

Appendix 12

Youth Provision District Report

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Subject: KCC Delivered and Commissioned Youth Provision in Tunbridge Wells

Classification: Unrestricted

Summary: This report provides an overview of youth provision available in the district of Tunbridge Wells. This includes provision that is directly delivered or commissioned by Kent County Council (KCC).

1. KCC Directly Delivered Youth Offer in Tunbridge Wells

- 1.1. The KCC internal youth offered in Tunbridge Wells consists of a variety of key activities for young people to engage with. These include, but are not limited to, the following:
- i. **NEET (Not in Education, Employment or Training):** We offer a weekly drop in session for young people who are currently NEET or who are at risk of becoming NEET and would like support and guidance as to what is available for them. This includes further education opportunities, linking them to regular work experience opportunities, one to one support via the commissioned CXK service, as well as assistance with CV writing and interview skills.
 - ii. **Special Educational Needs Groups:** We currently co-deliver this once a week with Oakley Special School, including some provision for school holiday periods. The youth session is aimed at young people who have special educational needs (SEND) or who have a disability but wish to access a youth provision, and who may otherwise struggle to access a generic youth work session. We aim to build confidence and self-esteem enabling young people to access mainstream youth provision sessions in the future
 - iii. **Junior Open Access:** Open Access youth work sessions, run in the Tunbridge Wells Youth Hub. Sessions are open to all young people (8-11). However, we actively target and facilitate attendance of those most at need such as those open to Early Help and Preventative Services (EHPS), Children's Social Work Services (CSWS), and Youth Justice.
 - iv. **Senior Open Access:** Open Access youth work sessions, run in the Tunbridge Wells Youth Hub. Sessions are open to all adolescent young people (11-19). However, we actively target and facilitate attendance of those most at need such as those open to EHPS, CSWS, and Youth

Justice.

- v. **Courses 4 Youth Tier 1:** We offer ASDAN short courses or performing arts award to enable children and young people to gain accredited outcomes over a period. These courses enhance the learners' confidence, self-esteem, and resilience. In addition, learners develop core skills in teamwork, communication, problem solving, research, and self-management. The courses are aimed at engaging and continual support for young people.
- vi. **Course 4 Youth Tier 2:** As tier 1 but targeted to specific needs over a 6-week period including healthy Relationships, anti-bullying, transition, self-esteem.
- vii. **Courses 4 Youth Tier 3:** Like tier 2 these targeted programmes are being delivered to an identified group of young people involved in substance use, offending, and anti-social behaviour; risk taking behaviour and offending behaviour. Young people highlighted as NEET are supported in work readiness.
- viii. **Peripatetic Detached:** Outreach work which also responds to local need as well as Community Safety Unit (CSU) requests, where the Youth team will support community events during the year that young people attend.
- ix. **Missing Return Interviews:** Missing person return interviews are carried out by Youth Hub staff, for every young person not open to CSWS or Units to ensure we understand the reason for their missing episode and ensure their safety and wellbeing.
- x. **Duke of Edinburgh (DofE):** An accredited open award centre that currently delivers bronze and silver DofE opportunities. We offer DofE bronze, silver, and gold awards through the youth hub and we will provide support for young people to complete the award. We will also run training and organise and oversee the expeditions.
- xi. **BeYou LGBTQ:** This programme is delivered in partnership with Porchlight, who have been commissioned by the CCG to deliver a support session in the district. BeYou LGBTQ+ drop-in sessions are open to young people who are both looking for support and wanting to support other young people in this cohort.
- xii. **Additional Support:** This support is carried out by youth hub staff, for young people 8-18 (25 where they have additional needs). Additional Support is a one to one intervention carried out with the young people after a Signs of Safety assessment. This work is carried out over 6-8 weeks. Those young people are encouraged and supported to access the universal offer to provide ongoing support.
- xiii. **Residential Work:** The youth hub offers residential work with a focus of meeting needs while building resilience through outdoor education. This can range from weeklong residential to one night camping events.

- xiv. **Targeted Holiday Programmes:** During the school holidays, a targeted programme of activities is delivered to offer young people opportunities to engage within structured positive activities, these include Hub activity days, zoos, outdoor education sports and art and craft alongside Senior Member days. Young people from EHPS, CSWS and Youth Justice are actively targeted and encouraged to attend.
- xv. **Senior Members Committee:** Open to young people aged 13+ years, to learn how to become senior members and support other young people in their youth provision. The group are active members of the youth hub involved in Young People Partnership Conversation (YPPC) and planning and evaluations of the youth hub services.

2. KCC Commissioned Youth Offer in Tunbridge Wells

- 2.1. There are 12 Youth contracts across Kent, delivered by 7 providers. Salus have recently been awarded the contract for Tonbridge and Malling and Tunbridge Wells. The remaining life of the contract is 40 months and the contract started on the 1st August 2018. The Youth Hub Delivery Managers have worked and continue to work with the new provider to establish a programme of delivery that meets the needs of the two districts.
- 2.2. The youth offer from Salus, includes the following programme of support:
 - i. 6 sessions per week of delivery in Paddock Wood, Rusthall, Sherwood and Cranbrook. Sessional youth groups that respond to local need as well as Community Safety Unit (CSU) requests.
 - ii. Salus attends the CSU meetings alongside EHPS and offer a briefing to other community partners on “hotspots”.

3. Governance

- 3.1. The overarching responsibility of the district Young Person Partnership Conversation (YPPC) is to ensure that there is a good understanding of the youth offer within their respective districts and for this to inform the Local Children’s Partnership Group (LCPG). This enables youth work to remain consistently of a high standard for children and young people (aged 8-19 years and up to 25 with additional needs) living in the district. The YPPC’s is open to both district and county Members.
- 3.2. The YPPC’s take place three times a year within an agreed timetable that runs alongside the LCPG.

4. Partnership Working in Tunbridge Wells

- 4.1. There are a number of key areas of work that KCC are involved in or leading on, alongside partners in Tunbridge Wells, which have a particular focus on engaging with and supporting young people. Much of the partnership working is focussed on getting young people to access the universal provision and courses 4 youth or to access the correct tier of support.
- 4.2. The Youth Hub Delivery Manager attends meetings of the Anti-Social Behaviour Panel, to discuss the needs of young people and the opportunities for young people to access universal, additional,

or intensive family support. This also acts as an opportunity to assess young people networks and support partners in informal education interventions with young people identified.

