



Appendix 1



Monitoring of Select Committee recommendations



Select Committee	Final Report Submitted to Cabinet	Progress with Recommendations reported back to Select Committee/ (POC)
Transitional Arrangements	May 2007	23 June 2008 (23 September 2008)
PSHE (Physical, Social and Health Education)	April 2007	14 April 2008 (3 June 2008)
Flood Risk	November 2007	13 November 2008 (20 January 2009)
Carers in Kent	December 2007	30 January 2009 (27 March 2009)



TRANSITIONAL ARRANGEMENTS - Summary of progress towards each Select Committee Recommendation



Significant highlights	Progress to date	Status
Recommendation 1:		
<p>That KCC work with all providers to increase the availability and choice of leisure facilities for young disabled people and promote and publicise ‘taster sessions’ to encourage participation</p>	<p>KCC is one of only 21 local authorities to have gained Pathfinder Status. CFE has been given an additional £15m over 3 years by central government to increase access to short breaks. Part of the plan for this is to increase the access to leisure activities for disabled youngsters, including those who currently may not be eligible for support.</p> <p>There is a lot of work going on via local Learning Disability groups and the Kent Partnership Board as well as across directorates and with district councils.</p> <p>For example, KASS services in Thanet have built links with the District Council’s Sports Development Officer and with local schools. This had led to greater use of mainstream facilities by people with disabilities.</p> <p>Similarly, the Dartford’s Local District Partnership Board has successfully engaged with the management of Bluewater to improve the disability awareness of the staff. Following this, Bluewater is now investigating installing a Changing Place. This will enable profoundly disabled people and their families to access the shops and facilities more easily.</p>	


Significant highlights	Progress to date	Status
Recommendation 2:		
<p>That KCC and schools promote a variety of initiatives to raise disability awareness among peers of young disabled people in mainstream schools and the wider community</p>	<p>The Kent Children’s Trust is considering whether to sign up to the Charter proposed under ‘Every Disabled Child Matters’ and is likely to decide on this by the autumn.</p> <p>However, this recommendation is not specific to transition and the responsibility to promote awareness is wider than schools. As part of wider policy agendas, KCC works with, or part funds, various disability and carers’ organisations, such as Partnership with Parents, Parents’ Consortium, and Centre for Independent Living Kent. These organisations have a role, and a track record, in raising disability awareness across the county.</p> <p>A specific example is the “Community for All” project in Sevenoaks. Members of the project include individuals, organisations and businesses such as shops. Members are committed to disability access and display a sticker that signifies that they are disability-friendly. In addition to increasing the confidence of some people with disabilities to access facilities, some shops are saying that it has increased their business.</p>	


Significant highlights	Progress to date	Status
Recommendation 3:		
<p>That the Cabinet Members of CFE and KASS are made aware of the Hampshire transition documents and protocols, particularly the new Transition Handbook and Multi-agency guide, with a view to working towards a similar scheme for Kent.</p>	<p>Kent's Protocols are now complete. They were informed by best practice from other authorities and developed in partnership with many of the stakeholders who gave evidence to the Select Committee.</p> <p>They have been through extensive consultation with the agencies concerned, as well as with young disabled people and their parents/carers. The Protocols have been edited to achieve the Plain English logo.</p> <p>The Protocols will be signed off by the Children's Trust Board this summer and will be in place by the start of the autumn. There will be a formal launch by The Leader of the County Council on the 6th November 2008.</p>	
Recommendation 4:		
<p>That KCC should evaluate the capacity of current data systems to enable strategic monitoring of transition plans.</p>	<p>The focus has not been upon a technical 'fix' but upon putting a tracking system in place that ensures that no young people fall through the cracks. It is believed that this has been achieved. All agencies have agreed a minimum set of data that, with parental consent, will be shared across agencies.</p> <p>Specifically within CFE, there have, however, been changes to technical systems. With the introduction of Integrated Children's System (ICS) there is now a single system that has key details available to both education and social care staff. This will improve the flow of information about individual young people as well as enabling more strategic monitoring.</p>	

Significant highlights	Progress to date	Status
Recommendation 5:		
<p>That the Transition Task Group investigate the potential for the increased use of Trans – Active in Kent schools, colleges and other settings.</p>	<p>Trans-Active is only one of several models and is not generally agreed to be the best. There is a view that Kent should not commit to one model and that it might be better to agree the principle objectives and allow ‘settings’ to achieve them in their own way.</p> <p>For example, a model that has been quoted nationally is the work undertaken at Valence School, Sevenoaks. Person Centred Plans have been used to form the basis of the statutory Transition Plans. This has been very well received by people involved, particularly the young people who have driven the process.</p>	
Recommendation 6:		
<p>That KCC should identify the source and type of advocacy available for parents and young people to facilitate better transition planning and make provisions to meet any gaps in service.</p>	<p>Partnership with Parents already provides independent advice/representation for parents. This has been identified as ‘very good’ in the recent Joint Area Review.</p> <p>Through the work of the 2010 Transition Executive and the Kent Partnership Board, work is being undertaken to identify and train peer mentors to provide independent representation for young people in transition. Young people are being identified through local learning disability (LD) groups.</p> <p>In addition, KASS has let a contract for a county-wide Advocacy Scheme for adults with LD. It might be possible for advocacy to be spot-purchased from this scheme for young people who require it.</p>	




Significant highlights	Progress to date	Status
Recommendation 7:		
<p>To ensure that CFE and KASS commissioning strategies are co-ordinated, including use of jointly resourced budgets where appropriate, to provide a more graduated and consistent approach to service provision for young disabled people in transition from childhood to adulthood.</p> <p>Such strategies should incorporate Transition Worker roles or demonstrate clearly alternative means of providing similar support.</p>	<p>This is a longer-term aim. However, Kent's Protocols require KASS to become involved in planning for children with complex needs at an earlier stage. This should promote a more consistent and co-ordinated approach. It also includes an advisory role for CFE staff beyond 18, to ensure consistency of support.</p> <p>Kent's transition strategy does not include dedicated transition workers at this point because the local authority is required to introduce the role of a Lead Professional for children.</p> <p>The need for transition workers is currently under review in both KASS and CFE. Work is being undertaken to produce an "Invest to Save" business case for the development of this role.</p>	
Recommendation 8:		
<p>That the MDs of KASS and CFE must ensure that information about transition and KASS is available in a range of accessible formats and is brought to the attention of young disabled people and their parents in advance of meetings to enable them to participate in transition planning</p>	<p>The Protocols include a section that provides information for families and also includes an 'Easy Read' version for some people with learning disabilities. They also specify the minimum standard for the provision of local information and leaflets.</p> <p>Specific local guides on Transition and support networks and services are being developed or updated. This is being undertaken by KCC staff at a district level. The provision of more locally specific information is felt by young people and their families to be more helpful.</p> <p>For example, the Transition Guide for Thanet has been co-ordinated by KASS staff but has been closely guided by the suggestions of stakeholders, particularly young people and carers.</p>	

