

# **Early Help and Preventative Services Prospectus**

**Kent Integrated Family Support Service  
and  
Kent Integrated Adolescent Support Service**

**May 2014**





# Contents

	<b>Page</b>
1. Foreword	5
2. Purpose of the Prospectus	8
3. What is Early Help and Prevention	10
4. Context, Scale of Need, Vision and Preventative Services Approach	13
5. Outcomes We Are Looking For	20
6. Key Priorities and Performance Measures	22
7. Arrangements for Local Delivery of KIFSS and KIAS	26
8. Early Help Assessment	28
9. Commissioning Support for the Delivery of Key Outcomes	30
10. Kent Integrated Family Support Services – Pre-birth to 11 years	34
11. Kent Integrated Adolescent Support Services – 11 years to 19 years	37
12. Your Views	41
13. Appendices including Key Contact Details	42



# 1. Foreword

Our new Directorate of Early Help and Preventative Services is designed to provide integrated support for children, young people and families who are at risk of having poor outcomes in their lives. All children deserve to flourish and do well but too many are trapped in a cycle of deprivation that blights their life chances and leads almost too inevitably to problems and poor outcomes. The answer lies in providing early help for whole families to become more resilient, to break the cycle of neglect and deprivation so that lives are turned around.

The root causes of poverty are well known: family breakdown, economic dependency and worklessness, educational failure, addiction and indebtedness. At the heart of this is the family, which is where children develop and the early foundations for their future lives are established. Parenting ability and family structure have a profound impact on children, most powerfully in the early years of life. Our focus, therefore, is to give more priority to family support and to delivering integrated early help services to the families, children and young people who need additional support if very poor outcomes are to be avoided.

This work is not new but the track record of early intervention and prevention services having a transformational impact on turning around the lives of disadvantaged children and young people is not impressive. This is a turning point in Kent, to get this right and to deliver an integrated 'whole family' approach that works.

In recent years we have seen some worrying trends which make the challenges greater. The UK is one of the richest OECD countries but inequalities have been increasing and this has a direct impact on children's wellbeing. More than half of children living in poverty are in working households. We have seen a rapid rise in mental health problems in children, an increase in teenage pregnancies and sexually transmitted diseases and an epidemic of childhood obesity. Inequalities in health and emotional wellbeing are striking. Poorer children are more likely to be born too early and too small, and are less likely to be breastfed or immunised.

Many poorer children start school with more limited vocabularies and greater likelihood of behavioural problems. They fall further behind at school and even the brightest disadvantaged children are overtaken by their better off peers. While educational achievement gaps are narrowing the gains are small. But we know where we can make big differences. For example, reading to children regularly at age three has far more impact on their development by age five than family income. Helping parents to support their children's healthy development and learning has a significant impact on their progress, together with access to high quality childcare. Ensuring disadvantaged adolescents stay in learning or training and achieve good qualifications by age 18 transforms employment opportunities.

By age six the educational attainment of a child from a poor socio-economic background with high cognitive ability is overtaken by a child with lower cognitive ability and a better off background. Academic success and access to university, higher apprenticeships and the best jobs depends very much on academic, psychological and behavioural attributes from childhood that are the product

of parenting and family environment, as well as the quality of schooling. Social and emotional skills, the non-cognitive abilities associated with character and self-esteem, predict earnings and a deficit in these areas continues the cycle of poverty. We can do more to change this cycle.

In recent years our child protection system has become over-burdened and increasing the numbers of children coming into the social care system is not sustainable or affordable. Hence we are investing in interventions and early help programmes that are designed to prevent such problems arising in the first place.

So what works and who are we most concerned to help?

Many children and young people in Kent, over 50,000, live in poverty in families with less than 60 per cent of median income, and so they are less likely to achieve or maintain the standards of health, wellbeing, safety, educational attainment or employment enjoyed by others. A lot of these children thrive, in spite of difficulties, but among these there are children and families with multiple disadvantages who, without additional support, will not be able to improve their outcomes. For this reason Early Help and Preventative Services will ensure we target the right children, young people and families and respond with the most effective joined up packages of support that are likely to have long term positive impact.

At a universal level what works best is access to, and maximum benefit from, high quality early learning and childcare, children's centres and a good or outstanding school, supported by highly effective midwifery, health visiting and other health services to ensure children get a good start in life. The capacity of universal services to do more to prevent problems emerging and increasing is a key aspect of our approach.

Earlier interventions, when children are very young or when problems first emerge, are likely to be the most effective for long term outcomes. This means a focus on the earlier years but also on tackling problems as soon as they become apparent, whatever the age of the child or young person. As parenting is the most critical influence on children's lives our priority will be to support families, to help them access external support services, to build family resilience and develop parenting skills. Struggling families are more likely to include lone parents or step parents, to have a disabled child, to include children under five, to have adolescents excluded from school, with poor attendance or engaged in crime, to have no adult in employment or be headed by a teenage parent. These are the parents who need priority support through our family support and parenting programmes. We will adopt a whole family approach and provide joined up support to families using a key worker model. Multiple inputs to families from different professionals and services are confusing, wasteful and often not very productive.

Our targeted work will also give priority to tackling mental ill health and substance misuse in adults and in children and young people. These problems impair parents' ability to care for their children and are likely to cause significant emotional and physical harm to children. When children suffer poor emotional support and have mental ill health themselves we will provide a range of therapeutic interventions, taught programmes and mentoring that develop self-esteem and

resilience. At the same time and we will improve access to mental health services designed to improve clinical levels of depression, anxiety and self-harm.

