

Draft Kent Early Intervention and Prevention Strategy

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Introduction

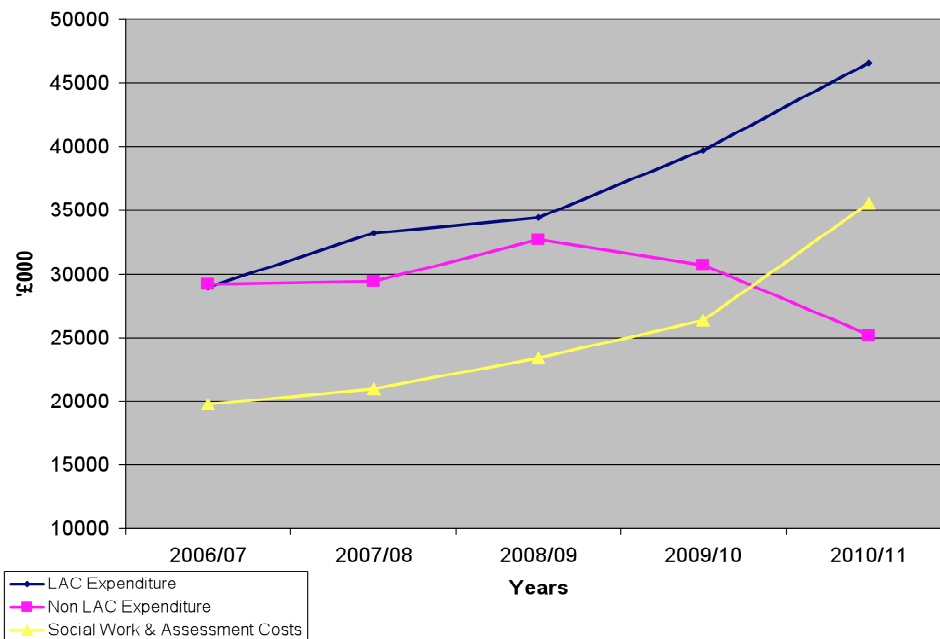
This strategy has been led and developed by Kent County Council in partnership with statutory and voluntary sector partners. It has been informed by a series of workshops and consultation with a range of partners, including children, young people and their families, which have taken place over the last year. It draws upon and informs the prevention and early intervention priorities reflected in a number of other key strategies and plans. (See **Appendix II** for a summary table of linked strategies and plans).

The Strategy provides a vision for early intervention and prevention for vulnerable children, young people and families living in Kent. It details our partnership model of early intervention and prevention, identifies priority areas and provides an overview of the action we propose to take over the next three years to deliver improved outcomes. The implementation of this Strategy will be delivered through a series of annual implementation plans.

In Kent we are committed to improving outcomes for all children and young people. We recognise that a vital element of this is to ensure that children's needs are met at the earliest opportunity and families get the support they need quickly. We know that currently we have high rates of referrals to Children's Social Care and other specialist services and have had an unprecedented increase in the numbers of children coming into the care system over the last three years. This has placed considerable pressure on our specialist services; it is not cost effective and can mean that those most in need of support are not able to access it when they most need it.

Financial analysis shows that expenditure on Looked After Children's services, assessments and associated costs has increased exponentially over the last 5 years. This correlates to a significant reduction in expenditure in early intervention and preventative, (see chart below). If we are to address needs earlier and prevent problems escalating and thus requiring specialist services, there is an urgent need to re-focus the current financial model and use an invest-to-save approach.

Growth in Expenditure 2006-11



For these reasons our strategy prioritises targeted intervention at Tier 2.5 and above. Our intention is not to detract from the vital role of universal and other preventative services that support the lower level of need of children and their families, but to address the specific issues faced by Kent at this time.

Definition of Early Intervention and Prevention

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

Prevention is seeking to prevent something from happening or getting worse

Early intervention is intervening early and as soon as possible to tackle problems as they emerge for children, young people and their families or with a population most at risk of developing problems. Effective intervention may occur at any point in a child or young person's life. ¹

¹ C4EO for the sector from the sector Early Intervention Desk Study August 2010

The continuum of early intervention and prevention can be described as follows:

- **early in life**; and
- **early in the development of a problem** – whatever the age of a child.

National Context

National and international research highlights the cost of failing to intervene early with children and young people. Without adequate help children and young people's difficulties are likely to increase and entrench. When children and young people's difficulties are not resolved early, costs - direct and indirect - spiral and specialist services may be diverted from focusing on supporting children and young people who have an identified higher level of need. To mitigate against this, Graham Allen in his recent report "Early Intervention: The Next Steps", recommends the development of an early intervention culture across all agencies, underpinned by a primary intervention strategy that places early intervention at the heart of all strategies aiming to raise attainment and employability, reduce crime, tackle poverty, support parents and improve health and wellbeing.

Professor Eileen Munro in her review of child protection describes 5 levels of early intervention and prevention.² Her analysis identifies a continuum of preventative activity and emphasises that preventative measures are relevant to even the most vulnerable of children and young people.

This approach is particularly helpful as it identifies both the continuum of preventative activity and the importance of recognising that preventative measures are relevant to the most vulnerable of children and young people. Central to this concept of prevention is the acknowledgement that the assessment of a child's needs will change over time as difficulties resolve and for some children and young people new ones emerge. Children may therefore have needs that require support "higher up or lower down" at various times during their lives. The aim of any early intervention or prevention activity is to stop need escalating.