- 4.3. The Youth Hub Delivery Manager works closely with Kent Police's Youth Engagement Officers and Community Safety Unit, to address emerging issues of challenging behaviour and youth violence in the district to support young people and their families at an appropriate intervention level.
- 4.4. The Youth Hub Delivery Manager works closely with both Service Managers for Open Access and Units to gather information and intelligence regarding vulnerable young people. This information is shared, at numerous meeting including adolescent risk meetings, various complex strategy meetings.
- 4.5. Youth Hub staff support Voluntary Youth Provision as required, including Olympia Boxing and drop in sessions with the CXK workers and unit workers.
- 4.6. The Schools Link Worker role is carried out by Youth Hub staff and is in place to support schools with accessing universal, additional, and intensive family support. It also consists of regular meetings of advice and support.
- 4.7. Reach out youth run weekly session out of the Youth Hub; young person peer led support group improving emotional health and wellbeing.
- 4.8. Healthy living run weekly session out of the Youth Hub supporting independent living skills for young people 18+ with SEND.

Early Help and Preventative Services
Open Access Improvement Review Tool

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| Document Owner | Alan Collado |
| Version | 3 |
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Open Access Improvement Review

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| Dates of Review: 13 th , 15 th and 16 th Oct 2018 | Reviewers: Debee Beale Jo Galvin | Centres visited: The Ark CC, Little Forest CC, Cranbrook CC, T Wells YH District: Tunbridge Wells |
| Managers Present: Simon Fry - Children's Centre Delivery Manager (CCDM) Sara Fletcher - Youth Hub Delivery Manager (YHDM) Dan Bride - District Early Help Manager (DEHM) | | Staff and Partners Present: Various staff and partners from both Youth and Children's Centres |
| <p>Context: This Open Access Improvement Review was conducted to establish where Tunbridge Wells District 0-25 Open Access Provision has made improvements since the last review in February 2017, when a grade of Requires Improvement with some elements of good was achieved, and how effectively they operate as the Early Help 0-25 Open Access offer for the District. The first four sections of the report look at and grade the 0-25 Open Access Service Delivery under the categories of:</p> <ol style="list-style-type: none"> 1) Access to Services, 2) Quality and Impact of Services, 3) Effectiveness of Leadership and Management and 4) Overall Effectiveness. <p>Various documents were reviewed including the Action Plans for both the Children's Centres and the Youth Service, the Universal Data Pack, Service Proposals, Service Summaries and Risk Assessments. Service Delivery was observed, and meetings were held with staff, partners, volunteers, parents and young people to provide evidence to support the review. The initial context meeting included an excellent presentation on the challenges, successes and priorities. The DEHM, CCDM and YHDM demonstrate a high level of understanding and knowledge of the District and use data to good effect to prioritise and target their offer. They are able to evidence that although Tunbridge Wells is perceived as affluent, the District's median pay has actually dropped from ranking 3rd in the County to 8th and there has been an increase in referrals, particularly where parental separation impacts on families. The perceived affluence overall is a challenge in attracting funding and resources for targeted work and the management team work hard to engage with partners to increase capacity and the offer to service users. Tunbridge Wells have higher than expected levels of families with EAL, and these are predominately made up from Eastern European (Ukrainian, Russian, Polish and Slovakian) and Asian families. Cranbrook also has a high percentage of families from a travelling background. There is no Further Education provision in Tunbridge Wells which is a further challenge, with the nearest being in Tonbridge. This coupled with poor transport links leads to a lack of opportunity for young people. Despite this there has been a significant reduction in the numbers of NEETs through the work of the Youth Team and Participation Meeting and as a result of this work Tunbridge Wells have exceeded their NEET target and currently have the lowest numbers of 'unknown' NEETs in Kent. Historic staffing challenges have now been addressed in both the CC and YH teams resulting in positive impact on service delivery. Appropriate management decisions such as not appointing a second youth SEHW and instead appointing a full time EHW have positively increased the flexibility of youth provision with excellent outcomes. Although changes within the Unit staffing had impacted on the ability to link with Open Access, all managers and staff have worked hard to address these and have now forged positive relationships that are evident in the collaborative working across all teams. Close working with Children's Social Work Services (CSWS) has resulted in no step-ups for the last 2 months. The District played a key role in the West's integrated pilot to reduce Children in Care placement breakdowns and have continued this work with positive outcomes celebrated recently in the CYPE Newsletter as part of National Youth Work Week. The CCDM recognises challenges to access by service users and the DEHM facilitated provision of an outside buggy park as a result of service user feedback, this has enabled increased access to services by target families in the Paddock Wood area. There is a high demand for parenting support for parents with children on the Autistic Spectrum. The Cygnet programme, an ASD group for those still awaiting a diagnosis and a parent led peer support group ensures the waiting lists are managed and parents awaiting a diagnosis are well supported to achieve positive outcomes with their children. Recommendations for development are listed at the end of the report.</p> | | |

