,

Specialist treatment interventions will recognise that such young people often have multiple needs which require ongoing support and coordination in their communities. As a result effective Youth Inclusion and Support Panels are key to success.

The national Common Assessment Framework (CAF) will provide an assessment tool for all young people with identified needs. It will be necessary to ensure that the CAF identifies difficulties related to alcohol and leads to appropriate responses such as Targeted Youth Support.

It is important to tackle underage sales through regular campaigns of test purchasing and to tackle underage drinking in public places. This will be accompanied by efforts to provide alternative activities to divert young people from drinking on the streets, as well as efforts to prevent the parental supply of alcohol or young people taking drink from home.

Systems will be in place to identify children and young people at risk of harm from alcohol misuse and refer them to relevant bodies which will provide support and treatment. Services will also target parents whose drinking is putting the wellbeing of children at risk.

These activities require that staff working with children and young people are educated about alcohol interventions and can refer to services or seek other help to safeguard child health and wellbeing.

The Youth Alcohol Action Plan refers to a range of criminal justice interventions designed to stop young people from using alcohol in public places. This provides an opportunity for interventions to be provided to young people and it is important to ensure that young people do not enter the criminal justice system as a result of this. The aim is to complement this activity with a health based intervention and work is underway to develop this.

Successful initiatives dealing with other related health issues, such as drug misuse, drink driving and sexual health, will be explored for adaptation to the theme of alcohol misuse.

Help also needs to be offered to parents in Kent. Local research indicates that parents want more information about alcohol. Parents need to be able to give their children and young people good information and be good role models. It will be important to draw in both parents and those professional who work with parents.

A particular concern is the transition from young people's services to adult services. Although 11-18 year olds are seen in services there is a dip in the numbers attending adult treatment services in their early twenties. This gap will have to be addressed by further research into the blockages and gaps in the system and the best ways of addressing them.

10.7 Priorities for Action - Hidden Harm

In Kent, it has been estimated that substance misuse (both alcohol and drug misuse) is a parental characteristic of over half the approximately 800 children (56.1%) on the child protection register. Nationally, alcohol policies have barely begun to address this issue and treatment services must now have better support and funding to help both parents and their children recover from alcohol problems. There is also a real need to ensure that those working in the wider social care and education system are equipped to identify cases where parental misuse is affecting the quality of family life and that there are clearer protocols in place to help them co-ordinate support with the alcohol treatment sector where that is appropriate.

The young carers' services need the training and resources to reach these families while every adult alcohol service should routinely ask clients "Are you a parent? Can we help you in your parenting role?"

A new Public Service Agreement could be established to increase the health and wellbeing of children affected by parental alcohol misuse. There could be a target to reduce the number of children placed in care as a result of their parents' drinking.

The Local Safeguarding Children Board could identify an 'Alcohol Champion' to lead locally on family alcohol misuse issues and link alcohol and families targets into other local plans, such as Local Strategic Plans, Local Area Agreements and Alcohol and Drug Treatment Plans. Joint Strategic Needs Assessments could include an audit of parental alcohol misuse and services for both alcohol misusing parents and their children.

Links between domestic violence services and children's and young people's support services could also be strengthened.

11. Governance Arrangements

The delivery plan identifies how each target will be managed: the actions to be achieved, the agency responsible and the timescale. However, all these actions will be overseen and coordinated in a wider framework.

Several forms of multi-component collaboration aimed at dealing with alcohol misuse in Kent already exist. For example, Crime and Disorder Reduction Partnerships, including members from the Police, local authorities, the Probation Service, health authorities and the voluntary sector, are already working to deal with, amongst other aspects, alcohol-related crime and anti-social behaviour.

A multi-agency Kent Action on Alcohol Steering Group has been established which will meet on a bi-monthly basis and will receive progress reports on the action plan targets, identify resources and help overcome problems in meeting the targets.

This group will have membership from:

• Kent DAAT	• Kent County Council
• The county's two PCTs	• HM Prison Service
• Kent Police	• Kent Probation

This group will report to the Kent Public Health Board and the KDAAT Board.

12. Outcome measures

This strategy recognises the need to develop good indicators of its success. This will require outcome measures e.g. is there less crime, is health improving or are children safer? At the moment the baseline data does not exist on which to build such measures. Nor is it clear which indicators are the most effective measures of the impact of alcohol.

One of the key processes for the ongoing alcohol strategy group will be to develop a set of outcome measures across health, community well-being, child safety and licensing which will enable the impact of this strategy to be measured effectively. These will include tools such as TellUs and the Kent Pupil Survey which will be used to measure PSA 14.

13. Resources

This strategy has been developed to reflect growing national and local concerns of the harm caused by alcohol misuse. Alcohol has been the hidden relative within the substance misuse agenda for many years and gaining an accurate picture of the cost of services that either directly supports individuals or the consequences of alcohol misuse such as anti-social or violent behaviour provided via policing and health, or the hidden cost arising from absenteeism from work, is problematic. This strategy recognises the complexity of the cost analysis that is needed and pinpoints this as a critical area for development.

In 2008/09 Kent's Health services made substantial new investment into services that support prevention measures and treatment facilities. This has contributed to better assessment, access to information and the coordination of services within communities that offer opportunities for support at the preventative end and also serves to meet the need at the "chronic" end where for some people their life has become chaotic and destructive. In 2009/10 direct investment in these services will equal £2,027k.

As this strategy develops the recognition of the contributing role of wrap around services to support alcohol interventions will be essential to sustain change in behaviour and improve outcomes. Further investment will be necessary but this is likely to be achieved within the existing main stream budgets and delivered by a reshaping of the services as an extension of their roles and responsibilities. The principle support for housing is delivered via Supporting People and the current investment in "floating support" is £95k.

The strategy will contribute to the effort to counter the extreme levels of anti social behaviour and criminal damage associated within the night time economy. A reduction in ambulance responses, demands upon Accident and Emergency and hospital alcohol related admissions should follow.

What lies at the root of the strategy is a coordinated partnership approach building on existing investment and sharing the benefits of reductions elsewhere in the system. Kent Action on Alcohol will work to support the health, community and personal safety and education agenda.

TO ADD

DELIVERY PLAN presumably drawing on the existing action plan

By: Mike Hill, Cabinet Member for Communities Directorate
Amanda Honey, Managing Director for Communities Directorate

To: Children, Families and Education Policy Overview Committee, 27th March 2009

Subject: Integrated Youth Support Strategy

Classification: Unrestricted

Summary: This report summarises the content and progress of the Integrated Youth Support Strategy and accompanying Implementation Plan (Appendix 1). The strategy and implementation plan are subject to formal consultation through the Kent Children's Trust Partnership. Both documents are appended to this report.

1. Introduction

- 1.1 The concept of Integrated Youth Support Services (IYSS) originated with the Youth Matters green paper in 2005. IYSS is about providing access to services for all young people according to their needs.
- 1.2 The Youth Matters green paper proposed four key elements deemed crucial in improving outcomes for young people:
 - **Positive activities:** more things to do and places to go
 - **Making a contribution:** More opportunities to contribute to their local community through personal development opportunities such as volunteering.
 - **Information, Advice and Guidance:** better quality and appropriately delivered.
 - **Reformed targeted youth support:** better support when needed to deal with specific problems.

2. Process

- 2.1 The draft Integrated Youth Support Strategy was considered and approved by the Kent Children's Trust Board on January 31st 2008. A copy is included at Appendix 2.
- 2.2 Communities Policy Overview Committee commented on an early draft of the strategy in November 2007. Comments were also received from Children, Families and Education POC at that time.

- 2.3 Subsequently, further work has been done to produce the draft implementation plan. This work has been done a multi-agency working group, chaired by the Director of Youth Services and KDAAT (KCC Communities Directorate).
- 2.4 The Kent Children's Trust Board has agreed that the strategy and implementation plan should be consulted on together. The consultation period commenced on March 12th 2009 and will run for three months until the end of June 2009. This will ensure that all partners have time to respond in accordance with the Kent Partners' Compact. It will include a series of consultation events with young people and will include work with those young people for whom there exist significant barriers to access.
- 2.5 The implementation plan is essentially a detailed action plan accompanied by a discussion of the structural, governance and resourcing arrangements for taking this work forward. Within the Kent Children's Trust structure this work will be taken forward by a dedicated, multi-agency board, chaired by Angela Slaven.

3. Recommendations

Members are asked to:

- (i) NOTE the development of the Integrated Youth Support Strategy and Implementation Plan
- (ii) COMMENT on the strategy and implementation plan.

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Background Documents: *Integrated Youth Support Strategy (attached at Appendix 2)*

Other useful information: *None*

Appendix I

Implementing the Integrated Youth Support Strategy

1. Introduction

1.1 The Integrated Youth Support Strategy identifies where we want to be in Kent in our commitment to young people. This paper takes forward the policy priorities identified in the strategy.

2. Assumptions:

2.1 This plan assumes that:

- Integrated youth support in Kent will not be delivered through a new integrated youth support service. Rather, we will concentrate on integrating planning and commissioning processes, performance management, and referral pathways.
- There will be a sub-group of the Kent Children's Trust Board which owns and manages the outcome framework and performance management of the strategy.
- The focus of delivery will be local and that Local Children's Services Partnerships will be key agents.
- The plan is based on an assumption that there will be no new money or resources to support delivery. Delivery will focus on the improved outcomes that can be delivered from integrated planning and commissioning. It is expected that integrated working at local level will also reduce duplication and promote new ways of working which will release existing resources to be used differently.