Significant highlights	Progress to date	Status
Recommendation 9:		
<p>That KCC, Connexions and partners identify how to use available resources more effectively to benefit young disabled people in transition.</p>	<p>KCC now directly commissions Connexions and will be in a position to monitor Connexions' performance in relation to transition. With recently proposed changes to the funding of the Learning Skills Council, KCC is likely to have increasing influence on their resource as well.</p> <p>It is expected that Kent's Protocols will lead to a more effective use of all agencies' resources.</p>	
Recommendation 10:		
<p>That individuals identified as Lead Professionals for young people in transition to adulthood have the capacity to undertake the function and are provided by KCC and partners with training and support.</p>	<p>The Lead Professional role is being rolled out between April – September 2008. The requirements of the Transition Protocol have been included in the guidance relating to Lead Professionals.</p>	

Significant highlights	Progress to date	Status
Recommendation 11:		
<p>That KCC, schools and other partners promote the use of Direct Payments by young people whose social care needs will extend into adulthood, by raising awareness and understanding of DP among CFE staff and ensuring that DP are discussed (with the involvement of a peer-mentor or DP support worker/advisor where possible) as part of the transition planning from Year 9 onwards.</p>	<p>Direct Payments are not specific to transition. However, DPs are addressed in the Protocol. Work is being undertaken by partnership organisations to raise awareness and the DP Team at Parents' Consortium has been expanded. As part of the Aiming Higher Pathfinder Programme even more staff will be recruited and support given to expand the availability of Personal Assistants. This will further increase the take up of DPs.</p> <p>Work is also being undertaken between KASS and CFE to ensure that when people transfer to the Adults DP Support Scheme, the transition is as smooth as possible. There are still some legislative barriers to a smooth transition for some people. These should be addressed in the forthcoming Health and Social Care Bill and work is already being undertaken to ensure that as soon as the Bill is passed we can implement the benefits</p>	

Significant highlights	Progress to date	Status
Recommendation 12:		
<p>That KCC, through Kent Supported Employment and its partners, explore the potential of a programme to assist with transition planning in schools and elsewhere.</p>	<p>Kent, along with Medway and South East Transition to Adults Group, has been chosen by the Department of Work & Pensions to become a demonstrator project for "Getting a Life". This will help young people with disabilities to achieve their employment aspirations. Kent supported Employment (KSE) is leading the project in Kent.</p> <p>A specific example of this is St Nicholas at Canterbury College. The Select Committee identified the development of specialist provision in the mainstream FE college as a good example. This has now been built on with £80k additional funding from the LSC to enhance the employment outcomes of their students. KSE has been involved in supporting taking this forward.</p> <p>In addition, the Job Action Group is working to increase employment opportunities for people with LD.</p>	

STATUS

- Key:
-  = Complete/advanced progress
 -  = Some good progress although more to do
 -  = Little/no significant progress yet/high risk (therefore high priority next steps)

Select Committee – PSHE/Children’s Health Action Plan

Recommendation	Comments	Current & Planned Action	Lead Body	Progress
<p>Recommendation 1 That all those dedicated individuals working to provide young people in Kent with high standard sexual health services be commended.</p>		<ul style="list-style-type: none"> ▪ The Select Committee’s report has been circulated and disseminated to those who work to provide young people’s sexual health services in Kent 		<p>Complete</p>
<p>Recommendation 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.</p>	<ul style="list-style-type: none"> ▪ All appropriate agencies are signed-up to the Strategy. However, school sign-up is inconsistent and representation on the KTPP Board is not always at a sufficiently senior level 	<ul style="list-style-type: none"> ▪ Renewed efforts to engage schools with the Strategy through the emerging Local Children’s Trust arrangements. ▪ Continued efforts to secure senior-level representation on the KTPP Board ▪ PSHE Strategy under development which will drive forward a holistic and multi-agency approach to PSHE and children’s health 	<p>Kent Teenage Pregnancy Partnership (KTPP)</p> <p>Children’s Health Commissioning Team</p> <p>CFE Policy Unit and key partners leading on Strategy development</p>	<p>Presentations at head teachers briefings Dissemination of research findings to schools Growing reference to teenage pregnancy in cluster/LCSP plans</p> <p>Board is all manager level and above now excepting young people</p> <p>Consultation on Strategy has now closed and Strategy is being re-written for launch Summer 2008</p>

Recommendation	Comments	Current & Planned Action	Lead Body	Progress
<p>Recommendation 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.</p>	<ul style="list-style-type: none"> ▪ This is a key priority for Kent's teenage pregnancy strategy 	<ul style="list-style-type: none"> ▪ Joint Working with Kent's Youth Service and with Alternative Curriculum provision to increase promotion of and access to services ▪ The www.foryoungpeople.co.uk sexual health website was re-launched in August 2007 and signposts young people to sexual health services 	KTPP	<p>Increased numbers of organisations joining condom dissemination scheme Increased promotion of sexual health promotion and signposting information to youth and education settings</p> <p>Increasing hits to website Latest stats detailed on Kent Teenage Pregnancy performance indicator dataset</p>
<p>Recommendation 4 The Committee strongly recommends the broad production, promotion and distribution of discreet information on local sexual health services and support.</p>	<ul style="list-style-type: none"> ▪ There is a range of material available from the Kent Teenage Pregnancy Partnership, however there are challenges in ensuring these are displayed in places where young people go 	<ul style="list-style-type: none"> ▪ Distribution and promotion of 'The Edge' sexual health CD-Rom for young people. ▪ Promotion of 4YP and RU Thinking materials to schools and other settings 	KTPP	<p>The Edge has been disseminated widely Latest stats detailed on Kent Teenage Pregnancy performance indicator dataset</p> <p>Mail out to high rate areas Dec07 All alternative education settings/youth services mail have received materials</p> <p>National RU Thinking Sexual Health promotional materials are now available with signposting to local services and are being promoted to schools and settings</p>
<p>Recommendation 5 The Committee recommends that all partner agencies involved must facilitate</p>	<ul style="list-style-type: none"> ▪ This is a national target 	<ul style="list-style-type: none"> ▪ New Kent condom distribution scheme includes chlamydia screening as an opt-out service 	PCTs via Children's Health commissioning team	Achieved