The challenges are there for us all to see but our most immediate challenge is to stop doing things the way we have up to now, and to work differently. The development of a more integrated approach to delivering Early Help and Preventative Services is an enormous opportunity for us to work differently and have greater impact on turning around and improving children's and young people's life chances.

Our strategy has several important elements, which we are moving quickly to deliver. These are to:

- Join our services up so that we operate a whole family approach with a key worker
- Provide a single service response so that families, children and young people do not need to move around the system and in and out of different services
- Strengthen earlier intervention through universal settings and to deliver our early help services in families and in and around schools and other universal settings
- Coordinate our services with NHS services, so that we get a more integrated approach with health visitors, school nurses, CAMHS, and substance misuse and sexual health workers who all have a role in providing early help
- Have a clear simple pathway for children and young people's needs to be identified and assessed and a clear plan of support provided for the family
- Develop a good range of early help support services in each local area that are commissioned in a more joined up way
- Deliver District based integrated teams that will work together to provide support, and that will meet weekly to coordinate and review the support packages for families in their local area, and the progress that is being made towards achieving agreed outcomes
- Organise services for 0-11 year olds and adolescents, who have expertise with different age groups, that will work together and coordinate support for families as part of one Early Help Plan
- Use the strengths of families to help themselves and ensure continuity of support for them until they feel things have improved
- Work closely with schools, early years settings and post 16 providers to help them improve and coordinate the early help they give to children and young people with additional needs
- Provide on-going development and training so that we have a highly skilled early help workforce, confident to work with families to keep them safe and turn their lives around.

I look forward to working with all our colleagues to make a success of this new way of working in Kent.

**Patrick Leeson**

**Corporate Director, Education and Young People's Services**

# 1. Purpose of the Prospectus

Successful organisations provide vision and leadership, set clear directions and have simple rules and strong messages that guide the right behaviour to achieve better outcomes.

This prospectus sets out our vision, ways of working and direction of travel for our new Early Help and Preventative Services. Promoting the healthy development of children and young people and targeting support to those that need early help is both a moral imperative and a necessary economic and social investment, which is why Kent County Council is making Preventative Services and Early Help a strategic priority.

Our focus is on supporting families, communities and universal settings within local districts to support all children and young people to do well and to stay safe. Our aim is also to provide additional local services that can be accessed easily, at the right time in the right place, to ensure more targeted early help is available to meet the needs of children and young people in a way that avoids problems becoming more serious.

The prospectus sets out what we aim to achieve and the ways we will be transforming our work in the next year or two. It sets out how early help services will work with children, young people and their families to help them overcome difficulties and reach their full potential.

The early years of a child's life are critical for ensuring they develop well and they do not fall behind in a way which means they have poorer outcomes throughout life. The quality of the caring and learning environment experienced by a young child critically impacts on how well the brain develops and emotional resilience starts to grow, and the lack of positive experience and nurturing can have on long term detrimental impacts on cognitive and social-emotional outcomes.

While early development is critical later stages of childhood and adolescence are also key periods in life when children and young people need nurturing and additional support to overcome barriers to success in life. We know, for example, that the biological changes and brain development that takes place in early adolescence is a critical period. Most children and young people develop well but those where there is material and emotional deprivation may suffer significant harm. This is evident in their self-esteem, their relationships and behaviour, in their health and in their learning and achievement. The new Early Help and Preventative Services Division, working with our partners in health and other agencies and in close cooperation with schools, is designed to provide early help and additional support to the children and young people at risk of poor outcomes and emotional and physical harm. The key target groups are those children and families whose needs are just below the thresholds for statutory social care.

Our greatest success will be to ensure that fewer of these children in future will need social care protection or to be taken into care, because they are receiving sufficient early help and their lives improve.



If we want to improve outcomes in adult life, early intervention and prevention in the early years especially, and throughout childhood and adolescence are essential. The waste of human potential, the risk of further intergenerational deprivation and the cost to society are the key drivers for change. Long term unmet needs which result in significant mental ill health, substance misuse, family abuse and neglect, poor educational achievement, unemployment and criminal offending are too high a price for not investing in early help services.

Children get one chance in life and their futures should not be determined by their background or by disadvantages they face early in life. Poverty should not predestine children and young people to educational failure and poorer physical and mental health, and yet we know it does so too often. Nearly all parents want to do the best for their children but some struggle with problems they have inherited or developed in their own lives. Where multiple problems exist, children have the least good chances of doing well.

Our approach is to work with families to develop their resilience and increase their capacity to help themselves. Our focus is to increase the availability and impact of those positive things that have greatest beneficial effect on children's lives, such as good parenting, growing up in a household in employment, quality early childcare and learning, a good school, healthy eating, the development of emotional resilience, ambition for the future in learning and employment, help to achieve good qualifications and safe behaviours and healthy habits in adolescence and early adulthood. We are deliberately adopting a whole family approach, working with parents, children and young people and their schools, colleges and early years settings.

The prospectus sets out:

- What we mean by early help and prevention;
- Our context, scale of need, vision and key deliverables for improving outcomes;
- The services that will be available to deliver early help and prevention;
- The impacts and outcomes we want to achieve; and the metrics we will use to measure whether we are getting better at delivering improved outcomes for children, young people and their families.