3. Structure, Governance and Accountability

3.1 The integrated youth support strategy is located within the overall framework of the Kent Children's Trust arrangements. A highly strategic but broadly constituted Kent Children's Trust Board (KCTB) oversees the development of the county Children and Young People's Plan (CYPP). At the local level 23 Local Children's Services Partnerships have been formed as the key delivery agents of the CYPP priorities. A range of working groups at county level completes the sub-structure of the KCTB. These sub-groups will lead on the design, planning and commissioning of priority services for children and young people; acting as technical advisors to the Local Children's Services Partnerships (LCSPs) where a local component to commissioning is agreed.

Appendix 1(a) shows the current structure and sub-structure of the KCTB

3.2 Oversight of the integrated youth support strategy will be the responsibility of a Kent Children's Trust core sub-group. This is currently represented on the KCT sub-structure as the IYSS/TYS group. Over a period of 12 months, IYSS/TYS group will merge with the existing 14-19 Strategic Forum. This will ensure that the planning and commissioning agenda for young people is integrated and that there is a collaborative approach to delivering better outcomes for young people.

3.3 Nationally, government expectation is that Integrated Youth Support Strategies will deliver the outcomes of National Public Service Agreement 14: Increase the number of young people on the path to success.

3.4 PSA 14 aims to tackle a range of poor outcomes for young people where research suggests that there is some commonality of risk factors. Targeted youth support is critical to this and the TYS operational group will report to the IYSS/TYS sub-group.

3.5 A key element of delivering integrated youth support services is the activities, events and interventions delivered at a local level and overseen by district and borough councils through the youth strategies. District and borough councils collectively lead on the CYPP priority to "Ensure there is equality of access to recreational activities, in particular in areas of deprivation or for those with few economic resources" (CYPP 1B/4). This is not a relationship of accountability but ensuring strong and purposeful relationships between the tiers of local government will be an important task for the IYSS/TYS group.

4. Resources

The Integrated Youth Support Strategy (IYSS) represents the co-ordination and delivery of services to young people across the county of Kent from a range of sectors and organisations. This strategy builds upon existing arrangements, opportunities and facilities for young people and the investment is in principle within existing structures and resources and does not identify any immediate funding gaps.

The Kent Youth Service delivers one aspect of a universal youth service provision to young people in Kent aged 13 – 19 years. IYSS is however much broader than this universal offer and as a strategy it sets out and highlights key aspects of the delivery of children and young people's services including; information, advice and guidance (IAG), targeted support and positive activities for young people. The range of services and funding sources is significant involving funding from the County Council, district councils, the voluntary sector and private sector. In addition, many partner organisations and agencies, including the PCT's in Kent and Kent Police invest in services for young people.

The youth service provision is set to increase in the next few years with a commitment from central government towards Positive Activities for Young People (PAYP) programme to increase in the next 3 years.

Information, Advice and Guidance covers a many aspects of young people's lives. The Connexions service is commissioned to provide IAG with specific regard to Education, Training and Employment. In addition services to young people within schemes such as "House", Teenage Pregnancy and Young People's KDAAT amount to a significant additional investment.

In future years the investment in youth services' provision and support will, and should, grow in recognition that the modernisation of some aspects of service needs to be undertaken and a recognition that provision is no longer "fit for purpose". All the indicators suggest that investment in young people services leads to young people contributing and participating in a constructive lifestyle and one that leads to benefits both for themselves and their community.

The successful implementation of the strategy requires quantitative and qualitative evaluation of service provision and a correlation with the Children and Young People's Plan and outcome measures. Investment and development should follow this assessment and analysis and delivery will continue to be across a range of settings. The strategy aims to work with young people and to support investment in services that reflect both the universal need and when and if required more targeted investment.

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5. Terms of Reference and Membership of the IYSS/TYS group

The Board is a multi-agency, cross sector sub-group of and accountable to the Kent Children's Trust Board.

The Board will exist for 12 months during which period its agenda and terms of reference will be merged with that of the 14-19 strategic forum.

The Board will oversee the implementation of the Integrated Youth Support Strategy in Kent, working across the KCTB structures to ensure that all required elements of IYSS are implemented.

The Board will report to the Safer and Stronger Communities sub-group of the Kent Partnership on those aspects of its work that contribute to public safety and community cohesion.

The Board will be strategically aligned with PSA 14 to promote better outcomes for young people across the ECM outcomes framework.

The Board will work with young people in accordance with the KCTB participation strategy to ensure that their views sought and acted upon.

Responsibilities:

- (i) To assess need and develop strategies to ensure equality of access and improved outcomes for young people.
- (ii) To work collaboratively with district and borough councils to monitor and improve coverage, quality and accessibility of community based services for young people in Kent.
- (iii) To ensure the active participation of young people in planning, commissioning, service design and evaluation.
- (iv) To act as a commissioning reference group for the commissioner for IAG, PAYP and TYS and to other commissioners of services and projects for young people.
- (v) To champion the needs of vulnerable young people and develop strategies to "narrow the gap".
- (vi) To oversee the targets and indicators outlined in the performance framework and act as agent for the KCTB Performance Management group in driving improvement;
- (vii) To link with the Children and Young People's Health Board, the 8-13 group, and the County Youth Justice Board to identify shared tactical approaches in preventative work;
- (viii) To act as technical advisor to LCSP's in planning, commissioning and delivering local services for young people, particularly where the services are targeted and preventative;
- (ix) To develop and keep under review a communications strategy which will promote the positive contribution made by young

people in Kent and help young people to speak and act for themselves.

- (x) Promote and develop a more integrated young people’s work force

6. Monitoring and Performance Management

5.1 A proposed performance monitoring framework is attached at *appendix 2*. The performance framework is based on high level outcome indicators related to PSA14 and cross referenced with Kent’s Local Area Agreement and Children and Young People’s Plan.

5.2 High level indicators are useful at population level. The performance monitoring framework is supplemented by young people’s feedback measures (sources to be identified but include NFER and Tell Us data) and quality and equality measures. Equality measures tell us how we are providing opportunities and services to young people who are vulnerable to exclusion. This includes young people with disabilities, young carers, young migrants, young people from ethnic minority groups, young people in or leaving care and lesbian, gay, bisexual young people.