<p>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.</p>		<ul style="list-style-type: none"> ▪ Pilots in East Kent with money for processing postal tests have taken place and a further pilot with pharmacists getting paid for tests returned is currently being operated ▪ Starting engagement with primary care and plans to roll out to Health Visitors 		<p>Ongoing and postal scheme has now been launched in West Kent in Feb 08. Asymptomatic Screening offered at Clinics</p> <p>Ongoing – good progress in terms of health visitors offering test at either New Birth or 8 week visit.</p> <p>Additional work with schools –44% of 6th forms have signed up for screening sessions (was 2% in January) and work continues to achieve further school sign-up</p>
<p>Recommendation 6 That GUM clinics must replace appointments with a “walk in” service. The Committee insists that the proportion of Genito-Urinary Medicine (GUM) clinic attenders offered an appointment within 48 hours of contacting the service must reach 100% by 2008.</p>	<ul style="list-style-type: none"> ▪ The 48 hour access is a national target and there is huge disparity of services across Kent. ▪ There is mixed opinion as to whether walk-in is the best use of resources 	<ul style="list-style-type: none"> ▪ Kent is working towards the national target for 48 hour access. ▪ Consideration will be given to extending walk-in services, however these must be at times that are convenient for young people 	<p>PCTs via Children’s Health commissioning team</p>	<p>Progressing well</p> <p>Ongoing – more walk-in services are being introduced whilst also retaining appointments where this meets service needs</p>
<p>Recommendation 7 That the number of school nurses working in secondary schools in Kent be increased, and that the number of accessible, confidential</p>	<ul style="list-style-type: none"> ▪ School nursing framework ensures targeted support for vulnerable groups ▪ Greater provision of school nursing in East Kent than in 	<ul style="list-style-type: none"> ▪ CFE offer of match funding has been taken up by some Clusters to increase input of school nurses ▪ This recommendation is being promoted to 	<p>PCTs via Children’s Health Commissioning Team</p>	<p>All but 1 cluster/LCSP have taken up offer in eastern and coastal Kent PCT</p> <p>1 cluster/LCSP so far in west Kent but process now started, recruiting to school nurse posts</p>

<p>and young people friendly sexual health clinics in all secondary schools in Kent be raised by at least one per cluster by 2008.</p>	<p>West Kent – steps are being taken to address this</p> <ul style="list-style-type: none"> ▪ There are currently only 2 sexual health clinics on school sites with 3 more in the planning stages. Cost implications for fulfilling recommendation estimated to be £4000 per clinic. There are some school concerns around possible negative media coverage and there is a need to consult the whole school community when introducing sexual health clinics in schools. 	<p>Clusters and CFE and KTPP are offering support to take this forward</p> <ul style="list-style-type: none"> ▪ It is proposed that clusters with the highest rates of teenage pregnancies will be prioritised. It is unlikely that the recommendation will be fulfilled by 2008 due to cost and other limitations. However the recommendation will definitely be progressed as swiftly as possible. 		<p>New school nursing framework rolling out to west Kent</p> <p>The school nursing framework will be revisited to reflect impact thus far</p> <p>Now 5 services in schools. Papers detailing the clinics have gone forward to commissioners in both PCTs for inclusion in local delivery plans</p> <p>Funding has been identified for 2008/09 to fulfil the recommendation of at least one service per cluster/LCSP</p>
<p>Recommendation 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.</p>	<ul style="list-style-type: none"> ▪ The engagement of teenage parents in education, employment or training is a key target in the national teenage pregnancy strategy 	<ul style="list-style-type: none"> ▪ Promotion of the Pinnacle project and development of YAPS+ - groups within Childrens Centres that focus on developing young parent's skills to become economically independent by returning to education ▪ Continue and extend role of Attendance and Behaviour Unit in 	<p>KTPP CFE Attendance and Behaviour Service</p>	<p>Ongoing, YAPs + groups are increasing in number – there are currently 26 YAPs groups and 2 YAPs+ groups</p> <p>EWOs have all received training allowing reintegration officer to take a more coordinating role. Further progress will be made on ensuring</p>

		ensuring young parents are able to stay or are reintegrated into education		that all those involved in supporting pregnant school girls and school age parents have the necessary knowledge to support these young people to continue in education.
<p>Recommendation 9 The Committee recommends that all schools in Kent work towards Healthy Schools validation by December 2009, through a process which is all inclusive to parents and governors.</p>	<ul style="list-style-type: none"> ▪ This is an existing target with a existing strong Kent programme, with target date of December 2009 ▪ There is strong PCT commitment and funding of local Healthy Schools Teams for this programme, 	<ul style="list-style-type: none"> ▪ School recruitment and validation are on course to meet December 2009 target ▪ Positioning Healthy Schools in Local Children's Trusts Arrangements ▪ Development of Early Years Programme ▪ Towards 2010: Community Healthy Eating Pilots ▪ Targeting & converting secondary schools ▪ Support for Teenage Pregnancy Strategy 	<p>Kent Healthy Schools (KHS) Partnership: KCC & Kent NHS</p>	<p>Health schools accreditation progressing very well, on line to meet 2009 target. Over 65% schools achieved and 99% participating.</p> <p>Central & local work to position Healthy Schools within the new arrangements – mixed experience within Clusters given different stages of development. Potential risk of loss of momentum given the transition period at local level.</p> <p>Central Team leading the development of a Healthy Early Years pilot to test feasibility of adopting a Kent wide programme. Supported by recent DH National Support Team visit.</p> <p>Excellent progress on all 2010 pilots all running to time and very positive feedback from those involved to date.</p> <p>All achieved schools will have addressed the PSHE Core Theme and should have validated against each of the criteria.</p>