All of our work is predicated on highly effective partnerships and good relationships with our schools, health providers, the Police and other key agencies and stakeholders, who will be at the heart of this new integrated way of working at district level in Kent.

The prospectus provides information about the structure and organisation of Early Help and Preventative Services from April 2014, which will ensure a more joined-up delivery of services at a local level to meet the needs of vulnerable children, young people and their families in a timely and effective manner.

### 3. What is Early Help and Prevention?

Preventative Services are designed to respond early to tackle issues emerging for children, young people and families, who are most at risk of developing problems and having poor outcomes.

Early help and early intervention may occur at any point in a child or young person's life. Responding to a problem as soon as it is identified, acting quickly to prevent escalation and building family resilience and confidence are core to Preventative Services.

By providing a clear focus on early help, in a timely and effective way to children and young people who need it, we aim to ensure they can flourish and will not in future experience harmful long-term consequences. Providing early help is designed to reduce the demand for high cost, specialist support services.

Early help is about:

- Preventing, or minimising the risk, of problems arising – usually through universal services such as schools, children's centres, youth work and health provision.
- Early intervention by targeting individuals, groups at high risk or those showing early signs of a particular problem to try to stop it occurring or escalating.
- Providing early help services that respond effectively to needs, to redress the situation, stop problems getting worse and improve outcomes.

Early help services are multi-disciplinary and multi-agency and are delivered in a joined up way to have maximum impact on improving outcomes, providing families with a more coordinated approach, achieving the most efficient use of resources and reducing demand for more costly services.

#### Identifying Need

Preventative Services focus on working in partnership, delivering a **whole system** approach to supporting families and children.

The identification of needs is based on an assessment of the child and family's circumstances. The three agreed multi-agency 'Levels of Need' are:

**Level 1: Universal, where needs are met through engagement with universal services such as schools, GP services, youth clubs and where prevention is a priority.**

**Level 2: Targeted, where early help is available to address emerging or existing problems which, if not addressed, are likely to become more serious and need more specialist input.**

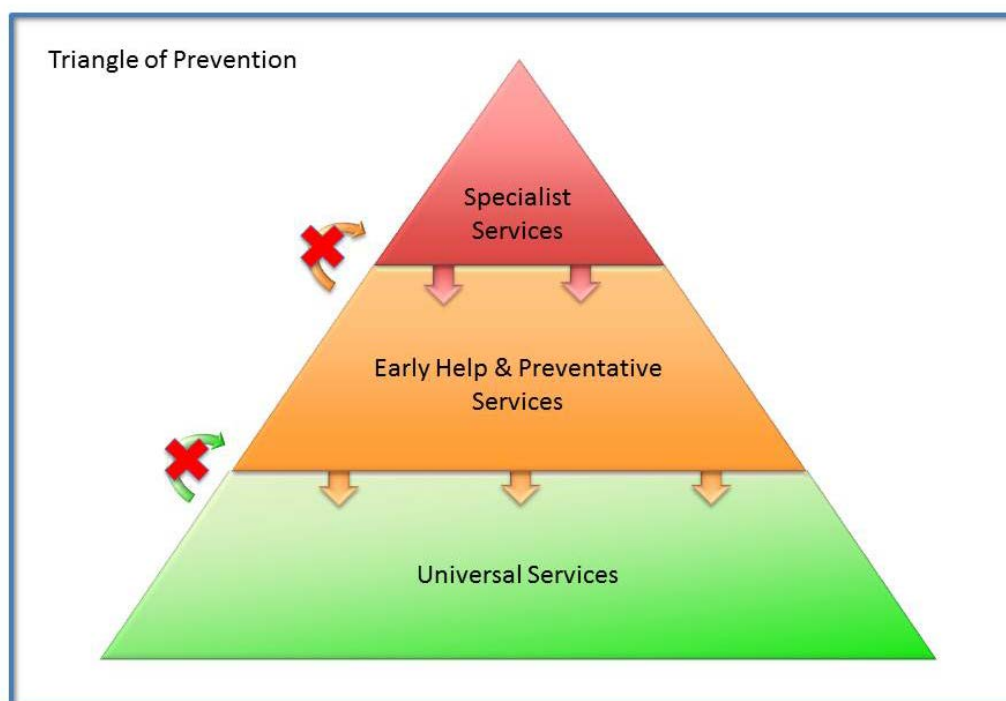
**Level 3: Specialist, where needs have become serious and there is a greater likelihood of significant harm, requiring the intervention and protection of statutory services.**

Level 2 is often differentiated into targeted support that is provided within schools, youth centres and children’s centres in response to the additional needs of children and young people, and a further level of targeted support provided by external services.

The service will be working with universal and specialist provision, ensuring that targeted support is available to those who need it, in whichever setting, and when they need it most. The service will be helping to ensure that children and families have a well coordinated experience throughout the pathways of care and support they receive.

The aim is to provide families with information, advice and support to prevent their needs escalating and to enable them to be supported at the lowest level of need, and where possible to become more self-reliant.

The diagram below positions Early Help and Preventative Services as a targeted service between specialist and universal provision. The arrows pointing down the pyramid indicate that early help services will prevent problems escalating and will support children to “step-down” from higher levels of support. The arrows with crosses through, demonstrate the impact of early help services in preventing the need to “step-up” to more intensive support interventions.