This strategy recognises Munro's approach but adopts the four tier model used in Kent to describe the levels of intervention related to children's needs. (See page 9). In this model Tier 1 represents universal

services (for all children and young people) and tier 4 the highest level of need, where intervention or highly specialist support is required. Over recent years there has been a focus on the span of support required for children and young people in Tier 2, recognising that at the higher end of that tier, children and young people's needs are more complex. Some refer to this as Tier 2.5. Munro's model recognises Tier 2.5 as a distinct tier of prevention which thereby leads to the five tiers of early intervention and prevention.

Kent Context

Kent has a population in excess of 1.4million: the general population is growing at a rate significantly in excess of regional and national average. The child population is currently 350,000³, although there is forecast to be a slight drop (between two and three thousand) over the life of this strategy with the child population rising again after 2014. This masks some considerable changes to the child population figures across Kent's twelve districts over this period, with some districts seeing falls and a number seeing considerable increases. Within this changing population, in common with national trends, the proportion of children with disabilities, particularly profound and complex needs, is rising, bringing commensurate increases in demands for services. The most deprived areas of the county are the coastal fringes of Thanet, Dover/Deal, Shepway and Swale in the East, but also Dartford and Gravesend. There are some 53,000 children (17% of the child population) who live in poverty⁴ in Kent.

During 2010 an Ofsted Inspection of Safeguarding and Looked After Children judged Kent to be inadequate in its provision of safeguarding and Looked After Children services. It highlighted a number of weaknesses in the way services were organised, managed and supported. Ofsted judged there to be limited development of preventative and early intervention services across the partnership, and a lack of consistent understanding of thresholds and eligibility for specialist social work services, with limited implementation of the Common Assessment Framework (CAF) and the Team Around the Child (TAC) approach. It found that agencies did not ensure that their referrals contained accurate and sufficient information to enable informed responses to be made. In relation to Looked After Children it found that educational achievement needed to improve, school exclusions reduced and attendance improved. At the same time, the inspection by the Care Quality Commission (CQC) found that Health providers and commissioners needed to secure health assessments for Looked After Children; screen for substance misuse; and improve

³ Mid- Year 2010 0–19 years

⁴ Children aged 0-15 years HMRC

CAMHS support, particularly for young people aged between 16 and 18.

The Ofsted findings, combined with our needs assessment⁵ has highlighted key groups of individuals or stages in the lives of children and young people where the need for prevention and early intervention is particularly acute. This Strategy is focussed on those priority areas:

- Safeguarding;
- High need Families;
- Early years;
- Vulnerable adolescents;
- Emotional health and wellbeing; and
- Disabled children & young people and their families.

Vision

In Kent our vision for early intervention and prevention is that:

Children and young people's needs are identified and responded to at the earliest stage possible to increase the potential for them to achieve their life chances⁶.

Our vision supports Kent's three strategic ambitions, in particular ambition two which sets out the county's commitment to tackling disadvantage.

No single agency working alone can fully deliver this strategy. It is dependent on strong cross-agency partnership and cooperation at a Kent-wide and a local level, based on a shared assessment of need, agreement of priorities and responsibility for delivery.

The voice of children, young people and their families is central to our strategy. We will, therefore, use our partnership arrangements for children and young people and other arrangements for specific groups to secure the participation of children, young people and

⁵ JSNA, CYPP root cause analysis

⁶ *Putting Children First KCC Safeguarding and Looked After Children Improvement Plan February 2011*

families in the delivery and review of this strategy and subsequent implementation plans.

Objectives

In order to realise our vision, this strategy has the following objectives.

- To improve outcomes for children and young people in need of early intervention and prevention.
- To meet children's needs at the earliest stage to prevent them from entrenching or escalating and requiring support from more specialist services.
- To build resilience and confidence in children and young people to give them the skills to make informed choices, reducing negative influences on their development and increasing their engagement in positive activities.
- To narrow the gap in health, wellbeing and educational outcomes between the majority of children and young people and those who are more vulnerable to poor outcomes.⁷
- To develop a common understanding of early intervention and prevention across all children's and family services and establish this as a way of working for all agencies – whether they are commissioned or directly delivered.
- To commission high quality, effective, evidence based, evaluated and timely services.
- To use valuable resources more effectively and efficiently.
- To work in partnership in order to deliver cohesive services which result in improved outcomes for children and young people living in Kent.

⁷ Healthy Child Programme, CAMHS Action Plan, Raising Aspiration, Supporting Achievement (narrowing the Gap)

Early Intervention and Prevention Model

Kent and Medway Safeguarding Children Board Inter-Agency Threshold Criteria for Children in Need states that:

"The key principle underpinning the delivery of services to children in Kent is that additional needs should be identified as early as possible and intervention should focus on working with children and parents/ carers in order to provide early intervention and prevent the need for specialist services⁸"

This strategy adopts the Board's approach to describing the level of need and intervention that may be required by children and young people.