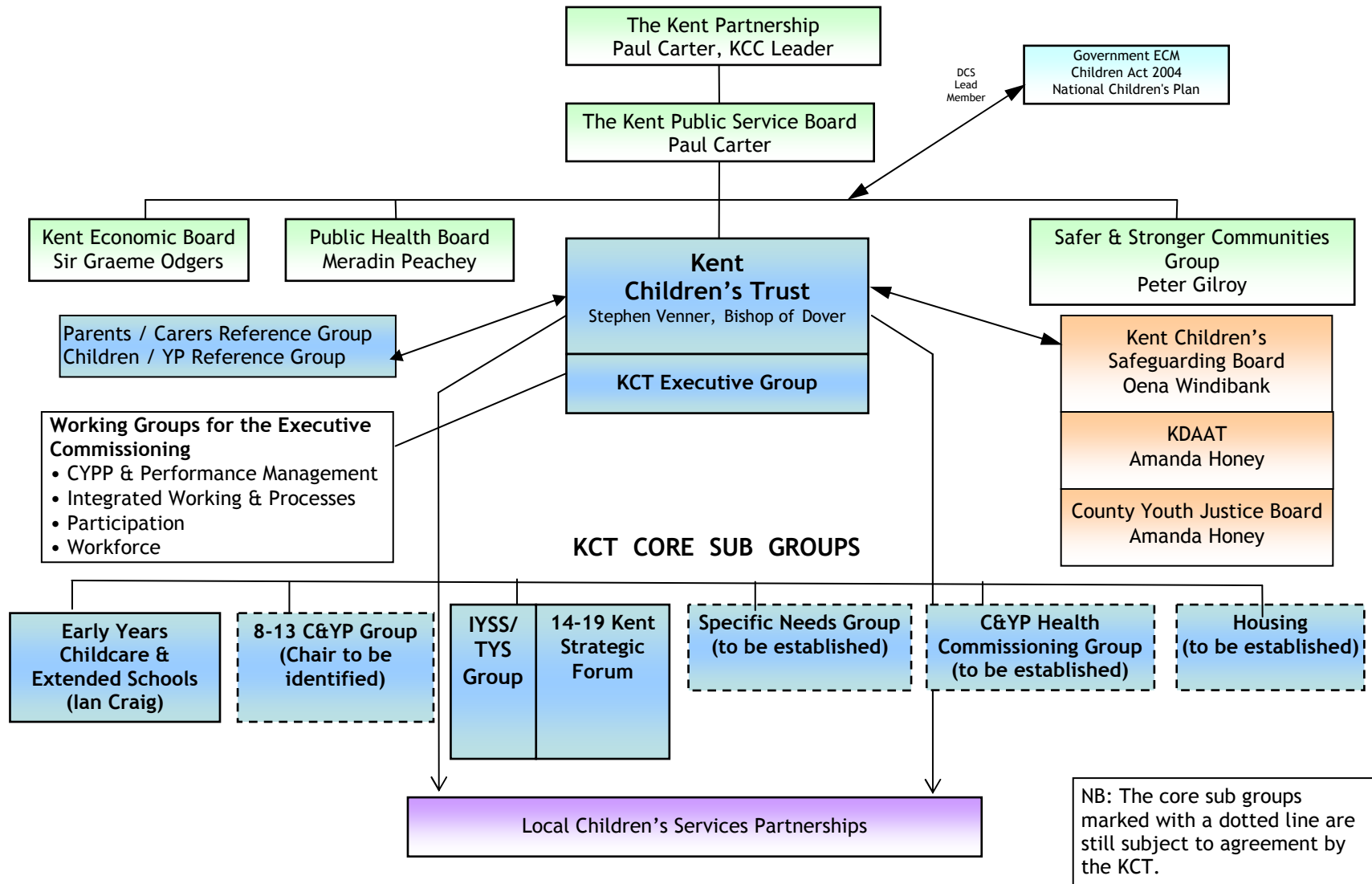
7. Action Plan

Action	Lead	Time scale
1.Establishing the KCT sub-group		
1.1 Obtain approval for the Board Terms of Reference and proposed membership at KCTB 1.2 Establish Board 1.3 Communicate Board Terms of Reference to LCSPs 1.4 Ensure that there is clarity for all partners about where the strategic leads for service elements of the IYSS are placed. 1.5 Agree process for involving young people at all stages 1.6 Agree process for merger with 14-19 strategic board	Angela Slaven	March 2009
2. Agreeing the strategy		
2.1 Manage the consultation on the IYSS strategy in accordance with the Kent Partners Compact	Angela Slaven	June 2009
2.2 Ensure that young people’s views are sought and heard during the consultation period.	Service heads	June 2009
3. Assessing needs and gaps		
3.1 Work with LCSPs, district and boroughs and KCT data group on needs analysis	IYSS Board and KCT	Work has commenced

<p>model.</p> <p>3.2 Develop a methodology for on-going gap analysis</p> <p>3.3 Develop a deeper understanding of the barriers to access</p>	<p>commissioning group</p>	
<p>4. Service Standards</p> <p>4.1 Implement quality standards for in-house youth provision (Aiming High for Young People)</p> <p>4.2 Include standards within the commissioning specification for youth provision</p> <p>4.3 Investigate models for volunteering standards for youth volunteering</p>	<p>Nigel Baker</p>	<p>On-going</p>
<p>5. PAYP</p> <p>5.1 Monitor the effectiveness of PAYP funded positive activities against service specification and outcomes</p> <p>5.2 Agree referral routes to PAYP for young people released from custody</p> <p>5.3 Implement approved actions from the Select Committee into positive activities</p>	<p>Helen Jones</p>	
<p>6. Targeted Youth Support</p> <p>6.1 Support the roll-out of TYS</p> <p>6.2 Develop processes for early identification of vulnerable young people</p> <p>6.3 Ensure young people are able to access early support in universal settings.</p> <p>6.4 Develop protocols for supporting young people across transitions</p>	<p>With TYS operational group</p>	
<p>7. Making a Positive Contribution</p> <p>7.1 Ensure opportunities for youth volunteering are available on Togogo and the Resource Directory</p> <p>7.2 Link young people's contribution to work on community cohesion</p> <p>7.3 Develop a media communications strategy to highlight the achievements of young people</p>	<p>IYSS Board</p>	
<p>8. Equality and access</p> <p>8.1 Work with partners to ensure that integrated youth support services are developed in a way that excludes no young people. With particular reference to: Looked after young people; Young Carers; Young migrants Young people from BME groups Young people with disabilities Lesbian, gay and bisexual young people</p>	<p>IYSS Board</p>	

<p>9 Advocacy for young people 9.1 Build relationships and networks with services and organisations so that members of the board can act as advocates for young people and can respond to policy challenges and developments 9.2 Keep KCT informed of emerging policy areas</p>	<p>IYSS Board</p>	
<p>10. Workforce development 10.1 Engage with the KCT Executive Workforce group to ensure that the needs of the young people’s workforce are met 10.2 Ensure that staff and volunteers in the young people’s workforce are able to access appropriate training and development opportunities</p>	<p>IYSS Board and KCT Workforce group</p>	
<p>11. Involvement and Participation of young people 11.1 Develop a model of involvement and participation of young people in all aspects of the Integrated Youth Support Strategy</p>	<p>IYSS Board, LCSPs and District and Borough Councils</p>	
<p>12. Monitoring Outcomes 12.1 Agree monitoring framework (see appendix 1b) 12.2 Work with KCT performance monitoring group to agree data and metrics for measuring outcomes 12.3 Use feedback from young people as part of the monitoring framework 12.4 Work with 14-19 Strategic Board to agree joint monitoring framework</p>	<p>IYSS Board</p>	

Appendix 1(a)



Appendix 1 (b)

IYSS Performance Framework

High level indicators PSA14	% 16-18 NEET	Participation in Positive Activities	% young people frequently using illicit drugs, alcohol or volatile substances	Under-18 conception rate	First time entrants YJS 10-17	Outcomes
National Indicators included in Kent LAA		NI 110 Young people's participation in positive activities			NI 111 First time entrants to the Youth Justice System	
CYPP priorities	7d 66 Provide impartial, up-to-date and personalised IAG for all young people and ensure their parents or carers have access to support their child's decision making: input	6a 48 Ensure that young people have safe places to meet and things to do that they want to do. input 6a 51 Support, encourage and promote opportunities for children and young people to engage in volunteering output	8b 71 Reduce alcohol and drug related anti-social behaviour involving young people outcome	2b 13 Ensure young people have access to high quality sex and relationships education and to confidential services delivered by trained professionals input	6b 53 Extend existing youth offending prevention and diversion schemes in targeted neighbourhoods to increase engagement with young people at risk of offending input	
CYPP Metrics	To be determined: Action plans to be agreed at KCTB December 2008					
Feedback from young people						
Quality and equality measures						

APPENDIX 2

Integrated Youth Support Strategy

Foreword

The years from 13-19 are some of the most exciting and challenging of our lives, during which we have some of our most formative experiences. This is the period when relationships with families change and our friends, our communities and the adults we admire take an increasingly important role in helping us understand who we are and what we want for ourselves.

Young people attract attention and censure at the very time in their lives when they face difficult challenges relating to education, money, health, employment, ambition, self-esteem and relationships. They are often judged negatively and superficially on the basis of what they chose to wear and the music to which they listen. In transition between their families and settled homes of their own, they occupy public space and socialise in groups which can be perceived as threatening. One third of stories in the media are about youth crime and 71% of stories about young people are negative¹.

Many of the challenges and experiences facing young people today are very different from those faced by previous generations and practical advice and guidance is not always readily available from traditional sources. Current societal changes on a trans-national level have been identified² including:

- Extended adolescence prolonging the period in education and delaying entry into the labour market;
- The development of the knowledge based economy and the accompanying demand for new skills for work;
- Widening inequality and the potential exclusion of particular groups;
- Changes in family and community life characterised by greater access to goods and services but also by fragmented families and new models of family and extended family care;
- Demographic and population change. In Kent the population is growing but with a heavy skew towards older and retired people. This is to some extent offset by migration but the settlement patterns are not yet clear.

In spite of the challenges and negative media images, the vast majority of young people simply get on with life, contributing to their school and family, working towards their goals and developing their interests in a way that

¹ Positive Images Campaign

² OECD

attracts attention only from those closest to them. Among our own families and friends it will be easy to find truly inspiring examples of young people who excel in academic work, sport and music; who believe passionately in causes and who give their time generously to help care for family and friends. They are not remarkable for the way they look: some of them even wear hooded tops!

In Kent, we want the achievements of our young people to be recognised and we are determined to work with young people to harness available resources to improve opportunities and outcomes for all.

This means making sure that we work together to improve the range, quality, accessibility and promotion of positive activities for all young people. In particular, there will be very special opportunities coming from the 2012 Olympics and Cultural Olympiad and we will ensure that young people can be involved in the preparations, the events and the legacy.

We have asked young people about the advice and guidance they need and will work with them to ensure that this is available, understandable, reliable and easy to find.

Young people have told us that most will still turn to their parents and family members in the first instance and so we will ensure that, through our Parenting Strategy, parents have access to the same quality of information.

Where young people are vulnerable and have needs that are complex or are particularly likely to put them at risk, we will target personalised, efficient support services co-ordinated by a lead professional and drawing on the resources of agencies and organisations in the community.

Integrated services put simply, means that there are no wrong doors. Wherever or from whomever a young person seeks help, they should receive the same access to helpful services, based, where possible, near to where they live. This is a guiding principle of the Children's Trust in Kent and has been furthered by the work between the County Council and district and borough councils which aims to improve integrated youth work at the local level.

Mike Hill
Cabinet Member

Amanda Honey
Managing Director

Community Services

Communities Directorate

Integrated Youth Support Strategy

Part 1: Context and strategic overview

Purpose and status

The Integrated Youth Support Strategy is part of the development of integrated children and young people's services in Kent. This process is overseen by the Kent Children's Trust Board.