It is essential that the universal, targeted and specialist levels are seen as being parts of a continuum of support available to meet assessed need, and at any particular point in time. Children, young people and their families have different levels of need and their needs change over time depending on their circumstances. Most children are able to go through their childhood needing only the support of their family, their community, their school and other universal services to which all children are entitled. Some children and families need ongoing support, while

others may have their needs met sufficiently through an early intervention delivered within the universal level. Children, young people and families will not necessarily move systematically between the three levels. Occasionally a presenting concern or issue raised by a professional within the universal level will be so serious that it requires statutory or complex specialist assessment and intervention at the 'Specialist' level.

## **What Early Help and Preventative Services will do**

The following key principles underpin the way that Kent Integrated Family Support Service (KIFSS) and Kent Integrated Adolescent Support Service (KIASS) will deliver support. The services will:

- Prevent or minimise the risk of problems arising or escalating for all children and young people and particularly those that are seen as vulnerable
- Intervene at the earliest opportunity with appropriate early help in order to secure the best outcomes for children, young people and families
- Be intelligence led so that our resources and activities are effectively targeted to prevent the need for specialist services including specialist children's social services, high level CAMHS, and high risk youth offending
- Target resources and support to families risk, or showing early signs of a problem, to try to stop it occurring to maximise the future life chances of children and young people
- Examine the true cost of different risk groups, not just to KCC services but also to the NHS and the wider public sector services, thus evaluating outcomes across the whole system rather than an individual organisation or service
- Make certain that services are local and accessible for children, young people and families across the continuum of need
- Move towards an integrated commissioning approach, moving away from commissioning services to commissioning based on families' needs
- Ensure that children and young people are effectively safeguarded by all of the agencies and staff that work with them, securing effective step-up and step-down processes with statutory social care
- Ensure that children and young people and families have a key worker to support them in making progress and to coordinate their early help plan
- Involve children, young people and families so that they are listened to, their strengths are used and they are actively engaged in the plan to support them
- Adopt a whole family approach, whilst keeping the child or young person firmly at the centre of any intervention or early help programme
- Guarantee the voice of the child, young person and family is central to all interventions especially casework
- Empower families and individuals to become more resilient, responsible and less dependent on outside help.

## 4. Context, Scale of Need, Vision and Preventative Services Approach

### Our Vision

Kent County Council will target early help services for the most vulnerable children, young people and families who require additional support, with an absolute focus on delivering better outcomes. Children, young people and families will be able to access the right services at the right time in the right place. We will place them at the heart of everything we do, working in a more integrated way and avoiding, where possible, single service interventions which may lack coordination or result in wasteful duplication.

***Our Vision is that every child and young person, from pre-birth to age 19, and their family, who needs early help services will receive them in a timely and responsive way, so that they are safeguarded, their educational, social and emotional needs are met and outcomes are good, and they are able to contribute positively to their communities and those around them now and in the future, including their active engagement in learning and employment.***

In order to achieve this, Kent County Council and our partners will provide strong leadership, a skilled and flexible workforce, and the right integrated systems and processes to support children and young people to achieve their potential – whilst making best use of the resources available to us. Managers will have a proactive approach to demand management so that every penny spent is used in the best way possible to support Kent's children, young people and families effectively.

### A Preventative Approach involving New Ways of Working

To achieve this shared vision, our approach will involve some interim structures, but we shall also design and improve the service as we go forward. We will adopt a planned experimentation approach and the use of evidenced interventions, evaluating everything we do so that we learn and adapt.

We will develop a cost benefits and cost avoidance model that evidences where savings are being made over time and high cost interventions are avoided. Every change we make to systems and services will use logic models, so that we begin with the outcome or desired end in mind in order to determine the right actions to bring about that outcome.

Services will be more data and intelligence driven, using local information together with available data to target the right issues and needs in any locality. We will develop an integrated information sharing and data gathering system and processes, together with a single case management system, to support effective joint working between professionals across KCC, health, schools and

other agencies. We will use clear protocols for risk assessment and the stepping up and stepping down of cases with Specialist Children's Services.

We will develop an agreed integrated commissioning strategy, to help diagnose risk and tackle the root cause of family needs, and to specify what services are needed and what is expected of them, so that resources are spent wisely and efficiencies are achieved.

We will ensure that in undertaking needs analysis that there is a "no decision about me, without me" approach taken to offering appropriate and timely support by building strong working relationships with the family.

## **Transforming Services for Better Outcomes**

Kent County Council's transformation plan 'Facing the Challenge – Delivering Better Outcomes' was approved in September 2013. It sets out KCC's response to the need to transform the way we work to achieve better outcomes, while spending less. One of the key transformation themes is Integration and Service Redesign, which have brought together all Preventative Services within the new Education and Young People's Directorate. From April 2014 we have re-aligned our services around the needs of children, young people and their families in order to secure improved outcomes.

This is a significant piece of transformation activity for the County Council which must be delivered at pace. Accordingly, the Authority is aligning its available resources for early help and prevention to do more and achieve more than we do now, while looking for ways in which we can make savings and spend more effectively to have a greater impact. This requires creativity and innovation, a recognition that business as usual will not suffice, and a greater capacity by our services to learn quickly from the best practices elsewhere, or in particular parts of Kent, and apply them successfully across the county. The necessary savings required of local government are challenging but they provide the opportunity to develop better ways of doing our business more efficiently and at lower cost.

The intention is to make a significant difference through early help, to prevent the escalation of needs where we can, and identify the likelihood of problems emerging in the first place. The service must also make a significant difference in reducing demand for statutory children's social care and to help 'step down' social care cases from Children in Need, Children with Protection Plans and Children in Care, where it is safe to do so.