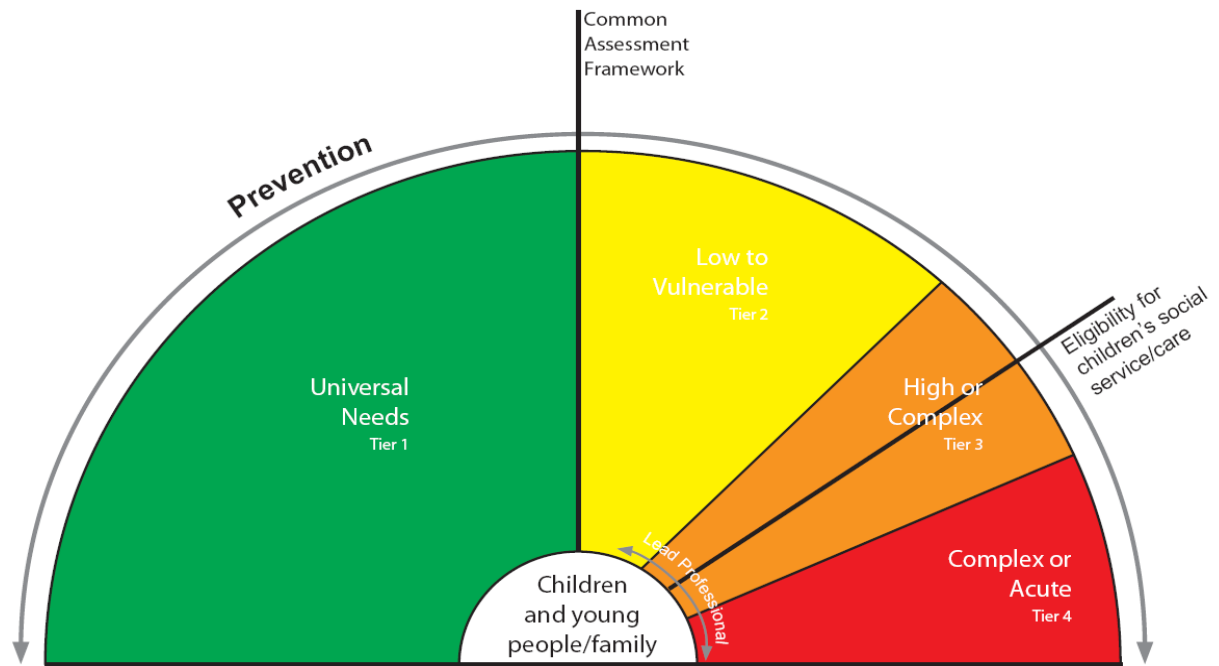
The following diagram is used in Kent to illustrate Threshold Criteria and is essential to the understanding of all practitioners in meeting the needs of children and young people.

The diagram illustrates the continuum of children's needs and the interventions relevant to each element of need. Needs in the third element are differentiated by the line denoting eligibility for children's social care.

⁸ Kent and Medway Safeguarding Children Board:

Kent and Medway Inter-agency Threshold Criteria for Children in Need Kent Safeguarding Children Board P4.

http://www.clusterweb.org.uk/UserFiles/KSCB/File/Policies/KM_Eligibility_and_Access_FIN_AL_Electronic_March_2011.pdf



Universal Needs

Data shows that there are approximately 350,000 children and young people in Kent. These children receive a range of services, which are available to all, such as education, health provision and play services. Universal services are provided to all children as a right. Where additional needs are identified, these are supplementary to the universal services provided and it is important that those working in universal services, are able to identify needs, access the support required and deliver a preventative service to those at risk of additional needs. This is known as the principle of progressive universalism. In order to do this effectively it is essential that universal services develop good relationships with both families and those services providing more targeted support in order to ensure early identification of need and early support where required.

Low to vulnerable needs

Approximately 18%⁹ of children and young people are identified as vulnerable with low needs. These children and young people can be defined as needing some additional support, without which they would be at risk of not meeting their full potential. Many of these children will have received an assessment through the common assessment framework (CAF). They may have a variety of professionals working with them through a Team Around the Child (TAC) approach and may

⁹ Ref

be receiving support from a variety of services such as children's centres, voluntary and community services, information services, Child and Adolescent Mental Health services (CAMHS), educational psychology, educational welfare and specialist play services. For those children with a TAC, there will be a named lead professional to coordinate support and the focus will be on addressing the child's needs and reducing their vulnerability so that their needs can continue to be met by universal services.

High or complex needs

Approximately 1.4%⁹ of children and young people in Kent have been identified as having high or complex needs. These children are likely to require specialist support because they are highly vulnerable or experiencing the greatest level of adversity. Again most of these children and young people will have been assessed through the CAF process, which is often used to support a referral to specialist / targeted services. These services might include: specialist children's services, education support services, specialist health or disability services, the youth offending service, targeted drug and alcohol services or specialist CAMHS. For the majority of children this support will be short term and intensive reducing their level of need and enabling their needs to be met through universal services in the long term. For some children with multiple problems, support may be longer term with ongoing monitoring.

Complex or acute needs

Approximately 0.5%⁹ of children and young people have complex or acute needs which typically include those experiencing or at risk of significant harm for a variety of reasons. The services they require are usually statutory and might include: children's social care, in-patient CAMHS services, specialist disability services, targeted drug and alcohol services and the youth offending services. A small number of these children may require ongoing services at this level, for example those who become looked after. However for the majority the emphasis will be on working with the child and family to reduce the level of risk and ultimately the need for statutory intervention.

Ensuring the right services

There are a range of services that address the needs of children across this continuum. They aim to reduce need and prevent the escalation

⁹ Ref

of problems, supporting children and young people wherever possible within their family and community.

Currently commissioning services for children and their families is under review and a wide-ranging process of re-specification and re-tendering is underway. This process will result in services focused on the specific need of children and their families as specified by this Strategy, namely focussing on preventing the need for specialist service intervention and ensuring that where possible children receive support through universal provision.

This approach will be underpinned by the development of a common understanding across all children's and family services of early intervention and prevention and establishing this as a way of working for all agencies. As part of this we will ensure that practitioners respect the resourcefulness of families and individuals, treat them with respect and work with them in partnership to improve outcomes for them, their children and their communities.