In 2008, The Kent Children's Trust approved and published its second Children and Young People's Plan (CYPP). The Plan explains the processes and actions by which outcomes for children and young people will be improved in line with the national Every Child Matters framework.

Specifically, one of the priorities in the CYPP is to:

" Ensure more young people have things to do and safe places to go in their leisure time and improve outcomes for adolescents at risk to themselves and potentially others, through, for example, implementation of the Integrated Youth Support Services Strategy.

(Positive about our future: Kent Children and Young People's Plan 2008-2011. Priority 6)

This strategy takes forward the priorities and actions within the plan designed to help young people at risk or with specific needs. It has been developed within the context of current national requirements, encompassing within it the Kent approach to developing:

- Positive Activities
- Targeted youth support
- Information Advice and Guidance.

The Integrated Youth Support Strategy (IYSS) has been commissioned by the Kent Children's Trust and developed by a working group on behalf of the Trust. The elements of the strategy have, to some extent been defined by national directive, but they accord with the approach to services for children and young people in Kent which is encapsulated within the CYPP vision:

In Kent's successful communities, achievement exceeds aspiration, diversity is valued and every child and family is supported. Children and young people are positive about their future and are at the heart of joined up service planning. They are:

- Nurtured and encouraged at home**
- Inspired and motivated by school**

□ **Safe and secure in the community**

□ **Living healthy and fulfilled lives**

Source: Vision Statement, Kent Children and Young People's Plan 2008-2011

There are many services for young people in Kent. Some are open to all young people; others are specifically targeted to meet defined needs. Some services have been commissioned or developed in response to the needs and experiences of young people in particular localities. This reflects the fact that Kent is a large and diverse county. The aim of this strategy is to ensure that young people can influence and have access to opportunities and services that will support them in becoming excellent young citizens, contributing to the energy, development and diversity of the county.

How have young people been involved in developing this strategy?

The involvement of children and young people is central to the work of the Children's Trust in Kent. One of the first policy initiatives undertaken by the Trust was to commission a strategy for participation. Young people have been asked to participate in the following ways:

- Consultation with young people has helped define the key priorities within the CYPP.
- We have acted upon some key messages from consultations with children and young people. We know, for instance, that for many young people safe places to socialise and access to reliable and affordable transport are really important. This is reflected with the CYPP key actions.
- We have listened to the findings of district consultations with young people, and have been guided by the priorities raised in district youth strategies.
- We have undertaken a comprehensive survey of children and young people through their schools (National Foundation for Educational Research survey) and we believe that this gives us very valuable messages while recognising that some young people's voices are less likely to be heard through traditional routes.
- "Tell Us" is a national study of young people's views. This provides information about young people in Kent and also enables comparisons with other parts of the country.
- A major demographic study "The Children and Young People of Kent" was commissioned and is used as part of the planning and commissioning process.
- The Children's Trust in Kent is working at county and locality level to develop reliable data and information products that are based on population data, young people's views, local intelligence and attitudinal studies. At locality level, commissioners are working directly with young people, parents and other stakeholders so that we begin to

move away from traditional service provision models to encompass co-commissioned approaches.

How are our services changing?

Kent is a large and diverse county and some facilities and services will reflect local knowledge and need. Nevertheless, the need to develop a "core offer" or minimum common level of service across the county is recognised. The way that this is managed is through our Children's Trust commissioning arrangements. As a direct outcome of the Children Act 2004 and Every Child Matters, Kent's Children's Trust is tasked with ensuring integrated, child and young person-centred approaches to delivering children and young people's services, including the key elements of youth support services. The Children's Trust brings together social care, health, police, education, district councils and other organisations and services in the voluntary, community and public sectors.

The Kent Children and Young People's Plan, which incorporates the earlier Kent Preventative Strategy, forms a key element of the over-arching strategic framework for Children and Young People's services and for commissioning by the Kent Children's Trust. The CYPP was developed through partnership working and through consultation with children and young people. Identifying priorities for action and developmental priorities, this, in its turn, has influenced the county Local Area Agreement.

Kent County Council with its partners in the county Local Strategic Partnership (The Kent Partnership) has negotiated its second-round Local Area Agreement (LAA). Some outcomes relating to young people are emerging strongly as shared priorities. These include child poverty, up-skilling the workforce, economic development and civic participation. A summary of indicators which the Kent Partnership has agreed for inclusion in the LAA is attached (Appendix 1).

The Kent Children's Trust recognises that, for a county the size of Kent, the planning and commissioning of services will be more effective when devolved to local levels where possible. Our services will then respond to specific area needs, and will depend on significant relationships with universal providers, such as schools. This is why we have established Local Children's Services Partnerships as part of the Children's Trust arrangements in Kent.

Working in localities based on the geography of school clusters, Local Children's Services Partnerships (LCSP's) will be expected to:

- Build on the extended schools agenda
- Engage with local voluntary and community organisations
- Explore approaches for 'integrated' teams and processes, such as information sharing;

- Establish models of participation of children, young people and parents;
- Establish joint planning and commissioning for services such as youth provision and children's health.

LCSP's, in their commissioning role, will be key to ensuring that there is a range of locally sensitive, accessible and effective services for young people.

Not all service developments included within the purview of the IYSS will be commissioned and delivered within Local Children's Services Partnerships arrangements. Existing partnerships and services, such as district Crime and Disorder Reduction Partnerships, Teenage Pregnancy strategy boards, voluntary youth services, leisure and sports providers operate within different geographies. Integration of youth support services will need to ensure that these various facilities and services are networked for planning and commissioning purposes and that complications of geography do not form a barrier to information, access and referral routes.

The Kent Children's Trust will oversee the rich economy of young people's services to ensure that they are promoted, supported and, where necessary, aligned to meet the needs of young people. This will be achieved by carefully examining what is working, what kinds of provision should be commissioned or expanded, and identifying the areas where provision no longer matches young people's needs.

There are already many excellent examples of partners working together to provide a seamless service for young people, such as:

- Youth Strategies delivered at local level with close collaboration between Districts and Kent Youth Service.
- Rainer Kent 16plus Service for young people who are leaving care.
- A youth worker deployed to work alongside the Crime and Disorder Reduction Partnership in Shepway.
- 20 Community Youth Tutors seconded from Kent Youth Service to work in identified schools across the county.

Supporting Young People with Disabilities and learning difficulties: 'Me2'

The benefits of strong partnership in widening access to youth services are clearly demonstrated by *Me 2*, a charity working across Kent to help young people with disabilities or learning difficulties to access mainstream youth clubs and services.

Young people are matched with a peer mentor who accompanies them to youth activities and supports them until they feel comfortable within the new setting and have made friends with the other young people. The mentor gradually reduces the level of support as the young person grows in confidence, with the aim that where possible, the young person will ultimately be able to access the service independently.

Me 2 provides training for peer mentors that covers aspects such as inclusion, disability awareness, health and safety, communication, and child protection. The charity also offers direct support and advice to youth centre workers themselves so that any potential barriers to access are properly addressed. Through this partnership approach, young people who may otherwise be excluded from youth activities are encouraged and empowered to mix with their peers in mainstream settings.

***What else needs to happen?
What else needs to happen?***

Service improvement is only part of the story. Young people will not be able to make the best use of their own resources and the opportunities offered to them if what they do is judged through the lens of negative stereotypes and public mistrust. Through this Integrated Youth Support Strategy, Kent County Council and its partners in the Children's Trust seek to bring about a real change in attitudes on two fronts.

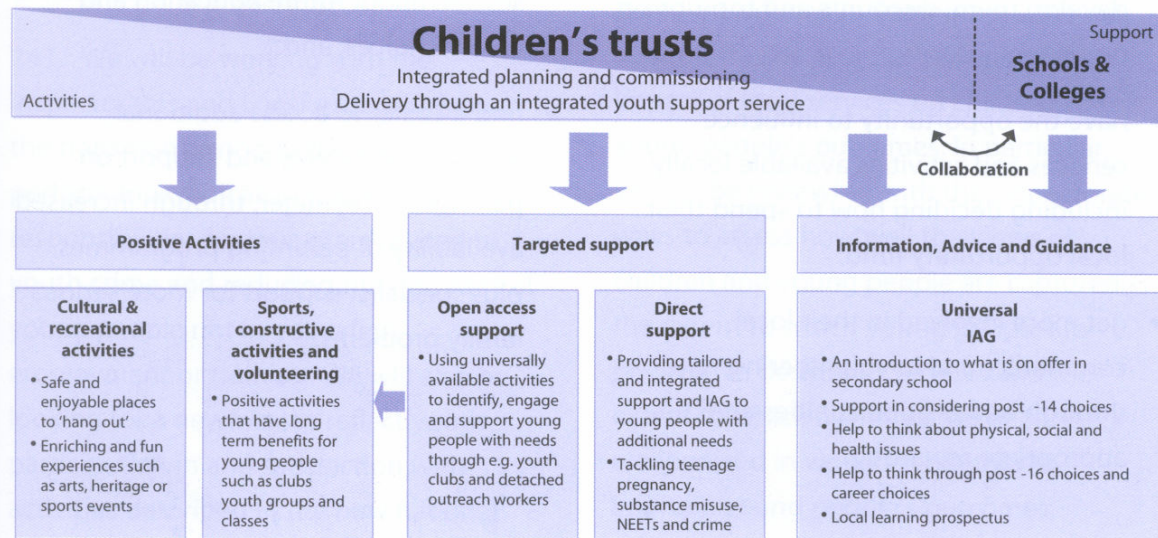
Simply put, young people are not just our future - they are valued members of our present-day society, and as such they need to believe in their own ability to make a contribution. In order to stimulate this confidence, we must capture their enthusiasm and energy, and capitalise on their desire to make a difference. We want to encourage their ideals and aspirations, and their willingness to help other people, but importantly, we need to give them the space to do this. Public authorities must demonstrate how they are listening to young people's needs, in order to convey that society as a whole recognises the challenges they face and will support them as they aspire to fulfil their potential.