## **Re-directing Focus and Resources**

Our change programme is informed by the overarching framework for children's services 'Every Day Matters': Kent's Children and Young People's Strategic Plan 2013-16, which requires all

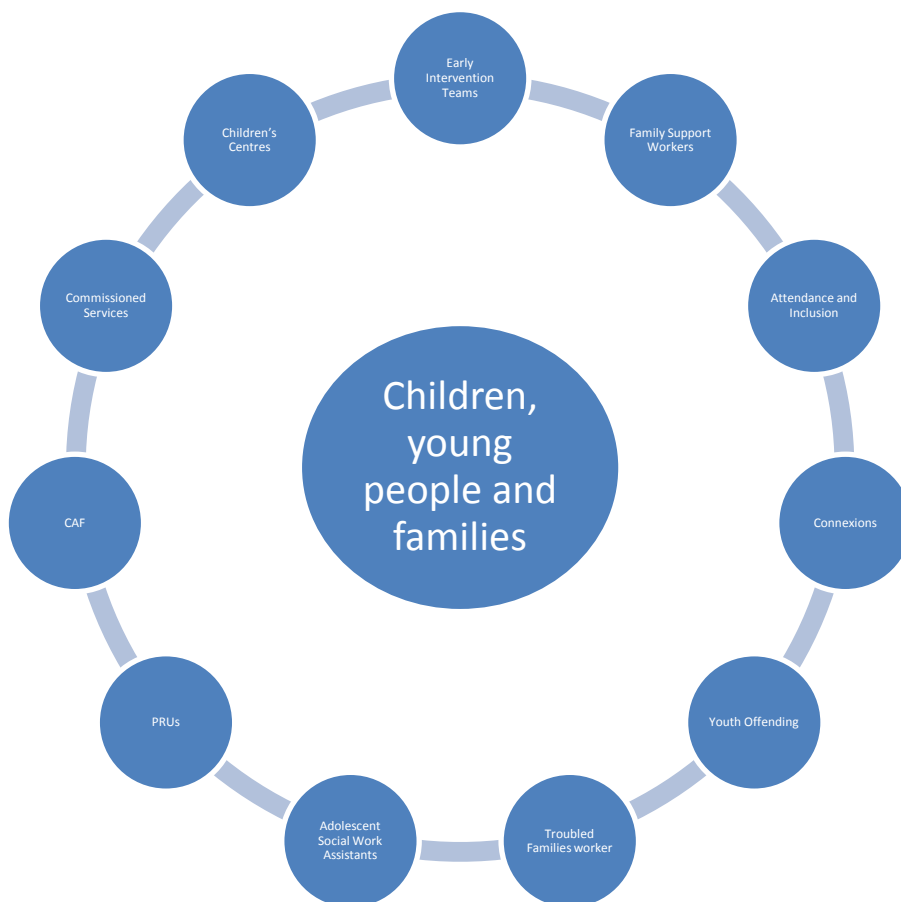
parties involved with children, young people and their families to work together to deliver integrated services. This Strategy states:

“A disproportionately high percentage of the budget is spent on a relatively small number of children with complex and acute needs. As a result, KCC has not invested sufficient resources in preventative services to the extent that we need to, if we are to succeed in shifting the balance between high level need and preventative services.”

## Early Help Preventative Services

The new Division for Early Help and Preventative Services includes the prebirth-11 Service, Kent Integrated Family Support Services (KIFSS) and the 11-19 Service, Kent Integrated Adolescent Support Services (KFIASS).

These services include Children’s Centres, Early Intervention Teams and Family Support workers, Attendance and Inclusion services, Connexions workers to provide targeted support for NEETs, Youth Offending workers, Troubled Families workers, Adolescent Social Work Assistants, Pupil Referral Units and Alternative Curriculum Provision, CAF colleagues and commissioned support services and health services for children and young people and Gypsy, Roma, Traveller and minority outreach workers.



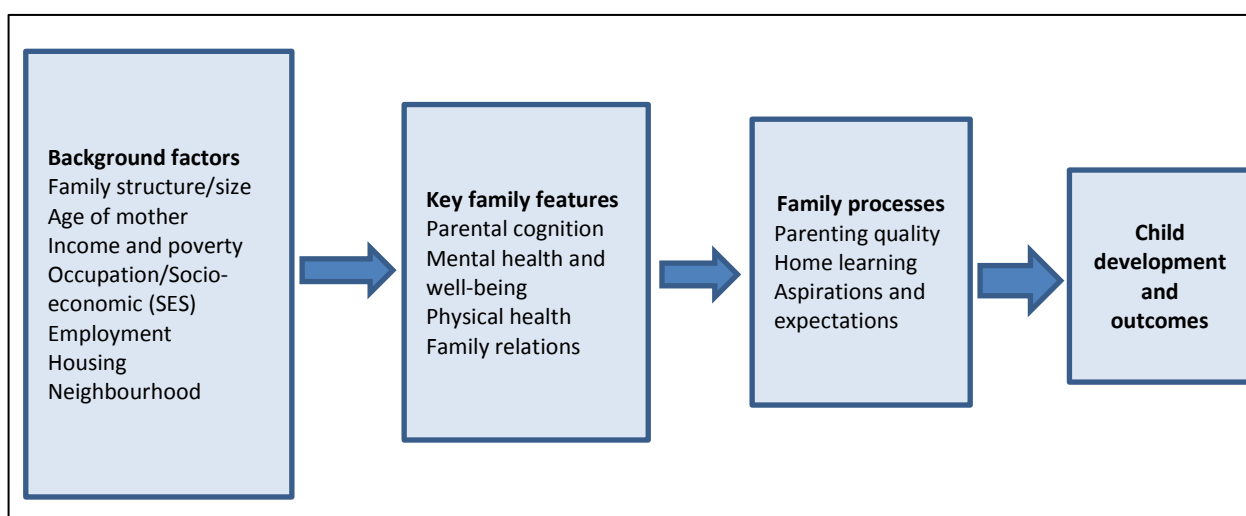
Schools, children’s centres and early year’s settings are at the heart of this new way of working at district level. By establishing a ‘team around the school’, it is expected that children, young people