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Priority Areas

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

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

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

Safeguarding

Outcome

We want children and young people to be nurtured and protected in their families and to be safe at school and in their communities.¹⁰

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

- all agencies work together with families and communities to keep children safe;
- all children in need of safeguarding and protection receive appropriate services as and when they most require them; and
- children are appropriately referred to specialist children's services when required

Addressing needs and issues in Kent

The Kent Safeguarding Children Board (KSCB) has a key role to play in ensuring that all children are safeguarded. The Board has been restructured following an independent review, and now has a strong and streamlined executive group and sub-groups which are focused on the strategic priorities. The KSCB highlights:

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

¹⁰ Priority 1 CYPP 2011-12

Kent has higher rates of referrals to children's social care than comparator authorities (742 per 10,000 population in 2010/11 compared to our statistical neighbour average of 533 in 2009/10) and this figure has been rising since 2009. Whilst the proportion of children with Child Protection (CP) Plans has remained fairly constant since 2009/10, Kent still has a higher proportion of children with a CP Plan, than comparator authorities, a greater proportion of whom are subject to the child protection process for long periods. This clearly raises a number of questions about the early identification of safeguarding issues, the level of effectiveness of services in meeting low need, preventing problems escalating and the ability to reduce the need for intervention through protracted child protection processes.

We believe that the effective implementation of the common assessment framework (CAF) is an essential part of addressing some of these issues. Use of the CAF in Kent has increased since it was first implemented. Between April 2010 and the end of March 2011, 1467 common assessments were completed - an increase of 55%. This information, together with analysis from other sources is informing the current re-commissioning of early intervention and prevention services and will help ensure that safeguarding issues are identified early and new services are developed to meet need, preventing the requirement for more targeted and specialist provision.

Another key element in addressing some of these issues is to ensure that assessments are of a high quality and lead to appropriate action and support. New Performance Management and Quality Assurance frameworks have been adopted by Specialist Children's Services. A quality assurance tool went live in August 2011 which requires every social work manager from the Corporate Director to front-line supervisors to audit a file a month. An implementation programme to improve the timeliness, quality and consistency of assessments in the Duty and Initial Assessment Teams will also be completed by end October 2011. Work has also begun to develop a coordinated commissioning approach to parenting capacity assessments and to review those children who have been subject to child protection plans for in excess of 18 months.

Young Offenders

There is a small number of young people who offend in Kent and safeguarding is a key feature. The recent Youth Offending Services (YOS) inspection found that substantial improvements were needed in safeguarding. As a consequence an action plan is now in place.

Priorities for Action

- To further develop and improve the CAF and TAC approach, and ensure we are commissioning appropriate services to address unmet need and improve outcomes. This will be based on the current analysis of CAF and TAC plans to date.
- To develop the planned Central Referral Unit so that it is able to respond to initial contacts and referrals quickly and effectively to ensure a responsive service at the most appropriate level.
- To work in partnership to ensure that there is early identification of safeguarding issues and the provision of appropriate support for children and their families, thus preventing problems escalating and the need for targeted intervention. This will include: a more robust and evidence based approach to the commissioning of prevention and early intervention services; the provision of targeted evidence based parenting programmes; and strategic commissioning of parenting capacity assessments, resulting in greater efficiency and value for money.
- To ensure that Child Protection Plans lead to lasting improved child safety and wellbeing. Action will be informed by the current analysis of those children and young people who are subject to CP Plans in excess of 18 months.
- To agree the YOS Improvement Plan with the County Youth Justice Board in order to implement the improvements required, and to ensure there is an early intervention and prevention focus.

High need families

Outcome

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

Key to this is that:

- all children and young people are supported by and have positive relationships with their parents and family;
- parents and carers are able to provide good parenting;
- children, young people and families feel positive about learning and actively seek ways to learn together; and
- coordinated support for families in greatest need is provided at the earliest point in order to prevent crisis situations.

Addressing needs and issues in Kent

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

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

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

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

address the needs of the whole family. We are therefore proposing to introduce a Family CAF and a Team Around the Family (TAF) approach to working with these families.

Whilst there are a range of services addressing the needs of high need families, they are currently insufficiently integrated and co-ordinated around families. Furthermore the majority of services appear to be focused on vulnerable and low need families rather than targeting those with high and complex need. As a result there is limited capacity to respond quickly to those families in crisis and children on the edge of care.

Poverty

Poverty is a key factor in identifying high need families. In 2008, 17% of children in Kent were living in poverty; this equates to 52,865 children, and is an increase on the previous year. The districts with the highest levels of child poverty in Kent are Thanet (26%), Swale (22%), and Shepway (21%). It is therefore essential that services in those areas reflect the high level of likely need.

74.9% of children in poverty in Kent live in households claiming Income Support (IS) or Job Seekers Allowance (JSA). The majority of these children live in lone parent households. However, the largest increase in child poverty has been amongst children living in couple households where at least one adult is in work. This is in line with national figures.¹¹

Tackling low income and poverty is therefore an integral part of improving life chances for all children and reducing the number of high need families. A family poverty strategy is therefore currently being developed.

Parenting

Parents clearly play the most important part in their children's development and establishing services to address parenting needs across the continuum has been essential over recent years¹². Kent has developed 97 children's centres in the county.¹³ Children's Centres provide an integrated early years and family support service with partners in health, job-centre plus, early years, adult and family education. In 2009/10, 40,016 parents were supported through children centres or Family Liaison Officers, a figure that has doubled in the past 2 years. Other services have included:

¹¹[Kent Child Poverty data - an analysis of the 2007 figures](#) (undertaken in 2010)

¹² Kent Children's Trust Strategy for supporting parents in Kent: Think Family, 2008

¹³ Review of Children's Centre in Kent, June 2011

- providing a 'one-stop' Childcare Information Service for parents and carers.
- widening access to Family Group Conferencing approaches through schools to help families drive solutions to their own and their children's problems; and
- delivering a range of parenting programmes aimed at those in greatest need.

We now wish to build upon this work by commissioning improved family support services. We know from feedback from families¹⁴ that crucial to this will be:

- increased out of hours access to services; and
- a coordinated approach across agencies.