Secondly, stereotypical representations and poor perceptions need to be challenged and counter-balanced. Young people have an important role to play: their contribution can make a difference, whether it is through wider community activities such as volunteering or participating in youth forums, or by personal actions such as taking steps to improve their own health or education, and so improving their life chances. Therefore perceptions must be reinforced that young people out and about with their friends are not out to cause trouble and that it is the responsibility of all of society to support young people in the transition to adulthood.

When young people feel that they are misjudged and mistrusted they are more likely to form strong allegiances to friends and to places they regard as safe. Young people have told us that sometimes they congregate in public places so that they feel safer. Further, their need to be and to feel safe and their strong identification with neighbourhoods can sometimes limit their choice of services and activities.

Part 2: The Elements of the strategy:

The Government's Green Paper *Youth Matters (2005)* identified 4 key areas where public authorities need to support young people through closer integrated planning, commissioning and delivery of services. Schematically, the range of services that fall within the remit of this strategy is represented by the diagram below:



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The elements within the IYSS have a relationship with each other and one measure of effective targeted support is to help young people meet their needs through engagement with a range of positive activities within their communities.

Whilst the purpose of this strategy is to take this forward, it also recognises that many services across Kent are already working together effectively to improve outcomes for young people and examples of this can be seen below:

- **Positive activities:** more things to do and places to go

Young people who engage in positive leisure time activities have an opportunity to make new friends, develop extra-curricular skills, and enjoy themselves within a safe environment. They also have the chance to build self-esteem and through this, raised aspirations for their future. Young people have told us that they are particularly keen to engage in sports and cultural activities in their communities.

Improving positive activities for young people means working together to ensure that young people in Kent can enjoy the social and personal benefits of positive leisure-time activities in safe environments. District and borough council youth strategies have been developed with young people and are key to this priority; providing important information about what young people want and about what prevents some young people from having the opportunities they seek. Voluntary and community organisations often staffed and run by dedicated adult and young volunteers; provide a wealth of activities enjoyed by young people. Integration means working with these

organisations and with the associated infra-structure bodies to support staff and volunteers and to promote the activities

Providing and promoting a wide range of positive activities for young people in Kent is therefore one of the key commitments within the Children and Young People's Plan 2008-11, and is supported by national policy directives such as the Youth Matters Green Paper, and the Education and Inspections Act 2006.

Kent has a rich diversity of youth groups and activities, but many young people have reported that there needs to be better communication of the opportunities available to them.

In response, partners have worked together with young people to produce Togogo. This is a bespoke web-site for young people to advertise positive activities. This should increase young people's awareness of and participation in a range of educational and recreational activities and events taking place within their local area. Young people will be able to search for activities in their local area from a county-wide database, retrieving details about cost, timings and age-ranges as well as travel directions.

The information available to young people through Togogo is complemented by the Kent Resource Directory which provides information for staff and volunteers working with children, young people and their families.

Successive consultations suggest that accessibility continues to be highlighted as an issue for many young people. The Kent Freedom (travel) Pass, Leisure Passes, Aiming High for Disabled Young People, the Kent Pledge to Looked After children and young people, the Cultural Access pilot in Shepway all contribute to improving access.

The Voluntary youth sector is a major and valued partner in the provision and promotion of positive activities for young people. The supply of volunteers needed to maintain the numerous clubs and societies that offer positive opportunities to young people can not be taken for granted. Building capacity in the sector through the Kent Partners Compact and by other means should be kept under review.

Kent Youth Service commissions and delivers targeted positive activities for young people aged 13-19 resourced by PAYP funding and commissioned through the KCTB. The aim is to engage vulnerable young people in positive activities with a specific preventative and diversionary effect. A service specification has been developed which ensures that targeted positive activities have the characteristics which research shows are effective for

vulnerable young people. The outcomes of targeted positive activities are measured and monitored.

Kent County Council members are currently considering positive activities for young people in Select Committee. Recommendations from the Select Committee should be considered by the IYSS Board.

Riverside Youth Centre, Canterbury

An excellent example of centre-based youth provision, Riverside offers a wide range of positive activities to young people throughout the year, prioritising enjoyment, challenge and learning for its members. Recently refurbished in 2006, the centre is now fully accessible for disabled users.

As well as delivering a comprehensive evening programme throughout the week, the centre is well accessed at other times by the wider community and other partner organisations working with young people e.g. Kent Refugee Action Network, Alternative Curriculum Programme for excluded young people, Connexions Kent and Medway, NHS Choices Clinic, Kent Chinese School and Gypsy/Traveller Support Group.

Young people are offered the opportunity to enjoy a comprehensive range of activities away from the centre. In 2006, examples include a residential week at one of the Youth Service's Outdoor Education Centres, various sports events at other youth centres in the county, and numerous day trips to theme parks as part of a comprehensive offer of holiday activity programmes.

Alongside a regular programme of leisure activities including pool, computer games, dance, basketball and table tennis, the centre also offers young people the opportunity to achieve a range of accredited qualifications including Youth Achievement Awards and the Duke of Edinburgh's Award. The centre is well-known for its excellent work in creative arts - notably dance, drama and film-making - and is rightly proud of its achievement in reaching the finals of the Bradford Film Festival in two of the last three years. Members of the centre have also raised in excess of £17,000 in 2006/7 to improve its outdoor sports facilities and for other charitable causes.

• **Making a Contribution:**

Strong, friendly, welcoming communities are characterised by positive relationships, appreciation of the experiences and feelings of others and a range of community-based activities. This includes activities that bring people together, regardless of age, to learn from and help each other.

It is a key part of this strategy to promote activities that give young people the opportunity to contribute to community life. This includes but is not limited to volunteering and peer mentoring. A range of vibrant and stimulating activities in any community (school, college, workplace and

locality) contribute to the overall quality of life and cohesion of that community.

The contribution made by young people to their communities is not always recognised. For many years, the achievements of young people in Kent have been recognised through events such as the Try Angle Awards. More can be done to systematically communicate and recognise young people's contribution. In particular, we will work with vulnerable young people whose achievements are less likely to be recognised and applauded.

Kent Youth County Council

There are excellent opportunities for young people in Kent to actively engage in democratic and decision-making structures. Supported by the Youth Service's Participation Team, Kent Youth County Council (KYCC) has a very high profile within the County Council, and enjoys a strong electoral mandate with more than 27,300 votes being cast in the November 2007 elections; 21% of the 13-19 population. KYCC meets once a month and its members are often called upon by KCC departments to represent the voice of young people. KYCC meets with the Leader of Council and members of his Cabinet at least once a year and frequently with senior Council officers to discuss issues of mutual interest.

National Contribution: Kent's cohort of seven Members of the United Kingdom Youth Parliament (UKYP) are selected from within KYCC, and have contributed significantly to the national agenda, with recent key issues including: Make Poverty History, the 'Vote@16' campaign and a UKYP report to Government on the quality and style of Sex and Relationship Education in schools. Members of KYCC have also made a contribution to the work of the British Youth Council in recent years.

Local Contribution: Since 2005, KYCC has taken a keen interest in Personal Safety. Supported by the Chief Constable of Kent Police and the Leader of Kent County Council, it has launched a highly successful '*Be Alarmed, Not Harmed*' campaign to young people across the county; a leaflet aimed at young people was produced and published, along with a variety of promotional materials seeking support for the campaign. In addition, KYCC members commissioned personalised safety alarms and sold them to young people across the county - by July 2007, more than 10,000 alarms have been sold and a re-launch is planned for spring 2008. Other activities have included:

- Previous KYCC members have advocated vociferously for improved and cheaper transport in Kent. This has led directly to elected members piloting a Freedom Pass in two districts in Kent, which offers young people free transport for one year after an initial fee of £50.
- In November 2006, members of KYCC were invited to a Full Council Meeting to engage in a debate on reducing the voting age; this debate was transmitted as a webcast across the world.
- District and Borough councils make a very significant contribution to the positive involvement of young people in their community, and facilitate many positive examples of local youth forums.

Outcomes for young people participating in the KYCC include:

- An understanding of the processes of democracy and local decision making.
- Contributing to raising the issues that are important for young people.
- Increased confidence and self-belief.
- Increased ability to work as part of teams as well as to take on leadership roles.

- **Information, Advice and Guidance:**

This is about access to high quality, comprehensive and impartial advice, which is appropriately delivered.

IAG refers to the full range of information, support and guidance to young people. Young people's concerns and worries cross service boundaries. We know that these include relationships with family and friends, health and personal safety as well as hopes and fears for their own future in a changing world. We also know that young people are more receptive to advice that is delivered frankly, respects their individuality and does not patronise. This means that IAG delivery will include the staff in a range of services and settings. New models of delivering information, advice and guidance are also being developed. The House project, funded and managed by public health, employs some aspects of the one-stop-shop combined with word-of-mouth marketing.