				Targeted work by HS team to be developed in partnership with Teenage Pregnancy focusing on most at risk schools.
	▪	▪		
<p>Recommendation 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.</p>	<ul style="list-style-type: none"> ▪ PSHE strategy under development to implement this recommendation. This will need to include provision for young people in non-school settings 	<ul style="list-style-type: none"> ▪ PSHE Strategy group formed to steer development of Strategy ▪ Consultation to commence Feb 08 ▪ The Strategy will be finalised in time for start of 2008/2009 academic year ▪ PSHE Assessment guidance available and further work under development 	ASK & CFE Policy unit KHS KTPP	<p>Group meets regularly</p> <p>Ready for launch in Summer terms</p> <p>Ongoing</p> <p>New guidelines will be available nationally in spring of 2008</p>
<p>Recommendation 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.</p>		<ul style="list-style-type: none"> ▪ Funding needs to be identified to implement this recommendation 	CFE SMT	Fully completed
<p>Recommendation 12 That PSHE certificates for both teachers and nurses be widely promoted and supported. That each school cluster</p>	<ul style="list-style-type: none"> ▪ National target: PSHE Certification CPD Programme ongoing ▪ Currently 11 trained nurses in Kent. 	<ul style="list-style-type: none"> ▪ The CPD Programme came under new management in September 2007. It is managed by ASK in Kent and is over- 	ASK CFE Policy unit KHS KTPP	<p>Programme in place and oversubscribed</p> <p>Places will be promoted to the target schools as identified in the dataset</p>

<p>in Kent has a PSHE lead <u>and each secondary school in Kent has at least one PSHE certified teacher.</u> That PSHE awareness be raised through a countywide multi-agency conference, which includes all the decision makers, by March 2008.</p>	<ul style="list-style-type: none"> ▪ Issues over take-up by nurses and issues around Secondary recruitment (National issue) ▪ There may be funding implications with regard to a Cluster lead for PSHE 	<p>subscribed in Kent for 07-08</p> <ul style="list-style-type: none"> ▪ A PSHE Conference is being planned January 2008 		<p>Course is heavily promoted to school nurses. However, there is an optional module within the Specialist Practitioner course regarding SRE and Drugs/Alcohol with regard to young people. Nurses will be asked to undertake this module on accreditation course due to government agenda to significantly increase numbers of Specialist Practitioners</p> <p>PSHE conference took place in Jan and was over-subscribed.</p>
<p>Recommendation 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.</p>	<ul style="list-style-type: none"> ▪ The Government has made it very clear that PSHE will not be made statutory 	<ul style="list-style-type: none"> ▪ Raise profile of PSHE at every opportunity ▪ KCC are represented on the National Children's Bureau's PSHE Advisory group and have been working with the national PSHE Association on the development of the new national curriculum 	<p>Managing Director, CFE</p>	<p>Ongoing</p>
<p>Recommendation 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</p>	<ul style="list-style-type: none"> ▪ Kent firewalls no longer restrict access to these sites, although there may be some individual school firewalls that prevent access ▪ There is still a need for further promotion of sites within schools 	<ul style="list-style-type: none"> ▪ Highlight at PSHE Conference ▪ Target through Clusters ▪ Multi-agency promotion ▪ Secondary Headteachers Conference workshop 	<p>ASK KHS KTPP EIS</p>	<p>Jan 08</p> <p>Ongoing promotion</p> <p>Firewalls lifted in schools Promoted through display at head teachers conference</p>

a visible notice board.				
<p>Recommendation 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.</p>	<ul style="list-style-type: none"> ▪ This will be a focus for governor training 	<ul style="list-style-type: none"> ▪ Generic Governor training for PSHE with an SRE focus ▪ Bespoke training offered to schools / groups of schools ▪ SRE is now in main governor training programme for 2007/08 ▪ SRE to be on October Agenda of County assembly ▪ PSHE Strategy will focus on this 	ASK	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Completed</p>
<p>Recommendation 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”.</p>	<ul style="list-style-type: none"> ▪ SRE is a national subject title and there is concern that changing the subject title would create confusion. ▪ The subject title has already changed from Sex Education to Sex and Relationships Education 	<ul style="list-style-type: none"> ▪ The need for a greater emphasis on relationships education within curriculum will be taken forward through the PSHE Strategy 	ASK	Ongoing
<p>Recommendation 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</p>		<ul style="list-style-type: none"> ▪ Guidance on this will be built into the PSHE Strategy and will be available on Kent Trust Web and promoted to schools ▪ This will be a key issue for consideration and 	ASK	<p>Ongoing</p> <p>Websites updated</p> <p>Ongoing</p>

<p>attitudes and responsibilities when negotiating sexual relationships. That it be considered to teach particular aspects of SRE in single-sex groups.</p>		<p>action by the PSHE Member Advisory Group that is being established at the behest of the Leader of Kent County Council.</p>		
<p>Recommendation 18 The Committee commends that schools encourage greater involvement of both pupils and parents/carers in the planning and evaluation of SRE programmes</p>	<ul style="list-style-type: none"> ▪ This is a key priority for the Children, Families and Education Directorate and for Kent County Council as a whole. A range of work is taking place to involve young people in planning and evaluating SRE programmes. Parental consultation and involvement can be supported through provision of the Speakeasy training programme, a module of which enables parents to critically appraise school SRE policy and provision. 	<ul style="list-style-type: none"> ▪ This will be taken forward through the establishment of the all-party advisory committee for SRE, as announced by the Leader of KCC in July 2007. This committee will include young people and will lead on School Councils ▪ The findings of the KTPP commissioned research that has been carried out to ascertain young people's experiences of SRE and sexual health services in Kent will be implemented ▪ The involvement of young people in planning and evaluating SRE is part of the Healthy Schools Programme ▪ The NFER pupil survey findings will be taken forward so as to target 	<p>CFE Senior Management Team lead for PSHE ASK KHS</p>	<p>Ongoing</p> <p>Complete and results being disseminated and recommendations implemented</p> <p>Ongoing</p> <p>Will be repeated annually</p>

		<p>SRE provision where it is most needed</p> <ul style="list-style-type: none">▪ The County Show pupil voice activity will be used to inform SRE development		Ongoing
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Action plan for KCC Flood Risk Select Committee Recommendations