Domestic Abuse

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

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

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

Community budgets

In order to ensure a co-ordinated approach to working with families, Kent has introduced a Community Budgets programme which aims to produce a real change in outcomes for families with complex needs to encourage them to become more resilient, independent and successful, thereby becoming less dependent on public services in the

¹⁴ Survey of 1,211 parents and carers in 2008 – See Kent's Children's Trust Strategy for supporting parents in Kent.

future. This will be achieved by service redesign that will change the way we deliver frontline services collectively, rather than simply layering initiatives. Through this approach we aim to reduce spend by public services on those families within Community Budgets, including cost savings from pooling funding and reprioritising resources, whilst also demonstrating a reduction in future costs.

The roll-out of Community Budgets in Kent is divided into three phases. The first phase consists of high-need families in Swale, Thanet and the three 'quasi-control' areas of Maidstone, Tunbridge Wells and Tonbridge & Malling, and is taking place from April 2011 until December 2011. The second phase will see a further three districts 'go live' following evaluation of the first phase. The third and final phase will bring the remaining four districts into the programme in Autumn 2012. All districts will be involved and evaluated by April 2013.

Priorities for Action

- To commission integrated high level family support services which include a rapid response element, use of peripatetic staff and also utilise evidence-based parenting programmes.
- To develop and implement a Family CAF and Team Around the Family (TAF) approach with adult services and other agencies. In the short term we will pool partner resources to identify high cost/high need families and put in place a team around the family with an identified lead professional.
- To learn from our current work with families with complex needs (Community Budgets) to inform our overall approach to supporting high need families.
- To revise commissioning of Children's Centres through a new outcomes framework which will focus on targeted parenting and family support.
- To ensure that new Early Intervention and Prevention commissioned services focus on support for potential high families.

Early years

Outcome

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

Key to this is ensuring that:

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

Addressing needs and issues in Kent

Good health in the early years is a key factor to improving outcomes for all children. Needs analysis in Kent shows that smoking during pregnancy has increased, with 17% of mothers in Kent smoking at the time of delivery; this rate is above the national figure, and means that nearly 3,000 children are being born each year in Kent with increased risk of a variety of negative health outcomes. Only 40% of mothers in 2009/10 were breastfeeding at 6-8 weeks from birth, (compared to a national average of 45%). This means that over 8,000 babies a year are not receiving the health advantages this confers. We also recognise that there is a need to increase universal immunisation for all pre-school children across Kent to 95%.

The proportion of children classified as obese in reception and year six in Kent has slightly increased in line with the national trend. However, obesity in both the reception year and year six has remained slightly below the national average for the last 3 years.¹⁵ Focused work in school has resulted in over 90% of pupils are now participating in two hours of high quality PE and school sport per week compared to 64% four years ago.

¹⁵ CYPP 2008-11 end of plan review

In order to improve early years health a Healthy Child Programme is in place. Kent's midwifery services are involved with children and families pre-birth and throughout pregnancy and have a significant role to play in supporting improved outcomes in the early years of a child's life. Commissioning of midwifery services is being realigned under the Director for Child Health Commissioning, thereby strengthening our ability to ensure a holistic approach to supporting children and families. The new national health visiting model is being implemented¹⁶ and the Family Nurse Partnership programme is also underway in order to support vulnerable young first time parents and improve outcomes for their children during early years.

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

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

Priorities for Action

- To implement the Children's Centre commissioning framework in order to address the needs of children and their families and to target support to those in greatest need.
- To improve the health of babies and young children aged 0-5 through delivery of the Healthy Child Programme.
- To ensure effective roll out of Family Nurse Partnerships, building on the initial work undertaken in Thanet and Swale, which addresses the needs of the most vulnerable first time young parents, many of whom are currently receiving targeted and specialist support.

¹⁶ Health visiting Implementation Plan – A call for action. DoH (2011)

Vulnerable Adolescents

Outcome

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

Key to this is ensuring that adolescents:

- have access to and are engaged in learning, recreational and social activities in welcoming settings;
- are viewed positively in their communities where they have the opportunity to play full and active part;
- have the opportunity to build their knowledge of education, training and employment opportunities, emotional health, risk taking and relationships.
- are supported in accessing specialist services when they experience difficulties;
- access support if they become parents to ensure that they are able to meet the needs of their children and continue to aspire and achieve;
- have the opportunity to influence the delivery of services; and
- parents and carers have the skills and information to best support in their adolescents in the transition into adulthood.

Addressing needs and issues in Kent

Outcomes for adolescents can be understood through risks and protective factors which increase positive outcomes¹⁷ including individual attributes and their experiences at school, in their family and community. When protective factors fail, it increases the chances of risk-taking behaviours and other negative outcomes for adolescents.

¹⁷ Young,blade et al (2007) ' Risk and protective factors I the Family , School and Community: A contextual model of Positive Youth Development in Adolescence' Pediatrics 119 547-553

Although it is not possible to attribute certain risk factors to particular outcomes, adolescent services can usefully build protective factors in order to mitigate the likelihood that young people will be negatively affected by risk. Identifying risk factors is a useful way to target services to those young people who need them most and for whom future prognosis is poor. Key groups of adolescents who are particularly vulnerable include:

- young people who are looked after;
- young offenders;
- young people who are affected by parental substance misuse and mental ill health;
- young people who are disengaged from school and training; and
- Young people who are in need and homeless.

Education, employment and training

Analysis shows that there is a need to improve outcomes for all pupils. However there is a gap in attainment between some young people who may be vulnerable (including looked after children) and their peers. The achievement gap at GCSE widens further and we know that persistent absence rates are often higher for these vulnerable groups of young people.¹⁸ Despite improvement for five consecutive years to 4.6%, the *persistent absence* rate in Kent secondary schools is still higher than the average of our statistical neighbours (4.0%) and the national average (4.2%). In order to address these issues Kent County Council is developing a new strategy: 'Raising Aspiration, Supporting Progress, Ensuring Achievement'. This strategy aims to ensure early identification and targeted support for all children and young people who may be vulnerable either short term or long term to not aspiring, progressing and achieving their full potential.