The Connexions service which includes careers guidance IAG and broader support services to teenagers to minimize NEETS (young people not in education, employment or training) is currently commissioned and will go out to competitive tender for April 2010.

The Gr@nd, Gravesend

This project was originally established as a Healthy Living Centre in 2001 with a grant from the New Opportunities Fund, and is a partnership between Kent Youth Service, Gravesham Borough Council and the Dartford, Gravesham and Swanley Primary Care Trust. Established as a one-stop-shop in the town centre of Gravesend, the project incorporates a multi-agency staff team to offer information, advice and guidance to the community and acts as a conduit for other services to access hard to reach communities. A full-time youth worker from the youth service is deployed in the project and contributes to the delivery of a wide-ranging programme of structured information, advice and guidance sessions. The centre also makes use of IT to enable young people to access information around health and well-being. Diversionary work is undertaken in partnership with agencies such as YOS, Police, and the Fire & Rescue Service. In November 2007, a session was established to reach Lesbian, Gay, Bisexual, and Transgender (LGBT) young people.

Outcomes for young people accessing *The Gr@nd* include:

- Provision of sexual health services and sign posting to other appropriate services.
- Awareness of mental health issues and how support can be sought.
- Links to other services such as midwifery, housing, legal services, Connexions, Further/Higher Education etc.
- Raised awareness of the effects of drugs/alcohol, guidance on keeping safe.

- **Reformed targeted youth support:**

Targeted youth support (TYS) means ensuring that young people who are in difficulty are identified and able to benefit from personalised and effective support

Commissioning arrangements have been developed and piloted in preparation for county-wide implementation by December 2008. The model for YYS employs a Single Point of Access (triage) approach. Most young people offered help through YYS will have been assessed using the Common Assessment Framework. The CAF identifies young people with additional needs at an early stage and, through the Single Point of Access and Lead Professional, promotes swift and easy access to advice and support. Targeted Youth Support forms a continuum with universal services: responding to the identification of vulnerability by universal services, but not replacing the importance of universal services to the young person. For most young people targeted Youth Support will be accompanied or followed by use of universal services.

ARC: The Adolescent Resource Centre, Canterbury

ARCs aim to provide an early intervention service (tiers 2 .5 and above) that will support, advise and empower young citizens who face difficult times of challenge and transition during adolescence. This is achieved through providing a single point of service for young people where they can access a range of educational, health and social supports.³ One of seven ARCs established around the county, Canterbury offers services such as Alternative Curriculum provision and specialist support by Social Workers for adolescents and their carers who may be experiencing significant difficulties in their relationships at home and are at serious risk of family breakdown and accommodation. The ARC will also link young people and families with support available from other agencies.

ARC Triage - a Multi-Agency Approach:

The ARC Triage multi-agency meeting was developed from an already existing multi-agency consultation group, where the voluntary organisation *Breakthrough* and the Children's Social Services (CSS) Initial Assessment Team met regularly to discuss cases in common. It was felt that it would be a good opportunity to expand the existing group to include other agencies.

Purpose of meeting:

Triage offers an opportunity to discuss a particular young person's case in a multi-agency forum, thus matching the need of the young person and their family with the right service(s). If the professional is already aware of the matched service then a referral will be made to the service in the normal way. The Triage allows an open discussion where agencies that are unsure how to progress with a particular case or wish to highlight the number of services that are dealing with a particular case with little progress. For example, following discussion it may be more effective if only one or two services take the lead with the family, rather than many being ineffective. Responsibility for involvement with a family is not devolved until an official referral has been made to the relevant services.

The elements of integrated youth support services in Kent will work closely with education and training services to help young people mature into adulthood. Personal and economic well-being form part of the Every Child Matters framework for children and young people and, in Kent, we are working to ensure that every young person can develop the skills necessary for economic independence.

Key Training Services: Kent Success Apprenticeship Programme

Aaron's story

I first found out about the apprenticeship programme when I went into Connexions looking for a full time job. I didn't just want any old job; I wanted a job that would form the basis of my career with opportunities to move forward a progress with the experiences I've gained.

Connexions then referred me to Key Training Services at KCC where I completed an open door programme. The open door programme is a three week programme where several team building activities are completed. After the open door programme I began e2e which stands for entry to employment where I learnt about key skills in communication and numeracy.

After completing the e2e programme I became a Kent Success Apprentice and applied for a job at session's house as an information assistant, with the property group.

On my first day I was overwhelmed by the size of the organisation and the amount of people working there. Everything was really new to me and I soon realised that there was going to be a lot for me to take in.

My main job roles are, office administration, answering the telephone, opening the post, dealing with queries from colleagues throughout the organisation and external businesses. The most important part of my role is processing invoices for large construction projects and maintenance work. This requires me to keep accurate records and stay within both contract terms and internal targets for time scales. As you can see I have a lot of responsibility, and I love it!

I receive a lot of support from my line manger Emma and other members of my team. I also get support from KEY training services, my tutor Sheryl that comes to visit me once a month. I am working on collecting evidence for my NVQ; a lot of which I have been able to find myself, however I am also helped by my team and other members of the property group who have given me new experiences like visiting a project on site.

I originally intended to fit my NVQ work in with my job role, but as I started to gain more responsibility, I realised that this wouldn't always be possible. I worked with my manager to prioritise my duties and blocked time out in my diary to show to other people and myself that I will be using this allocated time each week for working on my NVQ.

What Do We Mean by Integrated?

When we are talking about integrated services, it is important to understand that we have particular models in mind. They will all contribute to effective integrated youth support services, which will in turn lead to improved outcomes for young people. These include:

- *Services and partners working together to provide a team around the young person:*

'Changes' Dual Diagnosis Project, Thanet

The Changes Dual Diagnosis Project, currently being piloted in Thanet, identifies and delivers intensive support to young offenders who have both substance misuse and mental health needs.

The project is operated by a multi-agency team, comprising professionals from specialist substance misuse services, the Youth Offending Service and Mental Health services. Through multi-agency assessment and case-working, practitioners are able to combine their specialist knowledge and tailor interventions to meet the young person's needs and individual capabilities.

Critical to the success of this project has been the engagement with the families and carers of young people receiving interventions. This is essential both to understand the young person's behaviour, and to meet the needs of the family who are often key to implementing interventions and require support in order to do this.

Parents and young people have identified that significant in this project is flexible services that, where necessary, can work over a long period of time. Also important is the flexibility to work in a range of environments which includes visits to the home. This gives professionals a much fuller picture of the environment and culture within which the young person lives and how interventions will need to take account of this.

Early indications are that there are hugely positive outcomes from this project. It is currently being evaluated by The Sainsbury Centre and by Kent Drug & Alcohol Action Team and the Youth Offending Service.

- *One partner commissioning another partner to provide a service:*

Kent 16plus Service is a partnership between Kent County Council and Rainer.

The service helps young people aged 16 and over, living in foster or residential care, to make the most of opportunities available to them and to support them through the transition to a more independent life.

The Service has over 50 staff split into four teams overseen by a small county management team. Each team comprises of a team leader, a practice supervisor, social and case workers, a youth worker, a mentoring worker, an accommodation officer and a mental health worker plus finance and team support officer and administrators.

- *Partners commissioning services from the community:*

Rhythmix

Funded by Youth Music and Kent County Council, Rhythmix has been successfully delivering programmes to young people since 2000; one of the key elements of its success is the use of tutors - 'jobbing' musicians who are able to communicate, inspire and gain the respect of young people interested in music.

Using additional financial support from Kent County Council, Rhythmix has provided a series of music programmes specifically aimed at 'excluded' and other vulnerable young people. Skilled tutors specialise in engaging these notoriously hard to reach and hard to engage groups. They offer a contemporary, informal and thought-provoking approach to music development, which enables the young person to focus on themselves, their surroundings, their interaction with peers and, in some cases, to serve as a self-reflective reparation for crimes and misdemeanours.

The programme has been delivered in Kent since 2007 to young people attending a range of provision delivered by the Youth Service and the Youth Offending Service:

- Alternative Curriculum Projects (for permanently excluded Key Stage 4 students)
- Youth Improvement Programmes
- Integrated Support and Supervision Programmes

The programme has been effective in improving young people's behaviour, engendering self-esteem, improving basic skills and providing opportunities for reparation among young offenders.

- *Partners co-commissioning services and activities with young people:*

The Youth Capital Fund and Youth Opportunities Fund

The Youth Capital Fund and the Youth Opportunities Fund represent a new approach to traditional commissioning models, by offering young people the chance to exert far greater choice and influence over the development of services that affect them.

Groups of young people and youth organisations are invited to bid for funding to develop new projects that will improve the range of 'things to do and places to go' in the local area. The Youth Capital Fund offers grants of between £5,000 and £500,000 to re-build or refurbish facilities for young people, while the Youth Opportunities Fund supports smaller improvements up to the value of £5,000, such as materials, equipment, or transport costs.

This model of service development empowers young people within their communities, demonstrates that their opinions are valued and acted upon, and allows them to make a significant positive contribution to the local area.