and their families will be able to access services in a more timely, effective and appropriate manner so that early help activity will significantly improve outcomes for the child, young person and their family.

## Scale of Need

We aim to mitigate the impact of poverty and reduce child poverty where we can, and reduce the social exclusion and disadvantage experienced by too many children, young people and families. By making Preventative Services and Early Help a strategic priority we aim to transform as many lives as we can, working with our partners.

We recognise that parent and carer and wider environmental factors are often more significant contributors to child outcomes, than the characteristics of the child or young person themselves.



The kinds of carer or environmental factors that are known to contribute significantly to poor parenting and worse child outcomes are:

- Parental mental health problems
- Parental drug or alcohol misuse
- Family offending or anti-social behaviour
- Domestic violence
- Poor housing
- Family debt

For many families difficulties arise which, if addressed early enough, can be prevented from escalating to specialist services such as social care and youth offending.

Following an unprecedented rise in demand for specialist services from Children's Social Care in Kent in 2011, this has now reduced to a more stable state. However, the number of referrals and re-referrals is still high and we would like to see this reduce, not just because of cost but because it represents too high a level of social harm and child disadvantage and risk. More effective early



intervention and prevention will result in fewer referrals, and fewer inappropriate referrals and re-referrals, with children, young people and their families receiving the support they require much earlier and at a reduced cost.

## **Referrals to Social Care**

There were 14,304 referrals to Social Care last year, and of these 69% went on to an assessment, but 31% did not. We need to do better to provide appropriate earlier support for the 30% that did not meet social care thresholds. Most of the referrals related to domestic abuse, emotional wellbeing, neglect and physical abuse. Re-referrals to Social Care are currently over 30%.

At present there are 994 children with a Child Protection Plan and 6,474 Children in Need. There are 1,842 children in care, 829 of these are 0-11 year olds and 1013 are 12-18 year olds.

In 2013, the educational outcomes for children in care (CIC) continued to improve at the end of Primary school and at age 16 for GCSE results. 43% of CIC who were looked after for more than 12 months achieved Level 4 or above in reading, writing and maths at age 11 compared to 38% in 2012. At age 16, 15% achieved 5 or more A\* to C GCSE grades including English and Maths compared to 13% in 2012.

This means the CIC achievement gaps narrowed by 5% down to 37% from 42% the previous year for 11 year olds, , and by 2%, down to 47% from 49% in 2012 for 16 year olds, which is very encouraging. However these are the widest achievement gaps of any pupil group, and are an important focus for improvement in 2014. These children and young people seriously lag behind their peers in educational achievement, and are more likely to become NEET or a young offender than to go to university. We must change this.

## **Child Poverty in Kent**

Poor children are four times more likely to become poor adults than other children. We will only succeed in reducing child poverty if we break this cycle. Raising the educational attainment of poor children and supporting their social and personal development are key ways to make more of a difference. By putting in place targeted early help support for disadvantaged children and young people who fall behind, we close achievement gaps and minimise the risk of problems escalating.

According to the latest available data:

- 18% of children and young people live in poverty in Kent (56,000)
- 14% of children and young people claim Free School Meals
- 65% of poor children are aged 10 and under
- 69% of children in poverty live with a lone parent
- 26% live in Thanet and Swale
- The greatest child poverty in Kent is in Swale, Thanet, Shepway, Dover and Gravesham with rates over 20%

Poorer children in Kent do less well than their peers at school. At the end of Primary school there is a significant attainment gap, at 22.5% and it is not improving. The national achievement gap is 17%. By age 16, the GCSE attainment gap between poorer pupils and their peers is 32.4%. This has not improved in the last three years and is still significantly greater than the national figure of 26%. Consequently, poorer children in Kent do less well at school than poorer children elsewhere in the country.

By contrast, in the Early Years Foundation Stage, there is good progress in narrowing the early learning achievement gap for five year olds to 19%, which is the third best result nationally on this measure. Developmental outcomes for children aged five are also well above average, which is extremely encouraging. We must build on and improve these strong foundations in the early years and ensure we do more to ensure the most disadvantaged children get a good start in life.

## **The CAF**

The CAF, or early help assessment, will continue to be a key tool to carry out an assessment of needs and to plan the necessary actions to improve children's and family outcomes and support their additional needs.

- Currently 3,348 children and young people are supported through the CAF (Common Assessment Framework) which provides a multi-agency team around the family
- 21% are for those children aged 0-4, 41% aged 5-11, 30% aged 12-16 and 8% aged 16+
- The common areas of need are: domestic abuse, parental ill health and substance misuse, parenting skills, behaviour and attendance at school
- 43% of cases concern parental capacity and 64% concern family functioning, wider family issues and housing.

