

**From:** Matt Dunkley CBE, Corporate Director of Children, Young People and Education

**To:** Sue Chandler, Cabinet Member for Integrated Children's Services

**Subject:** Supporting Parents to Build Resilience and Self-Help Strategies (Neurodevelopmental Pathway)

**Key decision** Overall service value exceeds £1m and affects more than two Electoral Divisions.

**Classification:** Unrestricted

**Past Pathway of report:** Children's and Young People Cabinet Committee - 14 September 2021

**Future Pathway of report:** Cabinet Member Decision

**Electoral Division:** All

**Summary:** This report provides the Cabinet Member with the background and rationale regarding the proposal to develop a new service that supports parents/carers who are concerned their child may require some additional support, linked to Autistic Spectrum Condition (ASC).

The Supporting Parents service will work to build resilience, develop self-help strategies and provide peer to peer support. The scope of the service will aim to address the issues raised by parents in the 2019 SEND Inspection, by offering a range of options that can be delivered in addition to services currently on offer across the County.

The key difference between the proposed new service and current provision:

- Dedicated team will be recruited with lived experience at the heart.
- Positive engagement with families early in their journey.
- Maintained support through joint working for as long as needed.
- Emphasis on sustainability.
- Innovative and supportive recruitment pathway.

- Phase One of provision will focus on supporting those parents of children and young people currently on the Neurodevelopmental Pathway and in receipt of an Integrated Children's Service intervention (either Social Care or Early Help).

- Phase Two will extend eligibility to those families who are not on the Integrated Children's Services (ICS) caseload but are either on the Neurodevelopmental Pathway or are being considered for a referral onto the pathway.

**Recommendation(s):**

The Cabinet Member for Integrated Children's Services on the proposed decision (attached as Appendix A) to:

A) Commence formal procurement activity to tender for a service, award a contract and develop internal provision for ownership and oversight of the activity.

and

B) Delegate authority for the Corporate Director Children, Young People and Education to award a contract following a competitive tender process, in consultation with the Cabinet Member.

**1. Introduction**

- 1.1. Currently, support and advice for parents who are concerned their child may require additional support is fragmented, inconsistent and can be difficult to find, particularly for those children and young people who are not already in Special Education or currently known to Integrated Children's Services (ICS). Parents/carers tell us they were under the impression they had to wait for a diagnosis before they could access support, often leaving them in limbo and struggling to cope.
- 1.2. Overall feedback from families is that support aimed at Parents is much more meaningful when delivered by facilitators with lived experience. Voluntary Sector organisations based in Kent have a range of support that offers both pre and post-diagnosis for parents by other parents with similar lived experience, and report positive results.
- 1.3. The scope of the proposed new service aims to address the issues raised by parents regarding the need for more neurodevelopmental related early intervention, pre-diagnosis and self-help support for parents alongside the evidence-based programmes. The expectation will be to work closely with partners across the county to ensure a wraparound offer is delivered in addition to and not a replacement of services currently on offer such as Early Help, Open Access, Specialist Teaching and Learning Service (STLS), Voluntary and Community Sector (VCS), Primary Care Networks (PCN), etc.
- 1.4. A range of evidence-based programmes (Cygnet, Early Bird, etc.) have traditionally been available across the county, which offer a set of six – eight week sessions that provide parents an opportunity to develop their understanding of Autistic Spectrum Condition (ASC) and look at practical solutions to support their child. In most cases a diagnosis is required to access these programmes. The organisations currently delivering these programmes are struggling to manage the high number of referrals and as they do not have dedicated staff to deliver the programmes the demands on their capacity often result in the offer not being consistent or sustainable.

**2. Policy Context**

- 2.1. This proposal forms part of KCC’s response following the withdrawal of the Early Help element of funding for the Children and Young People Mental Health (CYPMH) contract between the Clinical Commissioning Groups and North East London NHS Foundation Trust (NELFT).
- 2.2. On 15 November 2019 CYPE Cabinet Committee approved the recommendation for funding originally badged against the Early Help pathway within the CYPMH contract to be repurposed, with the aim of reducing the burden on the ASC pathway.
- 2.3. The reshaping of the parenting offer closely links to the SEN Commissioning Programme and works to address priorities identified in Kent’s Strategy for Children and Young people with Special Educational Needs and Disabilities 2021 – 2024.