- *Budget pooling: In order to achieve better service outcomes for young people through joint commissioning, services may benefit from pooling their budgets.*

Young Persons' Substance Misuse Partnership Grant

Substance misuse services for young people are structured to provide universal education, targeted prevention and specialist treatment. The provision has historically been funded by the Young Persons' Substance Misuse Partnership Grant, which is a pooled budget comprising funding streams from the Department of Health, the Home Office, the Department for Education and Skills, the Youth Justice Board and Connexions.

An operational substance misuse commissioning team report quarterly activity to a multi-agency Young People's Joint Commissioning Group. This group has representation from all partners of the main funding sources. Partners ratify the annual substance misuse plan for young people.

Due to the pooled funding many initiatives have been piloted which cut across the structure of provision. Kent pioneered the Drug Use Screening Tool and training programme which was recommended by the DCSF and skills the children's workforce to screen and respond to substance misuse. The Drug Intervention and Support Programme brings together a multi-agency partnership programme which acts as an alternative to exclusion from school and prosecution for first time drug possession. The dual diagnosis project brings together youth offending, substance misuse and mental health services.

The pooled budget has brought partners together in Kent to provide a multi agency response to young people misusing substances.

Whichever model of commissioning is used, we need to ensure that services and activities are attractive to young people. Some young people do not find it easy to access the services they might need, nor do they find them appealing.

Projects that are designed by young people are often better used, more culturally relevant and engage young people from a range of backgrounds and experience.

'Blingin' Arts' – Tonbridge & Malling

Devised by the West Kent Arts Partnership, the 'Blingin' project offers young people between 12 and 17 the opportunity to participate in creative activities that reflect their own lifestyles, ideas, and experiences. Activities range from DJ-ing to break dancing and urban art, with an emphasis on exploring street culture through new art forms.

The programme has been devised in collaboration with young people, and has encouraged many teenagers who would not normally engage in cultural activities to experiment, have fun, and learn new skills. The project has been hugely popular across West Kent, with young people reporting that they have developed new confidence and self-esteem, and several stating that participation in the group influenced their GCSE choices and career aspirations.

Pie Factory Music – Thanet

Pie Factory Music is a local charity offering music and urban arts workshops for young people, to give them a chance to experiment with new techniques and have fun within an informal setting.

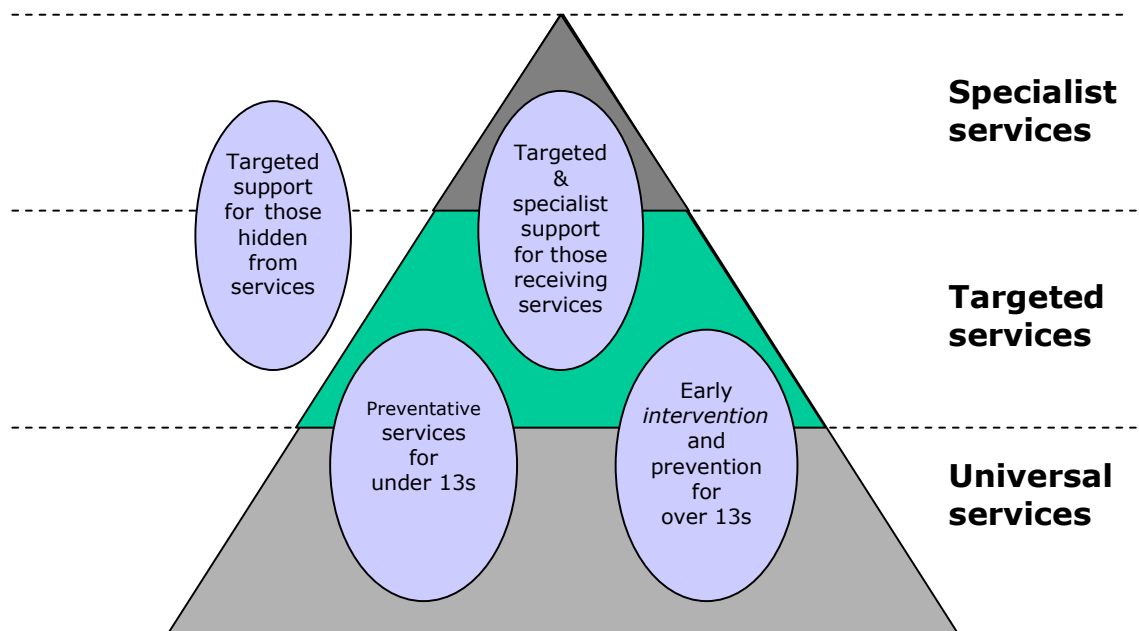
Firm believers in the power of music to motivate, include and inspire, Pie Factory Music run a wide range of activities to engage young people from all backgrounds, including a rock academy, steel drum group, street art youth group and advanced DJ workshops. Through the Friday 'jam nights' for under 18s, and the free taster sessions, many disadvantaged young people have been encouraged to take part who would otherwise never have accessed the scheme.

For many young people, it can be the beginning of a new ambition to enter the music business. In response to this, The Pie Factory are always ready to help those with a talent or passion for music to take their skills further. They run a variety of progression workshops, and even offer a formal one-year teaching programme covering all aspects of the music business, from production to sound engineering.

Integrated planning and Commissioning: the spectrum of need

An added challenge to delivering an effective Integrated Youth Support Service will be to provide a range of services to meet the needs of a range of young people, from universal services available to all, through targeted services, to specialist services where the numbers of young people involved may be very small. An integrated approach to planning and commissioning across partners' services will be essential to make sure that the most effective use of resources is made, right across this spectrum of need.

The level and type of support available to children and young people is illustrated in the diagram below:



Drawn from the Targeted Youth Support Toolkit, V 2.1, TDA Development

Universal Services

These services are available to all young people and many are free at the point of entry. Access is not referral based, and some universal services are provided by the voluntary and community sector, which can greatly aid promoting access to universal public sector services.

Examples/agencies involved: Schools, primary health care, and Connexions.

Targeted Services

These services are focused either by geographical area or utilise preventative approaches based on specific individual needs of vulnerable young people. Access is through referral or self-referral. The voluntary and community sector often offers provision that is perceived to be less stigmatised and therefore more accessible to vulnerable young people.

Examples/agencies involved: services for teenage parent support and Traveller young people, the Youth Service and Rainer 16plus service for young people in or leaving care.

Specialist Services

Services provided at this level are for young people with acute or chronic needs. They are available through agency referral via a managed route into the service by the referring agent and service provider.

Examples/agencies involved: services for young people with a disability, specialist Child and Adolescent Mental Health Services (CAMHS), Pupil Referral Units, Youth Offending Service, residential services.

Integrated planning and commissioning: Engaging with Young People

In order to ensure provision within Kent is in tune with what young people actually need, real engagement with young people is crucial. The first piece of work commissioned by the Kent Children's Trust was a framework for participation by children and young people. This is being used within the locality Children's Trusts arrangements. The approach to young people's participation has been heavily influenced by the long-standing use of the "Hear by Right" framework within Kent Youth Services.

This Strategy has been developed in consultation with young people, who will continue to be central to shaping the development of future services. We have listened to their views about local services, expressed through district youth consultations, and have referred closely to the priorities identified in local youth action plans (See Appendix 2) to ensure that this Strategy reflects current needs and is aligned with district-led initiatives.

Kent is already engaged in actively involving young people with their services. The Kent Youth County Council has played a prominent role in youth participation since 2002, and the Connexions Young People's Board has helped shape Information, Advice & Guidance provision for 13 to 19 year olds. Looked After Children are involved with service development and staff recruitment, and young people with severe learning and physical disabilities and their parents are represented on management boards for Resource

Centres. However, this engagement must be evolved further, to create greater opportunity for wider participation of young people from different backgrounds and situations – not just those with an interest in local politics.

We recognise that engaging with young people is an active process and that some young people are less likely to be heard. This might include young carers, young people in, or leaving, local authority care, young people from black and minority ethnic communities, young people with disabilities as well as those who experience the cumulative effects of poverty and disadvantage. As the demography of Kent changes the young people served by this strategy are changing. Migration and housing growth will bring new communities to Kent. Regeneration and new labour markets will offer new opportunities. Engaging effectively with the most vulnerable individuals and communities will be critical to ensuring that these opportunities benefit all young people.

Integrated planning and commissioning: Identifying and Responding to Risk:

If youth support services are truly integrated then the whole system should be effective in engaging and helping young people who are vulnerable or at risk. If our approach is to have a demonstrable preventative effect, it needs to be underpinned with an evidence led approach to risk assessment, which can form the basis of work across and beyond the Children's Trust environment.

Integrated Youth Support Services will not operate in isolation. Joint work within and beyond the Children's Trust agenda will be enriched by a sophisticated understanding of risk and policy focus on prevention, diversion and reintegration.

There are many situations and events that can contribute to young people's vulnerability. Commissioning preventative services and interventions will be an important element in the strategy. Equally important will be the training, support and development that all staff working in youth services receive. Young people will benefit from contact from staff who understand how to recognise risk and respond in a way that is timely, helpful and which uses informal and formal networks to build young people's resilience.

This means that anyone who works with young people, in whatever setting or sector, should have access to support and professional development as part of the young people's workforce.

How we will measure success

We are interested in improving opportunities and outcomes for all young people. Every Child Matters provides the outcome framework for children and young people.