In order to tackle the barriers faced by poor and vulnerable children, young people and their families, we need to work towards increasing the range of protective factors in relation to risks experienced by:

- Helping parents provide a supportive environment and social network for their children
- Nurturing parenting skills through greater investment in parenting and family support
- Providing clear boundaries for children and young people at home and at school
- Ensuring all families who need it take up their free early years childcare entitlement
- Children's centres targeting and engaging all the families in need of additional support in their area
- Helping schools and early years education settings to improve children's emotional resilience (e.g. social skills, self-esteem)
- Supporting parents experiencing physical and mental health issues
- Supporting young carers
- Promoting opportunities for wider engagement in leisure, sport, art, volunteering and community activities
- Strengthening the preventative work and support for vulnerable children in universal services
- Enabling access for children to caring adults in the wider family and community

- Being clear who needs targeted support and why
- Investing in greater availability of emotional resilience and mental health programmes and treatment
- Working with Housing departments and associations to address housing problems
- Supporting parents and young people to improve their employability skills and access employment
- Providing a stable key worker relationship with some young people and families to ensure there is sustained support from a trusted adult from outside of the family
- Committing to involving families, children and young people in contributing to, and deciding, what will be most helpful to them
- Sharing information more easily between professionals, especially between health visitors, GPs, hospital A&E departments, the police, schools, early year's settings, children's centres and other staff in Early Help and Preventative Services.

## 5. Outcomes We Are Looking For

Having clear outcomes in mind helps us to do the right things and enables us to measure the impact of our preventative interventions over time. They also provide us with performance data to drive continual improvements.

These performance indicators help us to determine the progress or distance travelled towards our stated outcomes, and provides us with data to analyse whether this progress is sustained and cost effective over time.

	Quantity	Quality
Effort	<b>How much did we do?</b> <i>(the quantity of the effort)</i>	<b>How well did we do it?</b> <i>(the quality of the effort)</i>
Effect	<b>How many customers are better off?</b> <i>(the quantity of the effect)</i>	<b>Percentage of customers better off?</b> <i>(the quality of the effect)</i>

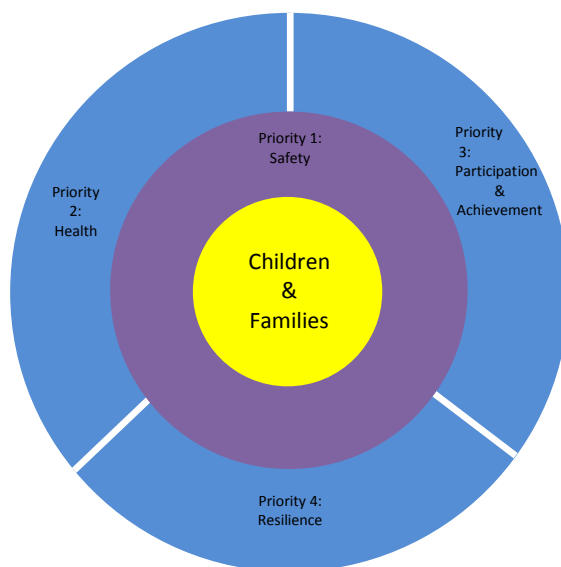
Early Help and Preventative Services focus on the following key outcomes for vulnerable children and young people who receive additional support including early help through the CAF process:

- Reduced need for statutory social care and more effective support for children and young people on the edge of care so that there are reduced numbers of children in care, child protection cases and children in need
- Increased numbers of children and young people who are stepped down safely from social care and who are not re-referred
- Increased use of the CAF and more successful outcomes as a result of CAF interventions
- Improved educational attainment outcomes and closing of attainment gaps at all ages
- Reductions in days lost to education through exclusion and absence, and in the number of permanent exclusions and rates of persistent absence from school
- Reduction in youth crime, re-offending and anti-social behaviour
- Reduced NEETs and improved participation in learning and training to age 18
- Improved readiness for school by vulnerable children at age 5
- Improved participation in 14-19 vocational pathways including increased take up of employment with training, apprenticeships and traineeships by vulnerable groups

- Reductions in substance misuse and teenage pregnancy
- Increased breast feeding and reductions in smoking by pregnant women and mothers
- Improved resilience and well-being for children and young people with reduced mental and behavioural problems and less demand for CAMHS services.

We will set clear targets for improved outcomes and monitor our progress in achieving them, in every locality in Kent and for the county as a whole. We will also compare our success with other similar areas and statistical neighbours and we will ensure we are in a good position to evaluate the most cost effective and efficient early help interventions that impact on improving particular outcomes for children and young people.

## 6. Key Operational Priorities and Performance Measures



Four key priorities for improvement have been established for preventative services. These priorities shape our work and focus on key areas where we will measure improvement in relation to important outcomes.

To assure ourselves of progress in achieving improvement in relation to the priorities we have developed a set of outcome measures to show the impact the new preventative services are having. We will develop this framework further as we make progress.