**3. Current Situation – Assessment and Diagnosis**

- 3.1. In 2019 approximately 6,359 children/young people in Kent received an assessment for Autistic Spectrum Condition (ASC), with approximately 85% (5,405) of those receiving a positive diagnosis. Of those 5,405 receiving a positive diagnosis 2,892 (54%) were diagnosed as having both ASC and ADHD.
- 3.2. The above figures transferred to the Kent footprint equates to approximately 1,590 children/young people receiving an Assessment per area per year of which approximately 1,351 per area have received a positive diagnosis.

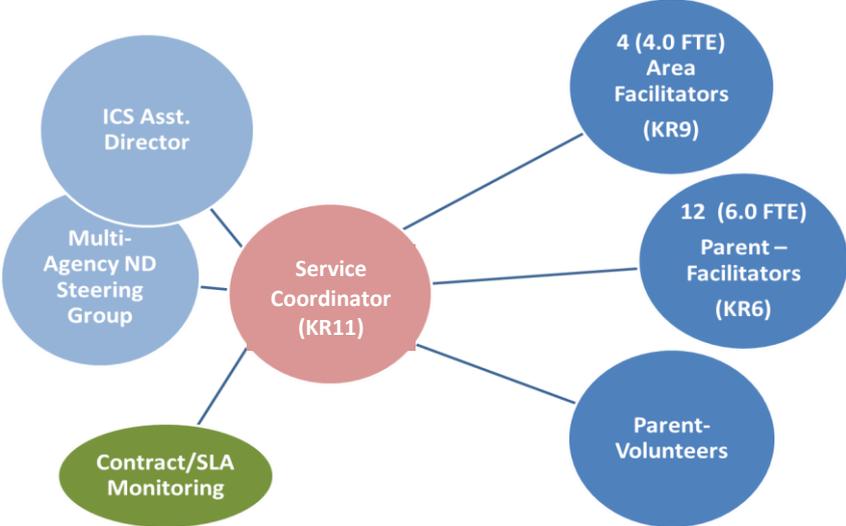
CCG Area**	West Kent		East Kent	
	ASC	ASC/ADHD	ASC	ASC/ADHD
Approx. Number of Assessments	1,666	2,032	1,288	1,373
Approx. Number diagnosed	1,416	1,727	1,095	1,167

\*\* Represents CCG area data collated.

- 3.3. In 2019 the waiting list stood at approx. 6,000 (12 - 18 months). The waiting list now stands at approx. 12,000 (18 - 24 months) due to the impact of COVID and difficulties with the validity of clinical tools during online and masked assessments.
- 3.4. Lengthy waiting lists leave parents in limbo, unsure whether they can access support, when they need it the most. Whilst it is not anticipated to reduce demand, the overarching aim of the proposed new service is to reduce levels of anxiety and reduce those parents reaching crisis point whilst on the waiting list.
- 3.5. There is a good range of pre-diagnosis support and advice available although there is not sufficient resource to meet the need. What is available is not consistent across the whole County, and key to parents, what is available is not currently supported by lived experience.
- 3.6. In 2019 (pre COVID) approximately 31 evidence-based Programmes were offered across the County reaching approximately 372 families (based on a maximum of 12 families per Programme). This means that Kent was offering ASC Awareness courses to **6.8%** of those in receipt of a diagnosis and **5.8%** of all those families who had requested support.

3.7. The impact of COVID has reduced this number substantially, however, has introduced the use of virtual sessions, which, whilst should not be considered a replacement for face to face provision, have proven successful and could form part of a blended offer moving forward.

**4. Proposed New Model**



4.1. Robust and consistent support for those parents with children and young people that have either received a diagnosis, are awaiting diagnosis, or are considering a referral to the Neurodevelopmental (ND) Pathway, is vital in building resilience and self-help strategies within Kent families.