| Category | Score |
|---|----------|
| <p>1. Access to services by children, young people and families</p> <p>Robust Early Help Action Plans are in place to influence the provision of services based on need. The Delivery Managers were able to demonstrate that they effectively use their local knowledge of the area and the data provided to inform their decision making with regard to service provision. They fully engage with partners to identify joint priorities and targets using the District Advisory Board and Youth Advisory Group to ensure that Actions and Targets are SMART and linked to evaluation and identified need as well as relevant data. Service user feedback is effectively used to adapt and improve the targeted and universal offer, an outstanding example of this is the Courses4Youth programme which has been implemented as a result of engagement with young people involved in risk taking behaviour. This targeted programme was developed as a result of the young people identifying what was important to them and offers a series of courses that young people can complete according to their need. All Staff demonstrated increased confidence, enthusiasm and motivation as a result of feeling fully supported and involved by the Delivery Managers in service delivery review and changes. There was also an increased confidence in the use of processes such as service proposals, risk assessments, evaluation and service summaries and it was evident that this was as a result of excellent support, guidance, supervision and training. Staff are assigned lead roles ensuring they take responsibility in planning and delivering services following a clear process implemented by the Delivery Managers and this is an example of outstanding practice.</p> <p>Tunbridge Wells District offers a comprehensive package of universal and targeted 0-25 services delivered from well-resourced facilities including 5 full time Children's Centres and the Youth Hub, as well as at outreach venues, ensuring that they are reaching the most isolated families, children and young people. The nature of the very targeted work and size of the Youth Hub facility means that Reach figures remain low and require improvement in all target areas apart from Young Parents. Reach figures are also below target in the top 10 most deprived LSOAs in the District apart from Rusthall and Benenden and Cranbrook for Under 2's and Broadwater for 8-19's. Delivery Managers have been working to improve the figures and feel that the data does not reflect the true picture of service delivery, especially those open to CSWS but have not seen an improvement in the data so have requested that the I&I team look into this as well as some other data queries. There have been some issues with the Commissioned Youth Service Provider and there is now a new provider in place, so this should also improve the overall reach data for 8-19's. Repeat attendance data is good and the YHDM is confident that they will reach their accredited outcomes target due to the number of young people due to complete Asdan and DofE. The use of data is well established with all staff and regularly discussed at team meetings, as well as being reviewed when evaluation is undertaken. Service Summaries are regularly completed including regular service user feedback, these are then used to review service delivery appropriately.</p> <p>There are strong links between the CCs, YH, Units and CSWS. The District enhances the monthly CSWS data by also having weekly lists of new referrals provided by CSWS which are then discussed at management level and allocated to staff. Business Support screen all families on the lists to see what support has already been given and this information is shared with the family's social worker, and the allocated EH worker to ensure that everyone is fully aware of work that has already been undertaken with the family. This avoids duplication and ensures real time involvement meaning families receive the right level of support in a timely manner. Those families who have not received previously EH support are then proactively targeted to be offered universal and targeted provision through Children's Centres and Youth as appropriate. A parent Drop-In started in September to offer further support to families who have attended parenting programmes with parents able to mentor and support each other. Unit staff support the delivery of this. Social Workers have referred young dads into the Dads Group that runs monthly enabling them to benefit from peer mentoring from other fathers. This group is also being used for Contact sessions for children estranged from their fathers.</p> <p>Recommendation: I&I to work with the Delivery Managers to ensure data reflects actual reach but if current reach figures are correct DMs to work towards improving them. The senior management team continue to work hard to ensure that the Additional Support work does not impact on the universal element of the service delivery, and there is very good communication between the units and open access due to the units being based in the YH</p> | <p>2</p> |

and CC. Most requests are being assigned within 3 working days with some work needed on ensuring that data entry reflects assessment started within 10 working days and closure within 8 weeks with an outcome. There were some issues with data input highlighted that can be addressed which should improve the data. The new District Conversation process is in place and working well with the DEHM, Delivery Managers and Unit leads all providing a day of responding to any requests. The Delivery Managers identified some improvements that could be made to the Additional Support paperwork and offered to work with I&I to achieve these.

Recommendation: Work to improve the number of Additional Support Requests being assessed within 10 working days and being closed within 8 weeks with an outcome.

Recommendation: Review the use of Additional Support Request 'reason for closure' to ensure that there are no data entry errors and that 'closed to advice and guidance' is being used appropriately.

Recommendation: I&I to involve YHDM in the proposed review of Additional Support Paperwork.

Universal Provision was observed at the Ark Children's Centre and was well used with approximately 10 families attending, with a good mixture of parents and grandparents bringing children to the service. One parent had English as her second language and stated that she found the group useful to make friends and to help her child to socialise. Two parents came together, although one did not live in the local area and stated that the group was a good opportunity for their children to meet and play. The room was laid out well with a variety of activities on offer and good use was made of the outdoor space with children observed being encouraged to participate in all activities available. The Risk-Taking Behaviour course was observed as an outstanding example of targeted service delivery with young people and partners able to demonstrate the difference made to young people's lives with tangible outcomes such as, reduced criminal and anti-social behaviour, reduced substance misuse, reduced homelessness, accessing employment, education and training, improved healthy lifestyles and improved sexual health and relationships. One partner described an 'astonishing difference' in the young people attending the course and the young people described the Youth Hub as their 'safe place' where they could 'be themselves' and 'have fun'. The course, developed as a request of the young people when asked what they wanted to stop them taking risks, has led to an outstanding suite of targeted courses inspired by these young people all of which lead to an ASDAN accreditation.

There is a robust system in place to increase the take up of Free Early Education (FEE). There had been challenges previously with having a whole team approach to FEE due to staffing capacity, but since a new FF2 lead took on the role in January 2018 this has improved greatly. Take-up for FF2 for the second payment run in the Autumn term is 70.43% which is 7% higher than at the same point last year. Business Support are fully involved in FEE and cross reference and check the DWP lists and feel confident in contacting and talking to families about FF2. The new report that details families who have applied for, but not taken up their FF2 funding, is being used effectively to contact the families and identify where the Early Years setting has not made a claim, and this will be reflected in the take-up percentage when the new FF2 report comes out. Relationships with Childminders are effective, and the lead makes good use of the Childminder group at the Ark to link in with the Childminders and share information and resources such as the Change4Life programmes. Health Visitors promote FF2 and good use is made of the development clinics to identify families who may be eligible.

The displays across all the settings visited were up to date and current and there were current and relevant Public Health related materials available and accessible for parents and young people. The CCDM is the PH lead for CC's and ensures that relevant information is cascaded to all staff. Consistency in the information being displayed could be improved by standardising board content and sharing it with all centres. The new Public Health Specification has recently been shared that outlines the expectations and priorities of Open Access in terms of Public Health promotion and this may help to clarify what needs promoting and what doesn't.

Recommendation: Consider using the new Public Health Specification to target relevant

campaigns to promote consistently across the District.

A previous recommendation had been to ensure that Physical Play was available in Little Forest, an area of high excess weight levels in young children. The CCDM has addressed this and Physical Play is now embedded in all CC's. Born2Move (B2M) is promoted in Stay & Plays and information for parents is clear and available in creche rooms at all centres.