- Outcomes for young people in Kent will improve.
- There will be clearly sign-posted and accessible services so that no young person is excluded from receiving the services they need to achieve good health, personal safety, educational achievement and ultimately be economically independent.
- There will be a wider choice and better opportunities to participate in positive leisure time activities in so that young people can reach their potential and make an active contribution to their communities.
- Young people will have the opportunity to influence services and activities available to them locally so that they are relevant, stimulating and useful.
- Young people will have access to impartial and relevant information to help them make informed decisions about education, work and leisure. Similar information will be available to parents, carers and other adults in positions of influence.
- When young people experience additional problems or have complex needs there will be earlier, better & more coordinated support.
- Young people will have the opportunity to tell us what they think of the services in their communities and help us to improve satisfaction rates.

The contents within the case studies are correct at the time of publishing this strategy.

APPENDIX 1: KENT AGREEMENT 2 AGREED INDICATORS RELATING TO IYSS (RELATED INDICATORS IN BOLD)

Theme	Headline Priorities	National indicators
Economic Success – Opportunities For All	Improving enterprise, competitiveness and productivity	NI163 Working age population qualified to at least level 2 or higher NI171 VAT registration rate
	Promoting pathways to economic independence	<i>NI152 Working age people on out of work benefits</i>
	Creating a low carbon and climate change resilient economy	NI 188 Adapting to climate change
Learning For Everyone	Raising aspirations and transforming skills for young people and adults	NI161 Learners achieving an Entry Level 3 qualification in literacy NI162 Learners achieving an Entry Level 3 qualification in numeracy
	Enhancing education, employment and training opportunities	NI117 16-18 year olds who are not in education, training or employment (NEET)
	16 Statutory DCSF Indicators	NI72, NI73 or 76, NI74 or 77, NI75 or 78, NI83, NI87, NI92, NI93, NI94, NI95, NI96, NI97, NI98, NI99, NI100, NI101
Improved Health, Care & Wellbeing	Reduce inequalities in health and wellbeing	NI120 All-age all cause mortality rate NI55 Obesity among primary school children in reception year
	Reducing drug and alcohol misuse and the harm it causes	NI39 Alcohol-harm related hospital admission rates NI40 Drug users in effective treatment
	Helping people live life independently	NI125 Achieving independence for older people through rehabilitation/intermediate care
	Improve mental health, care and wellbeing	NI51 Effectiveness of child and adolescent mental health (CAMHs) services
Environmental Excellence	Sustainable water and flood risk management	NI189 Flood and coastal erosion risk management
	Reducing Kent's carbon footprint	NI186 Per capita CO2 emissions in the LA area
	Sustainable management of waste	NI191 Residual household waste per head
	Protecting and enhancing biodiversity and landscape in Kent	NI197 Improved local biodiversity – active management of local sites
Stronger & Safer Communities	Improving the quality and appearance of the street scene and open spaces	NI195 Improved street and environmental cleanliness (levels of graffiti, litter, detritus and fly posting)
	Reducing crime and the perception of crime	NI15 Serious Violent Crime Rate NI21 Dealing with local concerns about anti-social behaviour and crime by the local council and police
	Reducing the levels of offending	NI111 First time entrants to the Youth Justice System aged 10-17
	Reducing domestic abuse	NI32 Repeat incidents of domestic abuse
	Increasing community cohesion, participation and shared sense of belonging	NI3 Civic participation in the local area NI6 Participation in regular volunteering
Enjoying Life	Improving play, cultural, arts, learning and leisure opportunities for all people in Kent	NI11 Engagement in the arts
	Increasing involvement in active lifestyles, participation in sport for all ages and maximising the legacy of the 2012 Olympic and Paralympic Games	NI8 Adult participation in sport
	Improving the participation and engagement of all children and young people in community activities	NI110 Young people's participation in positive activities
Keeping Kent Moving	Reducing the need to travel and making better use of existing strategic transport infrastructure and reducing the impact of international traffic on Kent and its communities	NI198 Children travelling to school – mode of travel usually used
	Improving accessibility to jobs and essential services by sustainable modes of travel	NI175 Access to services and facilities by public transport, walking and cycling
	Saving lives and reducing injuries on the roads and pavements	NI47 People killed or seriously injured in road traffic accidents
High Quality Homes	Creating sustainable communities/ Promoting social and physical regeneration	NI170 Previously developed land that has been vacant or derelict for more than 5 years
	Delivering sustainable homes incorporating high quality design	NI187 Tackling fuel poverty – people receiving income based benefits living in homes with a low energy efficiency rating
	Increasing the supply of housing of all types and tenures	NI154 Net additional homes provided NI155 Number of affordable homes delivered (gross)
	Improving access to high quality housing for all	NI141 Number of vulnerable people achieving independent living

APPENDIX 2: SUMMARY OF PRIORITIES IDENTIFIED BY YOUNG PEOPLE IN DISTRICT CONSULTATIONS

District	Most recent consultation	Youth Strategy status	Main priorities identified by young people
Ashford	2005	2006-9	<ul style="list-style-type: none"> • More low-cost leisure and sports activities with free 'taster' sessions • Safer, cleaner streets and parks • Improvements in transport cost and accessibility • More opportunities to contribute to decision-making
Canterbury	On-going	In draft stages	<ul style="list-style-type: none"> • More informal youth spaces and adventure activities • More affordable transport • More volunteering opportunities and chances to contribute to decisions • Better communication of available services • IAG services need to be accessible out-of-hours
Dartford & Gravesham	2006	2007-10	
Dover	2006	2005-8	<ul style="list-style-type: none"> • Need for better communication of local services • Concerns about crime/bullying • Better IAG • Increased youth activities
Maidstone	2007	In draft stages	<ul style="list-style-type: none"> • Better youth activities/youth café • Cheaper, safer public transport with more accessible routes • Concerns about safety – call for more police on streets
Sevenoaks	2006	2006-9	<ul style="list-style-type: none"> • More evening youth activities • Concerns about bullying, drugs and safety
Shepway	In progress	In development	
Swale	On-going	2006-9	<ul style="list-style-type: none"> • Cheaper, more accessible transport • Cheaper sports facilities • Better communication of local activities
Thanet	In progress	In development	
Tonbridge & Malling	2005	2006-8	<ul style="list-style-type: none"> • Expanded, more varied youth activities and informal spaces • Careers mentors for Year 11 and more work experience opportunities • Cheaper transport • More health advice tailored for young people
Tunbridge Wells	On-going	In development	

APPENDIX 2: SUMMARY OF COMMON PRIORITIES IDENTIFIED BY DISTRICT YOUTH STRATEGIES

Area of development:	Priority Needs:
Transport	<ul style="list-style-type: none"> • Need for cheaper services / discount cards • Need for more routes/better timetabling to improve access to facilities and activities • Improvements in public transport safety
Positive Activities	<ul style="list-style-type: none"> • Need for more provision, and more varied recreational activities, especially in the evenings (until 10pm) and weekends • Reduced cost sports activities • Suggestion for free trial sessions of new activities • Better communication of activities on offer • Health promotion: calls for 'teenage gyms' / gym discounts
Making a Contribution/ Promoting Respect	<ul style="list-style-type: none"> • Improved communication with councillors, with the suggestion that councillors spend more time visiting schools, and that consultation work provides feedback to respondents • Improving the perception of young people through positive media stories • Increased YP participation in planning
Information, Advice & Guidance	<ul style="list-style-type: none"> • Better signposting of services • Particular need for improved provision and signposting to bullying support services
Youth Crime	<ul style="list-style-type: none"> • Better support for the victims of youth crime, by more clearly promoting 'what to do' if you are a victim of crime. • Provision of safer places to hang out
Careers advice and work experience	<ul style="list-style-type: none"> • Improved careers advice in schools and mentoring for school-leavers • Expansion of peer mentoring services across the county

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By: Overview, Scrutiny and Localism Manager

To: Children, Education and Families Policy Overview Committee
27 March 2009

Subject: **SELECT COMMITTEES - UPDATE**

Classification: Unrestricted

Summary: This report reminds Members of the opportunity to suggest items for the Select Committee Topic Review work programme for 2009/10.

Suggestions for Future Select Committee Topic Reviews

1. (1) The current Select Committee topic review programme is coming to an end and there is not sufficient time to commence any more reviews prior to the Elections in June 2009. However, it is important that topics are available to be considered early in the new Council so that a work programme can be approved and reviews started as soon as possible. No topics have so far been put forward from within this Committee's subject area, and any that Members may wish to suggest will need to be submitted very soon.

(2) Members are therefore requested to consider whether there are any potential topics that fall within the remit of this Policy Overview Committee, which they would like to put forward for consideration by the Policy Overview Co-ordinating Committee (POCC).

(3) The Committee are reminded of the recent decision of the County Council that once a Topic Review has been included in the Work Programme as agreed by the POCC the detailed terms of reference for each review will be developed by a cross party Member Group (one from each Group) for approval by the Select Committee.

(4) The POC will be kept informed of potential topics which are within its remit.

<p>Recommendation</p> <p>2. The Committee is asked to put forward suggestions for potential Select Committee topic reviews for consideration by the Policy Overview Co-ordinating Committee (POCC).</p>
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Background Information: *Nil*