Drafted June 2008

Reviewed November 2008

	Recommendation	Action(s)	Responsibility	Notes	Review Nov 2008
R1	That KCC look into setting up and resourcing a permanent Flood Risk Committee, in partnership with District Councils.	Flood risk standing committee to be established. Existing groups relating to flood risk to be identified and communication between existing groups to be improved.	KCC (Members) KCC – which dpt?	It is suggested that a new forum is not required as many of the listed actions for such are group are already covered by established groups. Instead communication between these groups should be improved.	There is the need for one point of contact for flood risk within KCC. Currently responsibility lies with Natural Environment & Coast Team, KHS, Strategic Planning and Emergency Planning. To enable a more coordinated and cohesive approach it is suggested that dedicated Flood Risk Officer post be created.
R2	That there should be adequate, ring-fenced, direct government funding for flood risk management.	Lobby central government for additional funding for flood risk management.	KCC (Members) EA	Consider using the LGA coastal issues special interest group as lobbying mechanism.	LGA coastal issues SIG continues to lobby on flood risk management. Select Committee to advise on any issues they would like taken to this group.
R3	That KCC should lobby the government to consider re-designating the flood management arm of the Environment Agency as a	No action.		Recommendation objected to by EA. Suggest no further action.	No further action required.

	dedicated flood risk agency.				
R4	That KCC promotes the further development of an Engineering Consultancy led by Canterbury City Council Engineers.	To offer support/ promotion where required.	KCC – NEC		A county-wide drainage team has been established within KHS.
R5	That KCC supports development in brownfield and other areas subject to the rigorous application of site specific sequential and exception tests of Planning Policy Statement 25 (PS25).	For KCC planners to note.	KCC – Planning	Already observed.	No further action required.
R6	That KCC oversee the development of further sub-regional flood risk assessments, based on river catchments, and undertakes to monitor this development.	Identify gaps in assessments and work with EA and districts to complete assessments for the county.	EA District authorities KCC – Planning		EA are leading on this work, with input from the district authorities.
R7	That KCC ensures that its E&W Team are sufficiently resourced to enable them to contribute to coastal flood risk management.		KCC – NEC	Coastal Officer post has already been secured.	Select Committee to consider the need for a dedicated post for flood risk. See comments under R1.
R8	That KCC should lead on the co-ordination of work with landowners and other agencies to identify options for the funding of changed land-use or buy-out to ensure that plans to achieve more naturally	KCC to convene meeting with EA and NE and other stakeholders to discuss current initiatives and identify way forward.	KCC – Planning & NEC	Work is already underway nationally to look at issues of blight associated with coastal policy (Defra).	No action taken to date. Awaiting outcomes of Defra work.

	functioning flood plains and coastline in Kent are arrived at equitably.				
R9	That KCC works in partnership with the EA to ensure that RBMPs are fully integrated with existing CFMPs and SMPs.	Officers leading on management plans to ensure work is joined up.	KCC – Planning & NEC EA	KCC and EA are already working to ensure integration.	No further action required.
R10	That KHS and the EA seek to reconstitute Flood Liaison Advice Groups (FLAGS) in Kent.	KHS to convene initial meeting.	KCC - KHS EA		KHS are now working with KRF, with input from Emergency Planning.
R11	That KCC instigates discussions between local planning authorities, Southern Water and others on the feasibility, benefit and cost implications of using non-return valves/sealed sewage.	KCC to table suggestion for new developments at KPOG meeting. KFRR to assess surface water and groundwater risk, identify at risk areas and provide recommendations. KCC to discuss with Southern Water installation of valves at existing developments at risk.	KCC – Planning KCC - KHS KCC – Planning		Not yet tabled at KPOG. KFRR study underway to assess flooding risk in Kent. Discussions to be held on Minerals and Waste Development Framework (incl. waste water) with Southern and Thames Water early 2009.
R12	That KCC promotes the use of SUDS throughout Kent.	KPOG to discuss development of model policy on SUDS for LDF.	KCC – Planning	Kent Design Guide already promotes SUDS and includes a technical appendix.	No further action required.
R13	That Kent planning authorities adopt the requirement for Drainage Impact Assessments for all	Review the requirement of drainage impact assessment and feasibility for its inclusion.	KCC – Planning		Discussion needs to be held on this at the district level.

	new developments, following the Canterbury model.				
R14	That the Fire & Rescue Service is included as an active partner in the planning process for new developments.	KFRS to discuss with Kent planning authorities.	KFRS KCC – Planning	Noted that district development control already liaise with KFRS.	No further action required.
R15	That the Kent Design guide is revised to include information on mitigating flood damage and makes reference to innovative designs for the future.	KCC to consider flood mitigation designs etc during next review of Kent Design Guide.	KCC – Planning	Next review will take place in 2010.	No action required in this period.
R16	That KCC lobbies government to produce a set of Building Regulations for use in flood risk areas so that planners are supported by increased but nationally consistent obligations to assist developers with a high level of flood proofing/ mitigation.	Lobby government for building regulations for flood risk areas.	KCC – Planning	Pitt Review also identified need for such building regulations – await outcomes of review before actioning recommendation.	Further assessment of Pitt Review required. Officer attending seminar on Pitt Review recommendations for Local Authorities 18th November 08.
R17	For KCC to work in partnership with the EA to publicise actions householders can take to increase the flood resilience of their homes.	Convene a meeting with EA to discuss coordination of information provision to householders in at risk areas (link with R30). KFRR to provide recommendations on promoting community awareness.	KCC EA KCC - KHS	KRF PRFTFG looking at how to improve public readiness. KFRR to consult with this group.	The KRF Public Warning and Informing Group are currently producing a document on public readiness - appended to this is an annexe on measures to make homes more flood resilient.

					Recommendations from the KFRR will be included in the report due in Dec 08.
R18	That KCC specifically allocate funding to enable the proposed road gully cleansing work.	KFRR to review and identify maintenance priorities.	KCC – KHS		Budget for gully cleansing increased from £1.8 to £2.8 million.
R19	That KCC works in partnership to inform the public about road drainage cleansing activities.	KFRR to identify maintenance priorities and produce programme of work.	KCC – KHS		KHS will be developing website over next two years that will list programme of works.
R20	That the government should urgently consider the EA's request for funding to enable vital works to proceed at Jury's Gap, Camber.	EA to keep KCC, and other relevant parties, informed of developments relating to these works and others.	EA		This refers to the Broomhill area, between Jury's Gap and Camber. The EA have brought the works forward and are in the pre-planning design stage. This work is moving on in advance of the strategy approval because of immediate need.
R21	That the EA should encourage the input of local authority and IDB experts on local strategies and schemes; IDB represented on SE RFDC.	EA to consult relevant authorities and IDBs on local strategies and schemes. EA to invite representative of IDB to SE RFDC.	EA	Consultation with relevant LAs already takes place.	In relation to the SE RFDC, IDBs are represented through the local authority representative, which has been agreed by the RFDC as the correct approach.
R22	That the EA develop and		EA	Need to discuss with	The year of the Select