A good variety of Adult Education programmes are offered including accredited Maths and English, Family First Aid, Christmas Crafts, Family Scrap Book and Parenting Programmes. Family Scrap Book is an Adult Education programme that gives parents the opportunity to create scrapbooks of their family while the children are cared for in Creche. The tutor uses the session to discuss a range of topics from healthy eating and exercise to emotional well-being. The parents found the group a safe place to have some 'time out- from their day to day routine and found it a calm space to collect their thoughts and energy whilst also developing their creative skills. The group was diverse, including Asian, Polish and a young parent and they all talked warmly about how much the group had helped them feel less isolated. The parents appreciated the opportunity to make the family books to reconnect with their child. Some of the group were attending the EAL classes and found it useful to practice their English-speaking skills. For the last 30 minutes of the workshop the group move into the Creche and engage with song and rhyme time with their children. Parents and children were observed enthusiastically participating with the children helping to choose the next song. The relationships between the parents and staff were warm and friendly and it was clear that a great deal of trust had developed between the class and the tutor, who facilitated and supported open and honest group discussions. Retention levels for the courses are generally high and Staff demonstrated a good awareness of how to keep parents engaged. E.g. the Maths and English Courses have been accredited which means they are longer but only the first two terms are promoted engage parents who can then choose to continue with the third term and achieve accreditation, which the majority do.

The district has registered 39 teenage parents and have reached 28 (71.8%) through their YAPS group and excellent partnership with the Teenage Parent Midwife. The YAPS group is now delivered by Kent Creches as an accredited programme of weekly drop in sessions providing education opportunities for the young parents to gain knowledge of age appropriate activities for their child and the importance of learning through play as well as sexual health and relationships information. The children are looked after and tracked to show progress in a creche while the programme runs giving them access to planned sessions linked to the EYFS. This is a targeted service that meets the criteria for the county re-engagement programme ensuring that young parents are in Education, Employment and Training (EET) provision and as such the information should be shared with regards to NEET.

Recommendation: Ensure that information is shared with regard to the young people attending YAPS being removed from the NEET list.

Tunbridge Wells currently have the 2nd lowest (8th in 2016) number of young people Not in Education Employment or Training (NEET) according to the latest County figures with 22, and the lowest number of 'unknowns' (1 at one point this year). This means that the District are below their target of 1.32% at 0.82%. This data has radically improved since the current YHDM has been in post, and since the focus of the LCPG on this target in 2017/18. The YHDM's outstanding work is recognised through a very good working relationship with the Post 16 progression manager. The Youth team use various strategies to find and contact these young people in liaison with CXC including door knocking, Drop-ins and asking all young people their NEET status. The remaining 22 NEET young people have challenging issues including SEND and Mental Health issues that make it even harder to access the FE provision which is in Tonbridge due to there being no provision in Tunbridge Wells. A monthly participation meeting is held and the focus of each meeting changes according to the identified need such as elective home education and exclusions with the relevant teams being invited to the meeting.

There is evidence of good operational relationships between CC and HV staff, for example the You and Your Baby group is co-delivered successfully. The Baby Clinic was observed as a

welcoming environment for parents to access and was attended by a Health Visitor and a Community Nursery Nurse, there were no EH staff in attendance which could support the uptake in registrations and engagement with families, but reception staff were observed checking all families who came into the centre and checked on their registration status. Baby Hubs rotate the four parent education programmes on offer although some (ISF and minor illness) are more popular than others. The Learning through Play element is delivered by the CNN and is not currently supported by the CC Born2Move (B2M) lead which is a requirement. Link meetings take place regularly to discuss families who may need some extra support. The process of identifying families as Universal Plus at the new birth visits is not fully embedded by Health Visitors in Tunbridge Wells as yet and this is an area that could be improved, although it is recognised that not all needs may be picked up at the New Birth visit the Team Leaders do need to ensure that all HV's are aware of the process for recording UP at the New Birth Visit. Health Visiting staff have now taken over the breastfeeding clinics, initially there were a high percentage of referrals for Lactation Consultants, but these have now settled, and the clinics are working well. Attendance at some are low and are due to be reviewed but this will need to be undertaken in consultation with the CCDM to ensure the most vulnerable families remain supported. Peer Supporters have not always been turning up to support clinics, and HV's have reported that some new volunteers lacked the confidence to engage with parents, but the appointment of the Infant Feeding Coordinator should help to address these concerns. Solihull is not currently being run by Health and this is put down to capacity issues (HV's down to 11 FTE from 18), training requirements and the need to ensure baby hubs are up and running fully first before embedding Solihull.

Recommendation: Children's Centre Born2Move Lead to link with and co-deliver Learning Through Play Baby hubs.

Recommendation: CCDM to work with HV Team Leader to ensure HV's are aware of the process for recording Universal Plus families if needs identified at new birth visits and I&I to follow up with KCHFT.

A grandmother and a mother of young people currently attending services praised the support the Youth Hub had provided. One spoke about the difference made to her daughter's life and also several of her friends attending the Risk-Taking Behaviour programme, which was observed for the review and achieved outstanding in every category. The grandmother felt that her grandson had begun to talk about his feelings positively enabling him to access further support which he had initially resisted. The parents felt the Youth Hub was a 'safe place' for their young people, that also supported them as parents to talk to workers about concerns and issues. Parents and young people have a variety of methods to share their views to help with the design and delivery of service, these include suggestion boxes in every reception, feedback from social media and Parents Voice Week where staff went into Groups and undertook a survey with parents. The information from this was fed into the DAB and You Said/We Did boards. Staff also support parents to attend the DAB and YAG to give their views. While the Parents have a voice there was not much evidence of the young child's voice being captured and used to inform service and this may be an area for development.

Recommendation: Consider ways to improve the capture of the younger child's voice in the same way as parents and young people.

Recommendation: Provide Case Studies to I&I to share as good practice examples.