4.2. A Working Group was established in January 2021 with multi-agency partners and parent representatives to co-produce the key components required in a new Model. The group captured good practice, issues, and current gaps in the provision. In addition to the development of the ‘Supporting Parents Service’, this work will be used to further support future SEND inspections.

4.3. Partners included, but not limited to, Kent PACT (Kent Parents and Carers Together), Kent and Medway Clinical Commissioning Group (CCG), Information, Advice and Support Kent (IASK), Specialist Teaching and Learning Service (STLS), Voluntary and Community Sector representatives, Public Health, Disabled Children and Young People Services, SEN Early Years, Early Help, Adolescent and Open Access.

4.4. The scope of the proposed new service aims to address the issues raised by parents by offering a range of options that can be delivered in addition to and not a replacement of services currently on offer across the County. Joint work is underway to ensure all relevant information and resources are available for parents and practitioners on the Kent Local Offer Information Hub.

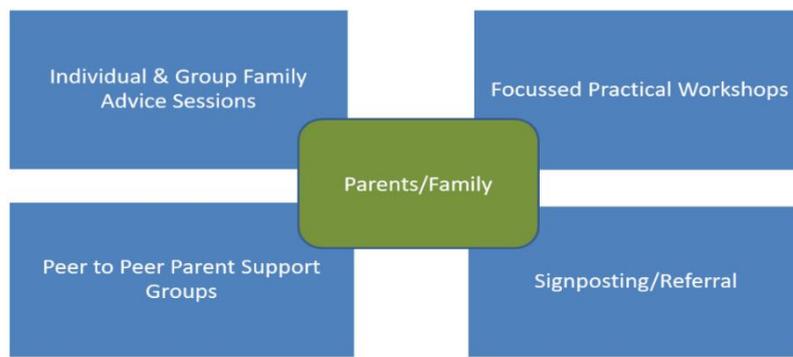
- 4.5. The key difference between the proposed new service and current provision:
- Dedicated team will be recruited with lived experience at the heart.
  - Positive engagement with families early in their journey.
  - Maintained support through joint working for as long as needed.

- Emphasis on sustainability.
- Innovative and supportive recruitment pathway (below) in place for parents to gain the confidence and skills to return to the workforce and in turn continue to offer their lived experience, for the benefit of other parents finding themselves in similar situations.

Parent Volunteers ➡ Parent Co-Facilitators ➡ Employees

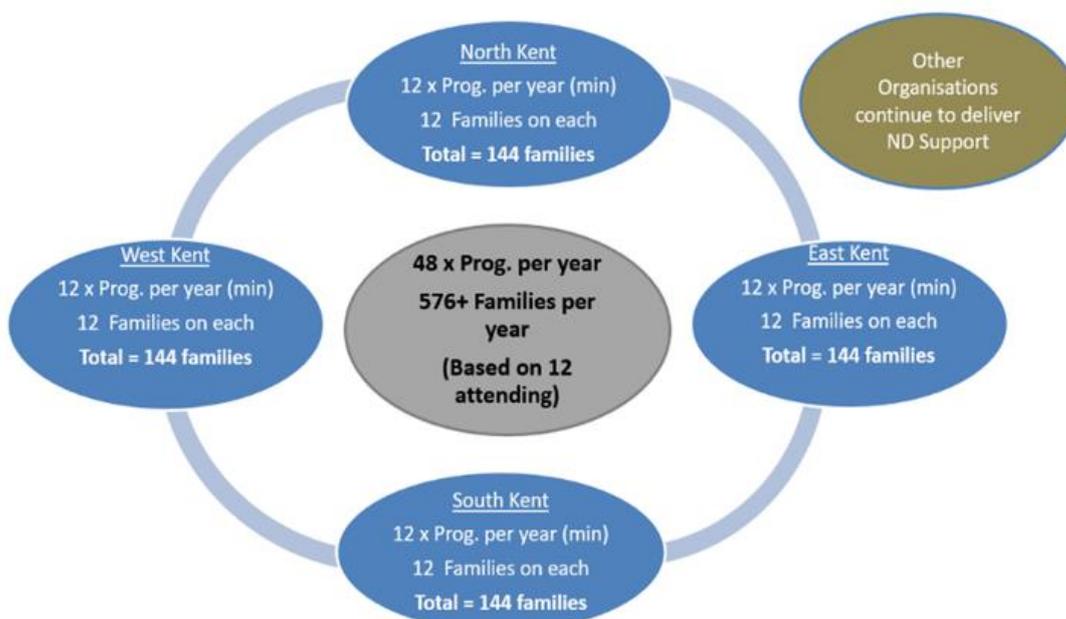
#### 4.6. Early Intervention/Pre-diagnosis:

- To deliver a range of self-help parent peer support groups focussing on encouraging Parents to build relationships with other local parents.
- To deliver 1:1 Family Advice sessions and Workshops focussing on issues relating to the child/young person, using a 'mixed toolbox' to build family resilience and self-help strategies.
- Signpost to other local multi-agency support, advice, supporting materials such as videos, books, etc.



#### 4.7. Post - Diagnosis:

- To deliver evidence-based programmes across the County in addition to those offered by other key organisations. Flexibility to offer virtual sessions, where appropriate.
- Continue to support as above with Parent Support Groups, 1:1 Family Advice Sessions and Workshops using a 'mixed toolbox'.
- Signpost to other multi-agency support, advice, etc.



4.8. The suggested delivery per area represented in the table below is used as a guide to the number of families that could be reached by the new model. As the aim is to build resilience within families, the stepdown from support via the new model will be to encourage parents to utilise the skills and support they have received going forward. For example, Parent-Led Peer to Peer Groups that continue to meet regularly outside of the model to support each other.

Suggested Delivery Per Area	No. of sessions per week per area	No. of Families Accessing	Suggested Churn of Cohort Accessing	Number of Cohorts per year	Total Accessing per Year
Self-help Parent Peer support groups	1	12	6 weekly	8	96
1:1 Family Advice Sessions	2	2	4 weekly	12	24
Workshops	1	12	2 weekly	25	300
Evidence-Based Programmes	2	24	Per Term (6)	12	144

Total Families Reached Per Area	564
Total Families Reached Countywide	2,256

Specification details to be confirmed

4.9. The suggested delivery will be commissioned in a way that allows for a level of flexibility. This will enable the four areas to flex the types of support offered to parents at any one time to match local need, however still being able to report on outcomes within the contract/Service Level Agreement (SLA). For example, if the referrals coming through to an area are predominantly for the evidence-based programmes rather than workshops focussed on sleep or behaviour support, then more evidence based programmes will be offered for a period to reduce the level of demand.

4.10. The new model will increase the total Countywide offer to parents by **42%**.

4.11. Parent-facilitated programmes and support are integral to this offer. Parents as service users have robustly reported that it is this lived experience that is key to the success of their engagement with the programmes. In addition, having parents at the heart of delivery will ensure continuous improvement of the Offer.

4.12. Following discussions with Kent and Medway CCG, they support the proposed Model and have agreed to add £100,000 to the funding pot for each year of the contract/Service Level Agreement, to support a Countywide multi-disciplinary ND resource. This funding will also support the Parent and Place Workshops, previously Canterbury Pilot<sup>1</sup> that will bring together a range of professionals that parents can access as part of their journey.