	implement a phased rolling programme of maintenance to include 'low risk' areas.			EA.	Committee, cuts were made to the rolling programme. These cuts are not reflected in this year's work and the maintenance programme is in place and includes areas classed as 'low risk'.
R23	That the EA prioritise clearance of waterways in the Romney Marsh Area.		EA	Need to discuss with EA.	Clearance work is carried out on a priority basis – most of Romney Marsh is classed as medium or high risk. Work is underway.
R24	That KRF SWG audit and promote the development of emergency flood plans for at risk areas and develop and generic flood plan for Kent.	Develop emergency flood plans and generic flood plan.	KRF SWG EA KCC – Emergency Planning		Emergency flood plans in development, with a multi-agency approach as recommended by Pitt Review. A draft plan was put out to consultation late summer/early autumn (08). EA are now working on incorporating comments received – final plan will be presented to KRF Executive Board at December 08 or February 09 meeting.
R25	That the government	KRF to discuss and agree	KRF		KRF established Pitt

	consider placing a duty on the FRS to respond to a flood emergency and further considers designating FRS as the lead body in charge of a flood incident.	action.	KCC – Emergency Planning		Review Task and Finish Group to look at recommendations. This was one of them. Currently awaiting government response to Pitt Review, due shortly.
R26	That the KRF SWG formulate and publicise an action plan to raise public confidence in Kent's preparedness for flood events. Consideration to be given to merging the SWG with the Flood Warning Planning Liaison Group.	KRF to develop and publicise flood action plan. KRF and Flood Warning Planning Liaison Group to discuss merging.	KRF SWG Flood Warning Planning Liaison Group		Flood plan in development (see R24). How plan will be publicised will be determined once it is completed.
R27	That KHS should send officers to work alongside local district colleagues in an emergency situation.	No action required.	KCC – KHS	Arrangements already exist for this.	No further action required.
R28	That the EA should ensure there is a systematic survey of critical infrastructure (location and flood defences) and through the SWG promote work with utility companies to ensure supplies can be protected and maintained during flood emergency situations.	KRF PRFTFG to undertake survey of critical infrastructure and review, with utility companies, protection and maintenance of supplies. KRF PRFTFG to share results of review with KFRR. KFRR to review	KRF PRFTFG KRF PRFTFG KCC – KHS		KRF are having ongoing discussions with the utilities to identify issues and necessary action. KFRR undertaking review in relation to highways – due for completion Dec'08.

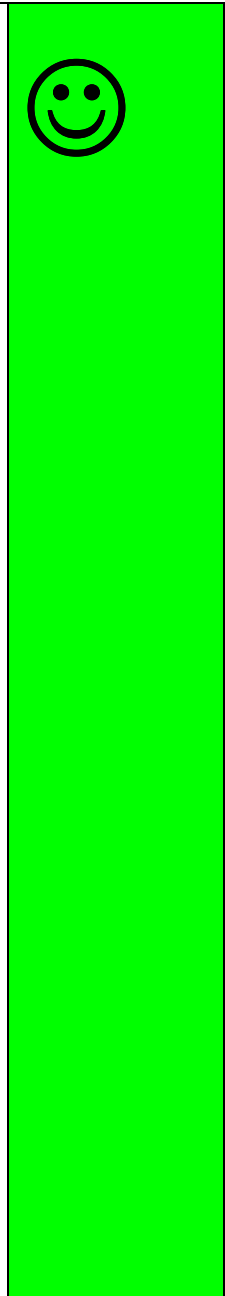
		vulnerability of critical infrastructure and wider community.			
R29	That the KRF SWG liaise with partners in the KRF and east coast authorities to formulate an emergency response plan for an extreme coastal event; assess whether the current warning system/communication processes are adequate; and ensure that people are educated about what to do when they receive a flood warning.	As per recommendation. KFRR to provide recommendations on flooding emergency response procedures for highways.	KRF		KRF PRTFG looking at how to improve public readiness. KFRR to consult with this group. This is part of the ongoing multi-agency flood plan work and action for high risk areas (see R24). KFRR due for completion Dec 08.
R30	That KCC support the EA in raising flood risk awareness via town and parish councils and similar community groups.	KCC to meet with EA to discuss how they may assist with awareness raising (link with R17). KFRR to provide recommendations on promoting community awareness.	KCC – Emergency Planning KCC – KHS	KRF PRTFG developing plan for application of ‘door knocking’ flood warnings.	KRF are identifying communities at risk to develop awareness raising plan. EA made a presentation to the Local Authority Group on awareness raising work underway. KHS liaison officers have been attending parish seminars. Suggested that a short note for circulation could be prepared by KHS – would need consultation with EA and KRF.



Significant highlights	Progress to date	Status
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Recommendation 1:



Carers in Kent - Summary of progress towards each Select Committee Recommendation



<p>Raise awareness and profile of carers and carers support services and make information available out of standard hours</p>	<p>To raise the profile of young carers a range of events have been held, which have included training for school governors, school staff, and events with children organised via the projects working in schools. Children, Families and Education have developed young carers leaflet available through key statutory and non-statutory organisations countywide. To help raise professionals' awareness of how to identify and support young carers a DVD has been produced featuring input from Kent's young carers.</p> <p>Kent Adult Social Services HQ and area based staff supported carers' week events. The KASS carers' website has been revamped to make it easier to use. Carers' issues featured prominently in a Conference held in May 08 on the economic, social, employment and housing implications of the ageing population. This helped highlight the critical role carers' play with partner organisations across Kent. The conference attracted national/ international experts including one on carers' policy.</p> <p>KASS continues to involve carers in recruitment process where possible. Users and carers have been engaged in drawing up shortlists of candidates, contributing interview questions, sitting on interview panels. Users and carers have also been involved in selecting panels to appoint providers.</p> <p>The work of the standing Adult Services Carers Advisory Group has also added weight to raising the profile. West Kent NHS and NHS Eastern and Coastal Kent (Primary Care Trusts) have carer leads identified which has had the effect of pushing carers' issues forward. Inequalities in Health in Kent the Director of Public Health's annual report contained a chapter about the health inequalities experienced by carers. This is an influential report read by health and social care commissioners, which contains specific recommendations to improve the health & well being of carers.</p> <p>Work is underway to raise the profile and the support offered to carers within KCC workforce. A staff survey is planned to gain insight into the number of employees juggling caring with employment. The carers leave pilot scheme has been well received and extended until August 2009.</p> <p>KASS is planning a Carers and Personalisation event to provide carers the opportunity to inform the implementation of Self Directed Support</p> <p>Work has been undertaken with County Duty Service to ensure a more consistent and proactive response to carers' issues and enquiries when raised through the duty service.</p>
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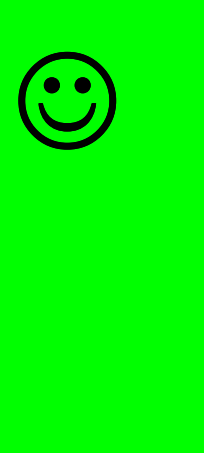
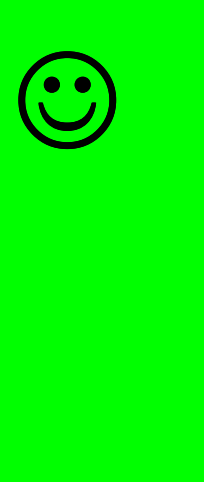