2. Quality and Impact of Practice and Services

Early Help, Unit staff and Social Workers work exceptionally well together, at every level, to ensure that provision for families is targeted and appropriate to need. There is a joint CSWS/EH management meeting as well as joint training workshops and opportunities to shadow each other. Staff are nominated as link workers between all 3 services and attend each other's meetings to share information and increase knowledge of each other's services. Groups are used effectively to support both exit and ongoing work alongside intensive interventions for families. Social Workers make full use of the services available in Open Access to provide a more holistic level of support for families, for example a Young Mum under CSWS who had recently moved into the area was supported to access services in the

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Children's Centres which has reduced her anxiety and helped her to feel less isolated. The impact of the work undertaken across all services is shared across the teams so everyone is aware of progress for individuals. While this approach is fully embedded within Youth it could be strengthened in the Children's Centres as the named Social Worker is changing. The new Courses4Youth programme has an outstanding integrated approach to delivery based on targeted need and is having positive effects on outcomes for Young People, for example, one Young Person who was facing prison is now in employment and has had his sentence reduced to a Community Order as a result of the integrated work within the programme. There is a concerted effort by the whole team to engage with every child and young person on the CSWS list and good processes are in place to support this, the impact is not fully reflected in the data and this is an area for improvement.

Recommendation: I&I to support with training to help staff improve the capture of data to reflect activity with families known to CSWS and Units.

Consistent messages are effectively communicated by the senior management team to all staff to ensure they are clear on their roles and responsibilities. The CCDM has ensured that all staff have received the recent BFI prompts to help remind them about the importance of supporting parents chosen method of infant feeding. There are displays in all settings promoting breastfeeding, but some do still contain the old PSB literature and these need to be updated.

Recommendation: Check boards with Breastfeeding messages are up to date and remove any PSB/Kentbabymatters posters for breastfeeding.

New staff are trained in B2M and leaflets are produced for parents to help them replicate play at home, the Health Visitors promote the B2M ethos and give out the leaflets at clinics and checks. The Public Health Profile helps identify need and relevant targets are then set and monitored in the action plan, these will be further supported by the new Public Health Specification that has recently been sent out. Within the Youth Team Public Health is robustly promoted and the Youth Hub has relevant and key PH messages on display, including the Change4Life resources. Young People are also actively involved in designing the displays. The Risk-Taking Behaviours Group have enthusiastically embraced healthy food as an option in the workshops, so much so that one parent commented on how much healthier their child and her friends were eating and a partner commented on how much healthier they looked as a result of this and reduced substance misuse.

Staff and volunteers were observed as good role models, engaging well with children, young people and families, encouraging parents and children to become involved in play and young people to actively participate in improving their own outcomes. The planning in the service folders is clear and relates to individual children and young people, with key WOW moments and outcomes captured. It is not as clear in some of the Children's Centre folders how previous sessions influence planning for service delivery, but this was apparent in the Youth folders and other Children's Centre services, so this needs to be consistently applied by all staff. Staff have a good grasp of reviewing their services and undertake good quality summary of services with the latest review taking the evaluation of the service up to October 2018. These could be improved by adding outcomes for individuals as these are clearly captured in the planning paperwork. Updated parental evaluation needs to be added to the Children's Centre folders. Risk Assessments were comprehensive and up to date and staff undertake checklists in line with these at the start of each session. The theme of the Stay & Play observed was size with big teddies/little teddies used in the craft activity to demonstrate sizes, a template was used as part of the activity which is against EYFS guidelines, although children also had the opportunity to create their own art freestyle. The EHW was able to identify which children in the group were tracked and noted that staff share information to help identify the relevant families for tracking, including making use of business support to identify families attending the group from target LSOAs.

Recommendation: I&I Team to provide training to Children's Centre staff to support the capturing of individual outcomes and impact in Summary of Service.

The staff team have a good understanding of the data pack and the Public Health Profile and these tools along with data and information from partners are used to help inform priorities and service delivery. Delivery Managers have identified where there is a high percentage from target LSOAs that have registered but not been reached, and a concerted effort has been made to engage them with services. New services such as 'Fun with the Family' and the Courses4Youth have been created to support targeted groups who are either open to Units, CSWS or have an Additional Support request. Current numbers of referrals via Social Workers remains low even though Social Workers are provided with information on the Open Access services and registration forms to complete at their first visit, with the aim of increasing engagement with target groups. Currently the nominated link Social Worker for children's Centres is leaving and the CCDM has identified that some work is required to strengthen the link between Social Work and the Children's Centres.

Summary of Services (SOS) are undertaken routinely for all services. The SOS give a good overall synopsis of what is working in the service and have clearly identified actions for improvement, staff have improved greatly in completing these. While the planning clearly identifies some wonderful outcomes for individuals the impact and outcomes are not always evident in the SOS and this is an area that could be improved. Current Children's Centre process is for all SOS to be sent to the CCDM to read and sign off, the SOS are then used in planning meetings with the CCDM and SEHW to inform and prioritise service delivery going forwards. This process could be improved by the SEHWs signing off the SOS for the staff they manage as these would be a useful tool in supervision to inform performance. The CCDM could still retain management oversight of the SOS.

Recommendation: Consider CC SHEW receiving and reviewing Summary of Service for the staff they line manage to use in supervision and performance management

Recommendation: I&I to offer training to staff on recording Summary of Service outcomes.

During the Summer some integrated events were run to attract a target audience of 5+ but these did not go well. The team learnt from the experience by reviewing what they had offered and how the events had been advertised. As a result, the plans for the Autumn events were changed, the advertising was more targeted including leaflet drops in school with the outcome that the events were much better attended and reached the target audience.

The Children's Centre target areas and priority groups are clearly identified, and all CC EHWs are aware of what these are, all children attending Creche are tracked. A review took place of attendance at groups to help identify target children to track, as a result the number of children tracked has increased significantly, and all are from target groups. A schedule of observations is carried out by the SEHW's and the information from these are used to advise and inform the EHW in their service delivery. The information from observations is also discussed in team meetings to improve and inform practice. The progress tracker now has more than sixty children being tracked and the first 30 minutes of the EHSW's termly meetings are used to discuss children in target groups and ensure judgements about those children who attend more than one group are accurate and moderated. EHSW staff were able to accurately talk about the areas where development is needed for children and explain how the services are set up and adapted to ensure these needs are met. For example, Communication and Language had been identified as an emerging need and this is now incorporated into the planning for all Stay & Play Groups. Staff consistently complete the 'My Progress' forms for all children being tracked and use these to plot progress and plan activities to support children's individual development. The information is currently added to the progress tracker by the CCDM and summative assessment is shared with the team to inform future planning within the groups and creches. With the increase in the numbers being tracked it might be more beneficial if staff entered the points of progress for the children being tracked themselves, this would also help inform their knowledge of the progress being made by individual children. The Early Years Improvement team graded the Early Years provision as 'Good' at the end of year review which is a significant improvement from the previous year. There is a very good process in place for engaging with Early Years settings with a tiered approach to support. Those settings within target areas likely to have a high level of target families are prioritised and receive a minimum of one visit a term and an offer of an EH worker coming in to the

centre to deliver an activity. Subsequent settings are graded depending on their location and will receive different levels of support. There is clear guidance for staff to follow on the expectations of contact with EY settings and all staff complete a 'Visit Sheet' to inform SEHWS and management of the outcome of their visits. Staff are linked to collaborations and attend meetings termly to update the settings on CC services.