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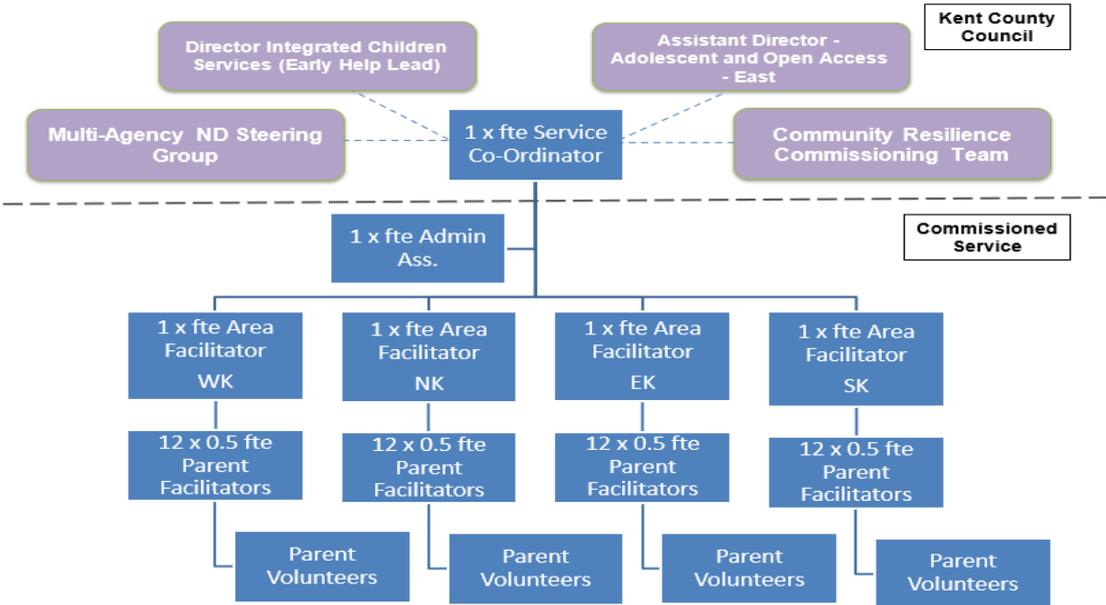
<sup>1</sup> The Canterbury Pilot consisted of two events held in 2019/2020, facilitated by a range of multi-agency partners. This was in response to several issues raised by parents/carers in East Kent regarding the ND Pathway, diagnosis and waiting lists. Feedback from parents/carers was very positive and a Kent Handbook for Parents was co-produced and is available on the Kent Local Offer along with self-help videos and other key information presented at the events. The learning from the Canterbury Pilot will be included across all ND workstreams going forward.

**5. Referrals**

- 5.1. The proposal is that Year One (Phase 1) of this dedicated provision will focus on taking referrals from Parents of children and young people currently in receipt of an Integrated Children’s Service intervention (either Social Care or Early Help).
- 5.2. This approach will also afford Integrated Children’s Services (ICS) the opportunity to utilise Year One as a ‘proof of concept’ for future years of the provision. With a view to further years (Phase 2) being a more open pathway, considering families who are not on the ICS caseload.
- 5.3. The referral pathway will be further developed following the outcome of the decision.

**6. Reporting**

- 6.1. It is proposed that the Service Co-ordinator post sits within Integrated Children Services, ensuring a direct reporting line and oversight of the Countywide service. The Service Co-ordinator will report to the Integrated Children’s Service Assistant Director – Adolescent and Open Access (East).
- 6.2. The Service Co-ordinator will report regularly to the Multi-Agency Neurodevelopmental (ND) Steering Group that interconnects all ND support across the County being delivered across all organisations and partners. This is to mitigate against the risk of the new service working in isolation of the whole Kent ND Offer and ensuring the model remains fit for purpose and fit for the future.
- 6.3. The new service will be performance managed via robust ‘contract/SLA management’, with clear Key Performance Indicators (KPI’s) and qualitative data.
- 6.4. Proposed Structure:



## **7. Market Engagement**

- 7.1. A Prior Information Notice was advertised on the Kent Business Portal between 25 May 2021 and 28 June 2021 requesting feedback on the proposed delivery model. We received 38 expressions of interest and facilitated 10 individual provider workshops.
- 7.2. Feedback was very positive, with providers very keen to be involved in future workshops and looking for opportunities to join with other providers to work together. The key themes were:
- Robust local knowledge and understanding to enable a community focussed approach.
  - A blended model that uses face-to-face delivery and a virtual offer is proven to work well. Providers would need to consider issues such as location, access to transport as well as digital poverty.
  - Lived Experience is key to delivery.
  - There would need to be a phased approach to ensure the right staff and volunteers are recruited.
  - Delivery of support needs to be flexible and must include evenings and/or weekends. The model must meet the needs of a wider cohort of parents, being empathetic and practical in approach to complex and busy lives.
- 7.3. Further Workshops will be arranged for providers to engage in building the draft Specification, Key Performance Indicators and other documentation.