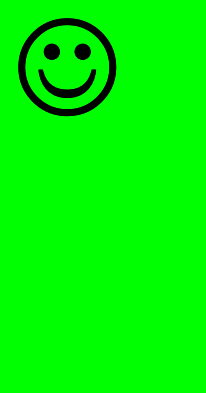

Significant highlights	Progress to date	Status
Recommendation 2:		
<p>Promote Single Point of Contact for Carers</p>	<p>The Department of Health is soon to launch and promote a national Single Point of Access for Carers. KASS has supplied local carers' information to this scheme and is pursuing opportunities to utilise this scheme locally. We do not want to duplicate or confuse carers with two single points of access and hence we are eagerly awaiting the national scheme to see how best to supplement with more local information.</p> <p>The Carers Emergency Card Scheme has created a unique telephone number for carers 08458 247 105. This number is operated by the Kent Contact Centre and could be further utilised as a single point of contact if necessary.</p> <p>The Carers Emergency Card is promoted and administered on KASS behalf by seven Carers Support Organisations across Kent. When carers make a request to join the scheme if they wish they will also be informed of other carers services available in their area, such as support groups etc.</p>	
Recommendation 3:		
<p>Involvement of the carer support organisations at assessment and subject to carers consent, sharing the statutory assessment should be considered</p>	<p>A new Carers Assessment Policy has been written and formally agreed at KASS Policy Development and Review Board. The policy clearly sets out KASS duties in assessing and providing support to carers.</p> <p>In conjunction to developing the policy it has been agreed to trial the outsourcing of carers' assessments to Carers Support Organisations. Work has begun to progress this trial, two pilot sites have been identified in Tonbridge & Dover. The pilots are planned for a year with monthly monitoring of three key quality markers, quantity, quality (including carers experience) and cost.</p> <p>We are exploring mechanisms for information sharing across health, social care and the voluntary sector. Carers Assessments have been considered in discussion regarding Kent Adult Social Services decisions to procure a Common Assessment Framework /Single Assessment Process tool. We are actively exploring enhancing self-assessment for carers (online and paper) as part of the Self Directed Support.</p>	

Recommendation 4:		
Significant highlights	Progress to date	Status
Reviews or contact from Care Managers should be regular with annual as a minimum	<p>The present policy is clear in that service users and carers needs should be assessed as follows: Within 3 months of the initial service, annually there after or sooner if a significant change in needs/circumstances do arise.</p> <p>The revised carers' policy makes it clear to carers who and how to contact the relevant teams.</p> <p>The issue will be addressed further as KASS finalise its development plans for Self-Directed Support.</p> <p>Performance monitoring systems on reviews are in place and reported to the Government and KASS Senior Management Teams. These reports will also be shared and discussed at the Carers Advisory Group.</p>	
Recommendation 5:		
District Social Services Teams to address and overcome issues around call management	<p>The launch of the revised Carers Assessment Policy will provide the opportunity to further raise the profile of carers within KASS.</p> <p>To compliment the new policy, training is being developed to reinforce the policy implementation and further clarifying duties and responsibilities towards carers. The aim is to create a far more consistent approach to the assessment and support offered to carers.</p>	
Recommendation 6:		
Emergency Card Schemes backed up by emergency plans and response teams should be expanded and developed Kent-wide if the pilot is successful	<p>On Carers Rights Day December 5th 2008 a Kent Carers Emergency Card Scheme was launched. The scheme is designed to provide carers with peace of mind when away from the person that they care for that should something untoward happened to them that emergency assistance could be accessed. Currently there are over 300 carers signed up to the scheme and the number is growing steadily, since the launch there have been 107 applications generated from the website alone. When applying Carers are offered as much support as necessary to complete their emergency plan if they have no friend or relative to step in at short notice or their emergency plan fails for any reason, either County Duty or the Out of Hours service will step in to arrange emergency support. This support is available to all carers not just those carers of people receiving community care services.</p> <p>To compliment the scheme additional carers grant funding has been commissioned with the voluntary sector to provide increased levels of community based respite.</p>	




Significant highlights	Progress to date	Status
Recommendation 7:		
<p>KCC with Health and VCO's need to ensure that provision of respite/breaks is flexible, of the right type and that the provision meets the needs of carers as well as for the cared-for person</p>	<p>A standing Carers Advisory Group has been established. The Group is jointly chaired by Steve Leidecker, and Barbara Hagan, a representative of carers support organisation. The Group was instrumental in shaping the service development priorities for 2008/9. These are;</p> <p>A Single Point of Contact - a county-wide dedicated advice and information helpline service for carers</p> <p>Carers' Emergency Card - 24/7 contact number in case of an emergency. This means that if a carer becomes ill or is involved in an accident they can be assured that there will be someone to look after the person that they care for</p> <p>Carers' Training and Education - to cover topics such as moving and handling, medication, dealing with difficult or challenging behaviour, coping with specific conditions and employment. A group of Kent carers support organisations, supported by KASS are bidding for funding to provide the Expert Patient Programme for carers called 'Caring with Confidence'.</p> <p>Carers' Emergency Support Services - developing time-limited (48-72 hours) home-based emergency cover to provide support in times of crisis e.g. carer's unplanned admission to hospital or a medical emergency, a family member being taken ill and requiring help or attention, the death or funeral of a close friend or family member.</p> <p>Short breaks - Increasing the type and availability of short breaks, including at home, in the evening and overnight.</p> <p>KASS will use its influence via the Carers Advisory Group and other methods to ensure that the PCT sign up to joint commissioning plans to ensure that the additional carers' money routed through the NHS is spent to compliment existing services, addressing gaps and delivering against the agreed priorities. Emergency or crisis support will be a priority commissioning area for the NHS.</p>	
Recommendation 8:		
<p>Multi-Agency Adult Carers strategy to be progressed as a priority</p>	<p>Work has begun to develop a Kent Adult Carers Strategy; the strategy will be our Kent response to delivering the National Carers' Strategy which was published in June 2008. To take the works forward a sub group of the standing Adult Services Carers Advisory Group has been established with representation from KASS, the voluntary sector, both Kent PCT and carers. The group will develop a high level strategy to show how in Kent we intend to implement the National Carers Strategy. Following on from the strategy there will be two separate joint commissioning plans for East & West Kent.</p> <p>KASS will ensure that links are made between the Kent Adult Carers Strategy and work within Kent to deliver the imminently expected National Dementia Strategy and the recently published End of Life Strategy 2008.</p>	