The proportion of young people Not in Education, Employment or Training (NEET) has remained consistently better than the national average. In 2009/10 4.9% of 16-18 year olds were NEET in Kent, compared to 6.4% nationally. Despite pressures from the downturn in the economy, NEET performance for Kent continued to improve during the first quarter of 2011. However falling employment levels have

¹⁸ CYPP 2008-11 end of plan review, March 2011

impacted on 17 and 18 year olds which now make-up nearly half of the total (47.5% and 46.1%) NEET cohort in Kent, followed by 16 year olds (6.4%). As a consequence, we have commissioned Connexions to provide targeted integrated packages of support to these young people.

Positive Activities and Youth work

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

The vision for youth work in Kent is to support young people through adolescence as they make the transition from childhood to adulthood. A new delivery model is being developed which retains a strong universal service, supplemented by more targeted youth work. The model moves Kent from predominantly in-house provision to one that combines significantly reduced direct delivery by the County Council with extensive commissioning via a range of external providers.

Adolescents displaying risk taking behaviours¹⁹

Teenage Pregnancy

Over 1,000 Kent teenagers aged under 18 still become pregnant each year. Following the successful implementation of the Teenage Pregnancy Strategy²⁰ the most recent under 18 conception data has shown a reduction in Kent's teenage conception rates.

The percentage of young people who report that they receive enough information about how to access advice on relationships has also increased, however we recognise that further preventative work is needed in this area.

Substance misuse

Analysis²¹ indicates that young people who use alcohol are more likely to report poor mental and emotional wellbeing and high levels of disengagement.

¹⁹ CYPP needs assessment and root causes analysis 2010

²⁰ Ref

²¹ The Children and Young People of Kent Survey

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

- experience family problems;
- feel socially excluded; and
- have a negative relationship with school.

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

Identifying those young people who are most likely to misuse drugs and alcohol and enabling them to be assessed and access interventions from a range of integrated services is therefore crucial.

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

Looked After Young People

The proportion of children that are looked after by KCC has continued to increase.²² And the proportion of 14 to 15 years olds entering care has significantly increased. 40% of LAC are teenagers, 21% are 13 to 15 years and 19% are 16 to 17 years of age.²³ The Ofsted Improvement notice included a number of targets that focus on LAC and through the Improvement Plan, actions are underway which include improving placement stability and education and health outcomes.²⁴

At present there is no distinct specialist adolescent provision. Whilst KCC commissions a 16+ (and Care Leavers) service from Catch 22, we know that young people frequently experience problems earlier in adolescence and we have limited specialist skills to respond rapidly to their needs. We believe that this has significantly contributed to the high numbers of adolescents entering the care system and is something that must be addressed.

²² Ofsted Improvement Plan Monthly Performance Report, May 2011

²³ Adolescent Strategy Scoping Report 2011

²⁴ Putting Children First Improvement and Development Plan

Housing

A high proportion of single homeless people in Kent have been identified as young people, and young people are one of the priority client groups under homelessness legislation. As a result, numbers of young people being housed has increased. Many of those young people are vulnerable and in need of support and it is recognised that there is shortage of suitable housing for disabled young people²⁵. The Southwark Judgement (2009) has also led to an increase in the number of young people aged 16-17 who become LAC due to homelessness.²⁶

The Supporting People Programme is taking forward the strategic objectives of partners across Kent to enable vulnerable people to maintain their housing situation, manage their finances, acquire independent living skills and stay safe. The Supporting People Strategy 2010-15 identifies young people at risk as the priority for new service provision and is planning to expand existing provision which will also benefit young people leaving care. More broadly, the Kent & Medway Housing Strategy delivery plan includes specific actions relating to housing needs of young people.

Priorities for Action

- To establish a rapid response service for adolescents and their families who are in crisis situations. This should include peripatetic workers and the use of “crash pad” facilities, and will form part of the new integrated high level family support services, (See High Need Families section).
- To review all adolescent resources, including the commissioning arrangements for the 16+ service currently delivered by Catch 22, in order to ensure that we have expertise and services targeted to a broader age group.
- To develop and implement the Raising Aspiration, Supporting Progress, Ensuring Achievement Strategy.
- To ensure that the current re-commissioning of early intervention and prevention services includes a focus on vulnerable adolescents.
- To transform youth services through the new commissioning model to retain a strong universal focus at the same time as

²⁵ CYPP 2008-11 end of plan review, March 2011

²⁶ Adolescent Strategy Scoping Report 2011

establishing more integrated targeted support for vulnerable adolescents.

- To undertake further work across the partnership with housing providers to develop a housing and accommodation strategy that ensures suitable provision is available to meet the needs of vulnerable 16 and 17 year olds (including those who are homeless and care leavers).

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Emotional health and wellbeing

Outcome

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

Key to this is ensuring that:

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

Addressing needs and issues in Kent

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

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

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

- there was a lack of early intervention services targeted at those in greatest need;
- services vary across the county resulting in a lack of equality of access;

- CAMHS waiting times exceed national requirements and children and young people wait too long for a service;
- there was a lack of services targeted for those groups identified as vulnerable to developing significant mental health issues;
- there was a lack of involvement of children, young people and their families; and
- further work was required to ensure that children's needs are being met.