Recommendation: Consider Children's Centre EH staff entering their own points of progress on the Progress Tracker now that the process has been embedded by the CCDM.

Youth staff spoke with confidence and enthusiasm about their service planning and how young people had led their recent service development ensuring their needs were at the heart of everything they provided. They were keen to share that their confidence and motivation was as a result of the outstanding leadership of the YHDM who provides an excellent level of skills, expertise and support. The youth staff act as excellent role models and challenge unacceptable behaviour appropriately in line with the clearly displayed codes of respect, explaining that this is preparing young people for what is acceptable in other environments such as work etc. Relationships with young people are outstanding and effective with young people enjoying themselves and achieving outcomes in the safe and friendly environment created for them. The young people spoke confidently about the Youth Hub being their 'safe place' and referred to being 'addicted' to being there it was so good. Young People who previously could not talk in public gave a brilliant presentation on the activities they had been involved with over the summer and the difference the Youth Hub had made to them. The centre effectively uses partners, volunteers and senior members to enhance the limited staffing structure to provide excellent and safe environments in challenging situations, that include substance misuse and criminal and sexual exploitation.

There have been 21 Youth Work Observations completed in the District since December 2017, which is the third highest in the County. Results of the completed observations and recommendations are added to a spreadsheet and used to continually improve service provision resulting in the most recent observation being outstanding in every category. Previous observations showed that Context, Session Delivery and Quality of Relationships were mainly good whilst Planning and Outcomes required improvement, this is in line with County trends. Recent Planning and Evaluation Training has taken place to address the areas identified for improvement.

There is a strong and robust volunteer programme in place. Currently there are 15 CC volunteers, 1 Youth with 2 training, 5 Senior Members and 12 Breastfeeding Volunteers, from a diverse background including a retired teacher, speech and language therapist, previous service users, a student nurse and a pre-school manager. A recently appointed volunteer from the Asian community has been a great advocate in encouraging other members of this ethnic group to engage. Volunteers are recruited locally and through the KCC volunteer site where all vacancies are advertised. An allocated member of business support provides all administrative functions to the volunteer lead, including keeping the database up to date, processing new applications, DBS checks and references. This has proved invaluable in increasing the leads capacity. Volunteers are invited to DABs, YAGs and Annual Conversations, so they can contribute to action planning and a volunteer supported the Parent Voice survey. Volunteer boards and information packs help promote volunteering and all volunteers are adequately supervised and complete relevant training. There have been some difficulties with the breastfeeding volunteers due to the recent changes in service provision, a new co-ordinator is now in post and working with the breastfeeding volunteers to increase support at breastfeeding groups. Volunteers clearly contribute to the effective running of services and complement and are valued by the staff team. One volunteer spoke enthusiastically about the support she had received and how much her confidence had improved as a result, she felt she had learnt new skills that could potentially help her find future employment. While staff have exceptionally good relationships with their volunteers and are aware of the progress they have made, their journey is not always recorded on the tracker and it would be good to keep an account of these positive outcomes.

Recommendation: Ensure volunteer tracker captures the progress volunteers have made, e.g. going in to employment

Adult Education Courses are developed through a combination of needs analysis and parental choice and the tutors demonstrate an ability to be flexible and amend programmes according to need. There are excellent relationships between tutors and staff and tutors are responsive to the needs of families, developing bespoke courses and delivering in the evenings. The focus on delivery has changed from participant numbers to Learning hours and Tunbridge Wells has already exceeded its 200 hrs target. There are currently 17 parents on the EAL programme and retention rates are high. Maths and English are well attended, and parents have the choice to either achieve a Functional Skill or if they are not ready for that they can achieve a Stepping Stone, widening the opportunity for achievement to participants at all levels of skills. There has been a challenge to delivery in the programmes due to rising Creche costs. The CC has addressed this by picking up the shortfall through putting their own staff in Creche and sourcing a more competitively priced creche provision but there has been an impact in Creche space (only 6 spaces offered now). The CCDM has begun to submit claims for unique learners and this funding should help to fund Creches. Evaluation is taken from all learners and a high level of satisfaction is recorded on the end of course evaluation summaries, with 95% of learners agreeing that the course they had attended encouraged them to keep on learning. While evaluation on course satisfaction and recording of achievement is logged, longer term impact is not captured, and this is an area that could be improved.

Recommendation: Improve long term tracking of Adult Education participants learning journeys and outcomes

There is a comprehensive offer of accredited outcomes for young people including Art Awards and Asdan Awards for Senior Members and through the Course4Youth programme as well as very good engagement with the DofE programme. There are currently 34 young people completing Asdan awards including young people from traveller backgrounds who find it difficult to engage with traditional education and the young people on the risk-taking behaviour course. Young people's achievements are also recognised with 21 nominations for the Try-Angles awards and young people from the risk-taking behaviour course being presented with their awards in the near future. The YHDM is confident that the target of 100 accredited outcomes will be achieved by the end of the year.