## **8. Options Appraisal**

- 8.1. The following table sets out the options considered, along with the advantages and risks of each option:

Option	Advantages	Risks
<b>1. Do nothing: KCC continue to deliver Programmes in a limited number of localities within the capacity of current workforce.</b>	<ul style="list-style-type: none"> <li>• No additional funding is required.</li> <li>• Programmes in some localities will continue to be delivered effectively.</li> </ul>	<ul style="list-style-type: none"> <li>• Fragmented approach to delivery continues.</li> <li>• KCC staff could be pulled back to their 'day job'.</li> <li>• Kent continues to offer parenting courses to only 6.8% of those in receipt of a diagnosis.</li> </ul>
<b>2. Create the new service In-House: KCC to deliver countywide via new Team.</b>	<ul style="list-style-type: none"> <li>• A Procurement process will not be required.</li> <li>• Shorter timescale for implementation.</li> </ul>	<ul style="list-style-type: none"> <li>• A robust SLA will be required – often harder to enforce.</li> <li>• Impact of capacity in teams – staff pulled back to 'day job.'</li> <li>• Parents: 1) Are nervous/not likely to approach KCC regarding initial worries. 2) Support delivered with Lived experience is more meaningful.</li> <li>• More robust management structure required regarding volunteer recruitment and retention.</li> </ul>
<b>3. Externally commission the new service via Voluntary and Community Sector (VCS) to deliver.</b>	<ul style="list-style-type: none"> <li>• VCS are already set up to deliver the whole range of support to parents/families.</li> <li>• VCS benefit from long-standing relationships with parents - aid uptake and retention of Parent Facilitators &amp; volunteers.</li> <li>• VCS are very experienced in managing volunteers.</li> <li>• Contract management will be in place to monitor performance.</li> </ul>	<ul style="list-style-type: none"> <li>• A procurement process will be required.</li> <li>• Recruitment and staff training will be required.</li> <li>• Longer timescale for implementation.</li> </ul>
<b>4. Hybrid Model - Externally Commission the new service via Voluntary and Community Sector (VCS) with additional ICS oversight via KCC Service Co-ordinator post.</b>	<p>As Option 3 with following amendment:</p> <ul style="list-style-type: none"> <li>• With additional KCC Service Co-ordinator post in place for robust oversight of whole County Offer.</li> </ul>	<ul style="list-style-type: none"> <li>• A procurement process will be required.</li> <li>• Recruitment and staff training will be required.</li> <li>• Longer timescale for implementation.</li> </ul>

- 8.2. Based on the above options appraisal and discussion at CYPE Directorate Management Team, the recommended option is **Option 4, Hybrid Model - To Externally Commission the new service via Voluntary and Community Sector (VCS) with additional ICS oversight via KCC Service Co-ordinator post.**
- 8.3. Commissioners expect the contract term to be three years. There will be a requirement to include flexibility within this term to make sure that it is delivering to the expected standard and coverage. This might mean that, following market engagement, either a contract of three individual years is awarded or a three-year contract with annual hard review points is included to assess whether the next year will be managed in the same way (this is in addition to the usual contract termination clauses.) There would be an option to extend the contract for a further two years at the end of its term.
- 8.4. The Voluntary and Community Sector in Kent benefit from long-standing relationships with parents that will aid recruitment and retention of those parents with the lived experience that is at the heart of this new model. The additional KCC Integrated Children’s Service Co-ordinator post will ensure a robust KCC oversight of the whole County Offer.
- 8.5. Stakeholder engagement and co-production has been a key part of building the proposed new model, with parents sharing their knowledge and experiences, which have informed the preferred option. Further engagement will be undertaken to inform the specification.