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

- the re-alignment of £2.4m commissioned spend which is now being used to procure early intervention and preventative services, based on need;
- the development of common access points (CAP) across all areas of the county to improve ease of access to the right service.
- a focus on reducing waiting times
- a re-designed emotional well-being and community CAMHS model which is currently in the process of being commissioned;
- consultation with children, young people and families and their engagement in the re-commissioning process;
- the prioritisation of looked after children in specialist services; and
- £750K investment from the NHS to improve access and treatment for 16 and 17 year olds.

Priorities for Action

- To align commissioning processes and budgets across Kent County Council and the NHS.
- To re-commission emotional well-being, early intervention and preventative services.

- To commission and implement the new emotional well-being and community CAMH service with a clear focus on vulnerable groups.
- To re-design services for Looked After Children within the overall community model.
- To improve partnership working through a revised multi-agency CAMHS strategy and implementation group.

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Disabled children, young people and their families.

Outcome

We want disabled children, young people and their families to take an active role in developing their own life plans, shaping flexible and responsive services to meet their aspirations²⁷.

Key to this is ensuring that:

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

Addressing needs and issues in Kent

Nationally the number of disabled children and young people increased by 62% between 1975 and 2002. There are also increased numbers of children with severe and complex needs. This is due in part to population increases, but also to medical advances and increased diagnosis and reporting. In Kent Disability Living Allowance information tells us that there are 11,490 children and young people aged between 0-18 with a disability. Swale and Thanet, the two most deprived districts in Kent, also have the greatest number of disabled children and young people.²⁸ We also know that under the wider

²⁷ Adapted from Kent children's Trust Strategy for Disabled Children, young people and their parents / carers, 2010-2013

²⁸ Taken from Disability Living Allowance figures for July 2011.

definition of disability approximately 7% of the child population will be disabled. This correlates to the percentage of children and young people identified in schools at school action plus and statutory levels.

From consultation²⁹ we know that disabled children, young people and their families want:

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

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

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

We have already seen a number of improvements, which include a dramatically increased number of disabled children whose families are receiving Direct Payments (a rise of 478 in the last four years to a current figure of almost 700). This has enabled families to have greater choice and control over the support for their children. Investment in short breaks through "Aiming High for Disabled Children" has also resulted in significantly increased short break provision, with five times more children receiving a short break over the year 2010-2011 when compared to 2007-2008. It has also resulted in improved support for young people in transition into adulthood.

²⁹ Kent Strategy for Disabled Children, Young People and their Parents /Carers 2010 - 2013

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

Priorities for Action

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

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Implementation, Monitoring and Evaluation

This strategy has set out the key objectives and priority areas for action to improve early intervention and prevention in Kent. We recognise that this strategy has to be flexible in order to respond to the considerable change taking place across Kent. The priority areas for action are therefore embedded in our Phase Two Improvement Plan and will be addressed through annual action plans, which will ensure continuous improvement and allow us to respond to emerging information. The development of the action plan for 2011-2012 is now underway, and will include clear monitoring and reporting arrangements for each of the key actions, with clarity about accountability and reporting arrangements.

This strategy identifies how resources need to be re-focussed in order to meet the needs of vulnerable children more effectively. It must be built upon strong partnership arrangements and the alignment of joint commissioning arrangements. The focus is on reducing current high numbers of children receiving specialist services but in the longer term it is the effectiveness of universal services for all children and families that will have the greatest impact on outcomes for children in Kent.

Partnership arrangements in Kent are evolving to meet future demands and priorities and, in common with the majority of other local authorities, our Children's Trust strategic arrangements are changing to focus on joint commissioning and will need to work closely with the Kent Safeguarding Children Board and our evolving Health and Wellbeing Board and "Tackling Disadvantage" Ambition Board. It is therefore intended that reporting on this Strategy will be to the new Children & Young People's Joint Commissioning Board in order to provide oversight and synergy across work taking place in all agencies. Implementing the Strategy will also be built into the next phase of the Kent Safeguarding and Looked After Children Improvement Plan, which is robustly monitored by both the external Improvement Board and the County Council.

This strategy has been informed by key information and data available from a range of agencies and services. It is, however, acknowledged that further analysis in some areas would further inform developments

required and better targeting of resources. Key work which is currently taking place to enable this includes:

- new commissioning and monitoring arrangements for a voluntary sector framework contract for the delivery of Early Intervention & Prevention services;
- analysis of Common Assessment Framework referrals, operation of Team Around the Child responses and investigation of outcomes, providing further information about need; and
- analysis of Children in Need cases and support arrangements when transferring cases to preventative services.

This will be included within the developing 2011-12 implementation plan. There is also a need to explore and accordingly develop and revise existing procedures and practice that cut across all priority areas in the strategy, in particular:

- quality assurance and performance management;
- workforce planning and development;
- partnership protocols and arrangements;
- communication of the strategy;
- joint commissioning arrangements; and
- stakeholder engagement.

The implementation plan will incorporate these and other tools that are needed to underpin and regulate how the strategy is implemented.

Appendix I

Summary of Priorities for Action

- To ensure that new Early Intervention and Prevention commissioned services focus on the priority areas identified in this strategy.
- To further develop and improve the CAF and TAC approach, and ensure we are commissioning appropriate services to address unmet need and improve outcomes. This will be based on the current analysis of CAF and TAC plans to date.
- To develop the planned Central Referral Unit so that it is able to respond to initial contacts and referrals quickly and effectively to ensure a responsive service at the most appropriate level.
- To work in partnership to ensure that there is early identification of safeguarding issues and the provision of appropriate support for children and their families, thus preventing problems escalating and the need for targeted intervention. This will include: a more robust and evidence based approach to the commissioning of prevention and early intervention services; the provision of targeted evidence based parenting programmes; and strategic commissioning of parenting capacity assessments, resulting in greater efficiency and value for money.
- To ensure that Child Protection Plans lead to lasting improved child safety and wellbeing. Action will be informed by the current analysis of those children and young people who are subject to CP Plans in excess of 18 months.
- To agree the YOS Improvement Plan with the County Youth Justice Board in order to implement the improvements required, and to ensure there is an early intervention and prevention focus.
- To commission integrated high level family support services which include a rapid response element, use of peripatetic staff and also utilise evidence-based parenting programmes.
- To develop and implement a Family CAF and Team Around the Family (TAF) approach with adult services and other agencies. In the short term we will pool our resources with partners to identify high cost/high need families and put in place a team around the family with an identified lead professional.