3. The Effectiveness of Leadership, Governance and Management

The 0-25 Open Access Management team is strong and provides excellent leadership to identify priorities that inform Action Plans and the delivery of services that meet the needs of the District. Staff are keen to share that the District Manager is approachable and always has time to listen to their views and take them into account. The Delivery Managers are supported to provide effective leadership to their teams. There has clearly been a concerted effort to identify the needs of the District and ensure that these are addressed despite the challenges of reduced funding and resources due to the perception of affluence against the reality of the increasing need. They have worked hard to maintain a focus on Open Access services providing excellent levels of universal and targeted services for children, young people and families across the District, although data is not yet evidencing that they are consistently reaching 65% of their target groups. Priorities identified in Action Plans are set with SMART targets for and are linked to the Staff TCP and appraisal processes. The DAB and YAG are effective in monitoring and challenging progress towards targets. The District can demonstrate that they are using central processes effectively to inform service delivery and prioritise target groups. Staff feel supported, enthusiastic and motivated to work together and understand each other's roles and the distance travelled from the last review in February 2017 is outstanding.

The DEHM has established very strong relationships with the CSWS teams for the district despite challenges with staff capacity due to illness and a new service manager. Social Workers students have placements in Open Access which strengthens their understanding of Open Access and relationships with staff. The DEHM now receives weekly lists of new referrals that are then screened by business support to ensure that CSWS are aware of previous EH involvement before they complete their assessment; and for EH to be aware of which CSWS families need to be targeted to engage with EH universal and targeted services. Allocation is based on EHW specific target areas of work and the DEHM has introduced a

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robust system of escalation for EHW if they are having problems contacting the SW assigned to the case. These processes ensure that staff are supported to undertake their duties and families receive support in a timely and cohesive manner.

FEE is fully embedded across the whole district and is an agenda item on team meetings, ensuring that all staff including Business Support staff fully support the promotion of FF2 and contact families from the DWP lists. There are strong links between the CCDM and the Team Leader for Health and regular meetings are in place to ensure families who need additional support are discussed and supported in a timely manner. Some decisions that are made locally e.g. the proposed changes to breastfeeding provision in the Paddock Wood area would benefit from more consultation with CCDM to ensure that target families have the right levels of support in place. There is a robust Adult Education provision with the district that is responsive to need and developed alongside the Districts action plan and priorities. NEET provision is extremely effective and evidencing excellent outcomes along with comprehensive provision of accredited programmes for young people improving their life chances. Youth Participation is strong and the evidence of this and parental participation at the YAG is an example of excellent practice as well as the ongoing work with the Sense of Belonging and CIC Pilot, providing opportunities for children in care to engage with Open Access Youth Services improving their outcomes through universal services.

Staff feel fully supported by their line management. Supervision is robust and helps to improve practice. Staff felt particularly appreciative of the fact that the DEHM was aware of the work they were doing and took time out to personally thank individuals. Youth staff discuss their action plan in team meetings and are fully involved in the development and planning of services to meet identified needs and priorities. Children Centres staff reported an improvement in the involvement of the planning and development of services and that they have a much clearer idea of the need on the ground than they did previously. Team meetings led by the SEHWs in the CC's are used to review and discuss groups and help to plan service delivery. All staff are clear of their roles and responsibilities and there are clearly defined Champion and lead roles which is an improvement of the previous review. Staff reported that they feel listened to and included in decision making which is also an improvement on the last review. Staff found the extended management meetings useful at providing a good framework for them to work to, as well as the monthly reflective practice meetings which have been strengthened by the recruitment of a Unit Worker into Open Access.

Management have a good understand of the needs of staff and have provided effective support in helping staff to deal with new responsibilities. For example, Business Support are being trained to deal with difficult conversations as a result of the changes to the Front Door process and the new District Conversations. This process will ensure referring agencies feels supported and staff have the right skills to manage expectations. Both Delivery Managers keep up to date with staff training requirements and although it is not a requirement they maintain a Single Central Record to ensure staff files and checks are up to date. Both managers ensure staff are aware of when their mandatory training is due and that it is completed in a timely manner. Staff reported that they felt supported to undertake additional training and that it is part of their team meetings.

Risk assessments are undertaken and are regularly reviewed with clear dates for when the next review is due to take place. Up to date risk assessments were observed in folders in the Children's Centres along with regularly completed daily checklists and displayed clearly in the Youth Hub. Safeguarding signage on who to report to if there are any concerns were clearly displayed in all Centres visited and there were clear safeguarding boards on display for parents and staff. The Youth Hub have a spreadsheet for when all paperwork is due to be reviewed and it may be beneficial to replicate this process in the CC's.

Recommendation: CC to consider replicating YH method for recording when paperwork is due to be reviewed.

The CCDM has recently created a Shared Folder that all CC staff have as a short cut on their desktops. This folder is being populated with up to date resources and information so that all staff have quick and easy access to information and materials they will need in their day to day roles. The folder is populated by the CCDM ensuring that the most up to date versions of resources are readily available to staff.

Three safeguarding leads have been identified and every setting has a flow chart detailing who these are and relevant contact numbers and procedures for staff to follow. Allocations on Level 3 and Additional take place on a Monday morning with representation from Open Access, Units, including the CCDM, YHDM and DEHM; and are undertaken thereafter throughout the week (if capacity allows) by the DEHM. This process ensures that referrals that come in are discussed jointly across the EH management team, retaining a mutual understanding of individual staff capacity & skills; and the threshold for level 2 and 3 intervention and enabling the rapid identification of the actions to take and the support package to put in place. This process ensures that individuals and families quickly receive the support they need and at the right level with all services fully informed and on board. With all the management team on board for allocations the process ensures that requests for support are allocated according to capacity and skills and no one staff member is unduly overloaded with work, enabling them to fully support the OA offer. It also enables the management team to understand the themes of the referrals coming in, and so to adapt delivery to match this need (e.g. Parenting group where ASD and ADHD is not diagnosed). Requests for support and referrals are managed effectively by this approach meaning that staff are not overloaded, and Units and Open Access will pick up work to support each other's service. Both the CCDM and YHDM feel that staff are much more confident now in Additional Support but find it hard to step back and let go of the individuals they are supporting. The YHDM and CCDM recognise that the recording of Additional Support, the outcomes and assessment dates needs improving and are seeking support from the I&I team to address this as per previous recommendation.