Significant highlights	Progress to date	Status
Recommendation 9:		
<p>Need to ensure that awareness is raised within schools to increase the understanding of what it means to be a “young carer”, and find ways to identify and support young carers.</p>	<p>In 2008 guidance was issued to all schools regarding the needs of young carers and how to support them in the school environment. In order to support schools in applying this guidance an additional 20K was allocated to each of the five young carers projects across the county to enable them to work directly with local schools. This has enabled us to identify additional young carers across the county.</p> <p>Awareness raising and training has taken place with a number of Local Children’s Services Partnerships (LCSP) and with specific groups of staff who work in schools or support the school environment i.e. Family Liaison Officers, Parent Support Advisors etc. Strategic links have been made with other initiatives that support the well-being of pupils in school e.g. PHSE and Healthy Schools.</p> <p>The Anti-bullying Strategy makes specific reference to bullying that takes place as a result of disability and the KSCB Anti-Bullying Policy specifically identifies young carers as a group of vulnerable young people at risk of bullying. The Joint Protocol between Children’s and Adult Services (see below) clarifies the routes of referral into children’s services for those young carers with additional needs.</p>	
Recommendation 10:		
<p>Consider the need for a clearly identified “Lead” for young carers on CSS operational front and education, alongside those for policy/strategy</p>	<p>The additional monies identified during the last year to support local young carers projects working more closely with local schools will have helped to begin to share the expert knowledge held within the projects to other agencies, specifically schools. This year, to support the LCSPs in developing links with the young carers projects and to prioritise support for young carers, each LCSP has been offered £500 per 1000 of child population to develop young carers support. To date the majority of LCSPs have taken up this offer and a report will be made next year on the outcome of this work will report.</p> <p>In a year of great change in children services the majority of agencies have identified leads for young carers. These leads are proactive in promoting the needs of young carers within their agency and as a result a range of awareness raising events have taken place and are planned. Further work will take place to clarify young carers leads for all agencies. It is as yet too early to judge the impact of the CAF in identifying and meeting the needs of young carers. It will be important to monitor this during the coming years.</p>	

Significant highlights	Progress to date	Status
Recommendation 11:		
<p>Need to ensure clear responsibilities and referral pathway for young carers between Kent Adult Social Services, CFE and other agencies. Protocols between KASS and CFE to be developed.</p>	<p>A Joint Protocol between Adults and Children’s Services is now in place within KCC. Recommendation will be made to the Kent Children’s Trust Board that the Protocol is adopted children’s and adult services across the county.</p> <p>The joint protocol identifies the appropriate person to carry out assessment within households. It is anticipated the adoption of the protocol will increase the number of young carers identified and therefore support offered to them.</p> <p>Staff awareness/briefing plan is being developed.</p>	
Recommendation 12:		
<p>Invisible people – the multi-agency young carers’ strategy & accompanying commissioning strategy should be implemented urgently and monitored to ensure objectives in targets are met.</p>	<p>Invisible People- Kent’s Young Carers Strategy was subject to formally launched in July. The document is available via Kent Trust Web and the KCC web-site. The multi-agency implementation plan that supports the document is subject to annual review by CFE POC and the Kent Children’s Trust Board.</p> <p>Work has begun on a ‘Hidden Harm Strategy’ this multi agency strategy will pull together the work necessary to protect vulnerable children (many of whom will be young carers) who live with parents of guardians with substance misuse problems.</p>	

Significant highlights	Progress to date	Status
Recommendation 13:		
<p>KCC in partnership with Health and the VCO's need to improve understanding and sign posting from Health sector to available help and support for carers in the county.</p>	<p>The new standing Carers Advisory has for the first time in Kent brought all the key strategic partners involved in supporting carers together. Both PCT have identified Carers Leads who are working in partnership with KASS to develop the Kent Adult Cares Strategy and associated commissioning plans. The identification, sign posting and support offered by primary care is a consistent theme and one that will feature heavily in the strategy.</p> <p><i>We expect that training for GPs, a requirement of the dementia strategy will also contribute to improving the current situation.</i></p>	
Recommendation 14:		
<p>KCC to pursue with Health, the need to consider how carers of Mental Health patients (and service users) can be better supported, particularly at times of crisis and out of hours.</p>	<p>The provision of carers assessment workers, piloted in West Kent, has now been extended to cover all of Kent. These workers ensure that all carers of people with severe mental health problems are offered their own assessment of their needs and are signposted to the support they need.</p> <p>Likewise, funding for Carers Breaks has in the last year been implemented in all parts of Kent. These are designed to give carers a break and are arranged by carers support projects.</p> <p>The Mental Health Matters help-line is now funded from 5PM to 9AM on weekdays and 24hrs weekends and holidays. The service is available to carers and referrals can be made to the Crisis Resolution and Home treatment Teams.</p> <p>Kent Adult Social Services will aim to influence how the local NHS intends to allocate the new funds that they are receiving for carers, increasing services available to carers out of hours and at time of crisis will be a priority.</p> <p>Further work needs to be done to ensure carers needs are fully recognised in crisis and out of hours. We will be finding ways to include mental health in the Carers Emergency Card scheme. A seminar is shortly to take place with all mental health carers projects across Kent which will examine how carers needs can be better recognised at times of crisis and out of hours.</p>	

STATUS

- Key:
-  = Complete/advanced progress
 -  = Some good progress although more to do
 -  = Little/no significant progress yet/high risk (therefore high priority next steps)