- To learn from our current work with families with complex needs (Community Budgets) to inform our overall approach to supporting high need families.
- To implement the Children's Centre commissioning framework in order to address the needs of children and their families and to target support to those in greatest need
- To improve the health of babies and young children aged 0-5 through delivery of the Healthy Child Programme.
- To ensure effective roll out of Family Nurse Partnerships, building on the initial work undertaken in Thanet and Swale, which addresses the needs of the most vulnerable first time young parents, many of whom are currently receiving targeted and specialist support.
- To establish a rapid response service for adolescents and their families who are in crisis situations. This should include peripatetic workers and the use of "crash pad" facilities, and will form part of the new integrated high level family support services, (See High Need Families section).
- To review all adolescent resources, including the commissioning arrangements for the 16+ service currently delivered by Catch 22, in order to ensure that we have expertise and services targeted to a broader age group.
- To develop and implement the Raising Aspiration, Supporting Progress, Ensuring Achievement Strategy.
- To transform youth services through the new commissioning model to retain a strong universal focus at the same time as establishing more integrated targeted support for vulnerable adolescents.
- To undertake further work across the partnership with housing providers to develop a housing and accommodation strategy that ensures suitable provision is available to meet the needs of vulnerable 16 and 17 year olds (including those who are homeless and care leavers).
- To align CAMHS commissioning processes and budgets across Kent County Council and the NHS.
- To re-commission emotional well-being, early intervention and preventative services.

- To commission and implement the new emotional well-being and community CAMH service with a clear focus on vulnerable groups.
- To re-design CAMHS services for Looked After Children within the overall community model.
- To improve partnership working through a revised multi-agency CAMHS strategy and implementation group.
- To implement the commissioning framework for disabled children and young people. This needs to ensure the development of positive activities and that targeted service provision is meeting need and reducing the requirement for specialist intervention.
- To ensure services involve disabled children, young people and their families in the commissioning of new services.

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Vision for Kent 2011 -2021

Kent CYP Strategic Planning Framework 2011 - 2014

EIP Strategy Priorities 2011- 2014

Safeguarding	Emotional and Mental Health	High Need Families	Supporting our Vulnerable Adolescents	Early Health and Early Years	Supporting disabled children, young people and their families
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Key Strategies

'Putting Children First' Improvement and Development Plan					
Family Poverty Strategy (developing)					
"Raising Aspiration, Supporting Progress, Ensuring Achievement" (Narrowing the Gap Strategy – developing)					
Adolescent Strategy		Adolescent Strategy (developing)			
Kent Hidden Harm Strategy 2010-2013					

Supporting Partnership Strategies that are lead by KCC

<ul style="list-style-type: none"> • Kent and Medway Inter-agency Threshold Criteria • Kent Pledge for Children in Care • KSCB Annual safeguarding report • Strategy for Supporting Parents in Kent 		<ul style="list-style-type: none"> • Strategy for Supporting Parents in Kent • Kent Alcohol Strategy • Kent Supporting People Strategy 2010-2015 • Community Budgets • Kent Approach to Literacy and Reading • The Kent Children's Trust Parents Charter 	<ul style="list-style-type: none"> • Kent Supporting People Strategy 2010-2015 • Kent Pledge for Children in Care • Kent Alcohol Strategy • Kent Youth Justice Strategic Plan • Kent Teenage Pregnancy Strategy • Kent Apprenticeship Strategy 2011-2014 • 14-19 Strategic Framework 2010-2014 • Participation Framework 	<ul style="list-style-type: none"> • Community Budgets 	<ul style="list-style-type: none"> • Kent Transition Protocols 'Supporting disabled young people from adolescence to adulthood' • Every Disabled Child Matters • Aiming High for Disabled Children
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Supporting Partnership Strategies that ae lead by KCC's Partners

	<ul style="list-style-type: none"> • NST action plan • Live it well - Kent and Medway Mental Health Strategy • Joint Kent CAMHS Commissioning Strategy • DoH You're welcome quality criteria making health services young people friendly. 	<ul style="list-style-type: none"> • Kent Tobacco Control Strategy 2010-2014 • Active Lives Now • NHS World Class Commissioning • Children and Young People Strategy 2011-2014 Partnerships and Communities (Kent Police and Kent Police Authority) 	<ul style="list-style-type: none"> • Kent and Medway Housing Strategy • Joint protocol to address the needs of homeless young people needs of homeless young people aged 16 to 21 in Kent • Kent Tobacco Control Strategy 2010-2014 • DoH You're welcome quality criteria making health services young people friendly. • Children and Young People Strategy 	<ul style="list-style-type: none"> • Healthy Child Programme • Health Visitor Implementation Plan 2011/15 and the Family Nurse Partnerships • "Right to Play" Kent Play Strategy (developing) 	
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		<ul style="list-style-type: none">• Kent and Medway Domestic Abuse Strategy 2010-2013	2011-2014 Partnerships and Communities (Kent Police and Kent Police Authority)		
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Appendix II - Plans and Strategies that underpin the delivery of the Early Intervention and Prevention Strategy 2011-2014

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