The AS audits are discussed in supervision with the relevant staff with the YHDM following the Unit process, but both CCDM and YHDM feel there may be more benefit in undertaking the audit alongside the staff member and question why the grading of the Audit cannot be shared with the staff member. The District Conversation process is robust and effective with 5 senior staff (including the DEHM, CCDM and YHDM) all having a designated day when they are the lead for all District Conversation requests that come in to the service. Business Support have been trained to take calls and have holding conversations, so referrers feel supported until they are contacted by the lead who is on duty that day. All leads have a 48-hr window to contact any requests that come in on a day when they are on duty. This process means that everyone is very clear about whose responsibility is it to contact requests for support that come into the district. Allocations of cases and Additional Support requests are undertaken throughout the week but informed by the weekly Monday management team meeting at which all 5 of the senior management team are present.

Reflective Practice groups are in place monthly for both CC and YH Open Access staff (held separately) to help inform practice and staff have reported how useful these have been in helping inform practice. Management oversight of AS request is recorded in notes, The CC audits are on track but the YH audits need to be completed. Feedback from staff in reflective practice is that the reflective practice tool is not very helpful and the CCDM has tweaked the form to make it more usable. The management team have requested that the paperwork for AS is reviewed to make reporting and recording impact flows better. The framework of the Single Central Record has been retained and is used by both the Delivery Managers to track staff and ensure their training and DBS are current and up to date. Staff receive reminders when mandatory training is due. The CCDM uses the SCR to track and record training on policies and a central file is held with all relevant and up to date policies for staff to access. The YHDM takes any new policies to team meetings for discussion to ensure staff are aware and on board with the information given.

Facebook is used effectively with a nominated staff member who monitors the site daily to respond to messages and post promotional information. The Delivery Managers have been making good use of FB to deliver targeted messages to relevant groups. Currently the YHDM is responsible for monitoring the FB and Twitter site for the YH but has limited time to do this and is actively trying to find a member of staff who can take on this responsibility. Complaints are dealt with centrally using the KCC process and are discussed in team meetings. Likewise, compliments are passed on to the staff member and celebrated in team meetings, a recent compliment came in for a SEHW in the CC thanking her for helping the family to engage with and come along to the Children's Centre and the impact in helping the children deal with a recent bereavement.

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| <p>The DAB chair came into the role in March 2018 and is already well established as she previously worked closely with the district through LIFT meetings and the LCPG as a Specialist Teacher. She has an on the ground working knowledge of the needs of young people from the ages of 0-19 and can bring that perspective to the DABs and Annual Conversations. The joint working between the DAB Chair and Senior Management is exceptional (the Chair and the DEHM both sit on the LCPG) and this has resulted joined-up approaches between schools, S&LT services and the EH team (units, OA, leads and DEHM) in supporting LIFT meetings. There are regular meetings between the Chair and the CCDM and the Chair is up to date with any challenges facing Open Access. The Action Plan is discussed, and targets challenged at every meeting with the CCDM. The Chair demonstrated a good knowledge of the priorities for the area including the good links with CLS and the challenges in working with Health on the Universal Plus families. The YAG chair is positive and enthusiastic and champions the work of the Youth Hub at every opportunity. She is particularly focussed on the views of the Young People and youth and parental participation is seen as a strength of the YAG. Young People are encouraged to hold the Youth Team to account and the YAG Action Plan is comprehensive relevant and up to date with the YHDM regularly monitoring progress on targets and feeding this into the YAG meeting.</p> | |
| <p>4. Overall Effectiveness of 0-25 provision</p> <p>Given the current comprehensive provision of integrated 0-25 Open Access Services to meet the needs of the Tunbridge Wells District, the evidenced quality and performance of the 0-25 services and the effective leadership and governance demonstrated, we would consider an overall judgement of Good appropriate. There are many outstanding features evidenced across all of the categories and with some further development as identified in the recommendations, an overall Outstanding grade is achievable.</p> <p>Based on the evidence presented the judgement for each area is as follows:</p> <ul style="list-style-type: none"> • Access to Services – 2 – Good • Quality and Impact of Practices and Services – 2 - Good • The Effectiveness of Leadership and Management - 2 – Good | 2 |

| Actions for development | Responsible - To be decided by District unless stated otherwise | By When – To be decided by District unless stated otherwise |
|---|---|---|
| I&I to work with the Delivery Managers to ensure data reflects actual reach but if current reach figures are correct DMs to work towards improving them. | I&I | |
| Work to improve the number of Additional Support Requests being assessed within 10 working days and being closed within 8 weeks with an outcome. | | |
| Review the use of Additional Support Request 'reason for closure' to ensure that there are no data entry errors and that 'closed to advice and guidance' is being used appropriately. | | |
| I&I to involve YHDM in the proposed review of Additional Support Paperwork. | I&I | |
| Consider using the new Public Health Specification to target relevant campaigns to promote consistently across the District. | | |
| Ensure that information is shared with regard to the young people attending YAPS being removed from the NEET list. | | |
| Children's Centre Born2Move Lead to link with and co-deliver Learning Through Play Baby hubs. | | |
| CCDM to work with HV Team Leader to ensure HV's are aware of the process for recording Universal Plus families if needs identified at new birth visits and I&I to follow up with KCHFT. | I&I | |
| Consider ways to improve the capture of the younger child's voice | | |

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| in the same way as parents and young people | | |
| Provide Case Studies to I&I to share as good practice examples. | I&I | |
| I&I to support with training to help staff improve the capture of data to reflect activity with families known to CSWS and Units. | | |
| Check boards with Breastfeeding messages are up to date and remove any PSB/Kentbabymatters posters for breastfeeding. | | |
| I&I Team to provide training to Children's Centre staff to support the capturing of individual outcomes and impact in Summary of Service. | I&I | |
| Consider CC SHEW receiving and reviewing Summary of Service for the staff they line manage to use in supervision and performance management | | |
| I&I to offer training to staff on recording Summary of Service outcomes. | I&I | |
| Consider Children's Centre EH staff entering their own points of progress on the Progress Tracker now that the process has been embedded by the CCDM. | | |
| Ensure volunteer tracker captures the progress volunteers have made, e.g. going in to employment. | | |
| Improve long term tracking of Adult Education participants learning journeys and outcomes. | | |
| CC to consider replicating YH method for recording when paperwork is due to be reviewed. | | |

Completed versions of this form will be sent to the Children's Centre/Youth Hub Delivery Manager, District Manager and Head of Service and will be held by Information and Intelligence.