## 9. Financial Implications

- 9.1. This service will be funded from within the existing revenue KCC base budget reported against the Early Help and Preventative Services Key Service in the Budget Book. On 15 November 2019 CYPE Cabinet Committee approved for funding originally badged against the Early Help pathway within the Children and Young People mental Health (CYPMH) contract to be repurposed, with the aim of reducing the burden on the Autistic Spectrum Condition (ASC) pathway.
- 9.2. The funding available is £400,000 (from the £1.2m previously funding the Early Help Pathway in CYPMH contract. The remaining £800,000 is providing the Positive Behavioural Support (PBS) service) with the addition of £100,000 funding from Kent and Medway CCG per year for the length of the contract/SLA.
- 9.3. It is proposed that the funding will cover the following:

No. of Posts	No. of FTE	Post Title	Suggested Grade (equivalent)	Cost
1	1.0	Service Coordinator	KR11	£56,359
4	4.0	Area Facilitator	KR9	£164,964*
12	6.0	Parent Co-Facilitator	KR6	£166,962*
12	3.0	Parent Volunteers (approx. no.)	Expenses	£12,000
1	1.0	Admin Assistant	KR3	£19,425
-	-	Training & Development	-	£30,000

-	-	Training materials, room hire, etc.	-	£26,000
			<b>Total</b>	<b>£475,710</b>

*\*Based on KCC mid-point with on costs. External costs may be less.*

NB: There are further costs that will need to be included, depending on the outcome of the decision regarding the commissioning approach. These include but are not limited to, accommodation costs, mobile phones/laptops, organisational and management overheads, etc.

9.4 Future financial pressures are expected to be limited to pay inflation and will be reflected in the Medium-Term Financial Plan. No direct financial savings have been identified in relation to this proposal. Financial risks associated with proposal are expected to be low: potential costs will be managed through the tender process and ongoing contract management for the commissioned service.

## **10. Legal implications**

10.1. This work is taking place, in part, due to the Ofsted and Care Quality Commission (CQC) joint review of SEND provision for Kent CYP and the resulting Written Statement of Action (WSOA) KCC implemented to address the concerns of the review.

10.2. The SEND inspection of 2019 highlighted issues regarding the following:

- The widely held concern of parents that the local area is not able, or in some cases not willing, to meet their children's need.
- The limited role parents and carers have in reviewing and designing services for children and young people with SEND.

## **11. Equalities implications**

11.1. An EqIA screening has been completed and found a full action plan was not required. This will continue to be developed and reviewed as this project progresses.

## **12. Other corporate implications**

12.1. Parenting support and the development of increased capacity will work to support all elements of Integrated Children's Services (ICS) delivery and work to the levels of crisis felt by those parents, children and young people sat on the ND Pathway waiting list.

## **13. Governance**

13.1. Accountability of the service sits with Corporate Director for Children, Young People and Education.

## **14. Conclusions**

14.1. Parents/carers have told us that if their child has either received a diagnosis, awaiting diagnosis, or considering a referral to the Neurodevelopmental (ND) Pathway, currently support and advice is inconsistent across the County, creating a postcode lottery. The new proposed dedicated service will increase

the total Countywide offer to parents by **42%**, with a strong presence in each of the four areas, offering a flexible range of both pre-diagnosis and post-diagnosis support.

14.2. The Service will be facilitated jointly by parents, placing lived experience at the heart of all activity, building resilience and developing self-help strategies amongst fellow parents.

14.3. The proposal to have the Service Co-ordinator post sitting within Integrated Children Services, ensures a direct reporting line and oversight of the Countywide service. In addition, the Service Co-ordinator will report regularly to the Multi-Agency Neurodevelopmental (ND) Steering Group that interconnects all ND support across the County, ensuring the model remains fit for purpose and fit for the future.

## **15. Recommendation(s):**

15.1. The Children, Young People and Education Cabinet Committee is asked to CONSIDER and ENDORSE, or MAKE RECOMMENDATIONS to the Cabinet Member for Integrated Children's Services on the proposed decision (attached as Appendix A) to:

A) Commence formal procurement activity to tender for a service, award a contract and develop internal provision for ownership and oversight of the activity.

and

B) Delegate authority for the Corporate Director Children, Young People and Education to award a contract following a competitive tender process, in consultation with the Cabinet Member

## **16. Background Documents**

None

## **17. Contact details**

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