	KIFSS	KIASS
<b>Safety</b>	We will keep vulnerable and disadvantaged children safe without the need of specialist children’s services	We will ensure that more young people receive help earlier so that their needs do not escalate and require support from specialist provision
<b>Health</b>	We will reduce health inequalities in the early years and during childhood and ensure we improve physical and mental health outcomes	We will ensure young people are helped to avoid harm from substance misuse and risky behaviours and they benefit from improvements in support for mental health and wellbeing
<b>Participation and Achievement</b>	We will ensure vulnerable and disadvantaged children access and participate in good quality childcare and education and achieve good outcomes at ages 5, 7 and 11	We will ensure that all young people aged 11-19 are positively participating in EET, achieving good outcomes at ages 16 and 18, and progressing well to employment or higher learning

## Resilience

We will ensure early help services support children and families to be resilient and overcome barriers to achieving their potential

We will ensure that young people are resilient with good mental and emotional health, are able to make positive informed choices and become active and responsible citizens with strong personal networks

Priorities for 0-11 year olds	Key Performance Measures
We will keep vulnerable and disadvantaged children safe without the need of specialist children's services	Number of CAFs completed per 10,000 population for 0-4 year olds and 5-11 year olds
	% and number of TAFs closed because the case has escalated to Children's Social Services for 0-4 year olds and 5-11 year olds
	% and number of SCS cases closed that have been stepped down to CAF/Preventative Services for 0-4 year olds and 5-11 year olds
	% and number of TAF's open for 3 months or less when outcomes were achieved for 0-4 year olds and 5-11 year olds
	% and number of TAF's open for 6 months or less when outcomes were achieved for 0-4 year olds and 5-11 year olds
	% and number of TAF's open for 12 months or less when outcomes were achieved for 0-4 year olds and 5-11 year olds
	% and number of referrals with a previous referral within 12 months for 0-4 year olds and 5-11 year olds
We will reduce health inequalities in the early years and during childhood and ensure we improve physical and mental health outcomes	% of mothers breastfeeding at 6-8 weeks from birth
	Obesity <sup>1</sup> % of obese children in Reception and Year 6
	% Prevalence of smoking during pregnancy
	Number of A&E attendances for 0-4 year olds and 5-11 year olds
	Number of teenage mothers
	Number of children supported by CAMHS with a positive outcome
	Reduction in the number of children referred to CAMHS
Reduction in waiting and treatment times for CAMHS	
We will ensure vulnerable and disadvantaged children access and participate in good quality childcare and education and achieve good	% and number of fixed term exclusions at primary school
	% and number of permanent exclusions at primary school
	% and number of persistent absentees receiving early help
	% and number of take up of EYFE for two year olds, and

<sup>1</sup> This is important not to be lost, but is only reported on annually – the recommendation is that a quarterly figure is produced but this is current not available

outcomes	three and four year olds
	% of pupils at EYFS achieving a Good Level of Development <sup>2</sup>
	% of pupils at KS1 achieving L2B+ in Reading, Writing and Mathematics <sup>3</sup>
	% of pupils at KS2 achieving L4+ in Reading, Writing and Mathematics <sup>4</sup>
	% reduction in attainment gaps for pupil premium pupils at EYFS, KS1 And KS2
We will ensure early help services support children and families to be resilient and overcome barriers to achieving their potential	Number of families who receive early help support who report a positive outcome in helping them to move on
	% of families contacted within 8 weeks of child being born - Children's Centre
	Number of families supported through the Troubled Families Programme that achieve good outcomes and are turned around (with child under 11)
	% and number of families in each reach area who engage with Children's Centres
	% of families with children living in poverty under 11 who access employment and who take up maximum benefits

<b>Priorities for 12-19 year olds</b>	<b>Key Performance Measures</b>
We will ensure that more young people receive help earlier so that their needs do not escalate and require support from specialist provision	Number of CAFs completed per 10,000 population for 12-16 year olds and post 16 year olds
	% and number of TAFs closed because the case has escalated to Children's Social Services for 12-16 year olds and post 16 year olds
	% and number of SCS cases closed that have been stepped down to CAF/Preventative Services for 12-16 year olds and post 16 year olds
	% and number of TAF's open for 3 months or less when outcomes were achieved for 12-16 year olds and post 16 year olds
	% and number of TAF's open for 6 months or less when outcomes were achieved for 12-16 year olds and post 16 year olds
	% and number of TAF's open for 12 months or less when outcomes were achieved for 12-16 year olds and post 16 year olds
	% and number of referrals with a previous referral within 12 months 12-16 year olds and post 16 year olds
We will ensure young people are	Number of young people supported by CAMHS with a

<sup>2</sup> This is important but is only reported on annually

<sup>3</sup> This is important but is only reported on annually

<sup>4</sup> This is important but is only reported on annually



helped to avoid harm from substance misuse and risky behaviours and they benefit from improvements in support for mental health and wellbeing	positive outcome
	Reduction in the number of young people referred to CAMHS
	Reduction in waiting and treatment times for CAMHS
	Number and % of teenage pregnancies and single mothers aged under 20
	Self-reported use of drugs and alcohol and reduction in drug misuse
	Attendance by young people at A&E for deliberate or unintentional harm
	Chlamydia rates for 15-24 year olds
We will ensure that all young people aged 11-19 are positively participating in EET, and achieving and progressing well to employment or higher learning	Percentage of persistent absenteeism by young people receiving early help
	Percentage of NEETs
	Percentage and number of fixed term exclusions for young people receiving early help
	Percentage and number of permanent exclusions for young people receiving early help
	Percentage and number of young people attending PRUs or alternative provision who achieve a good outcome at age 16 and have a positive destination to college or employment with training
	% young people achieving 5 good GCSEs with English and maths at age 16
	% young people achieving level 2 and 3 qualifications at age 19
	% reduction in attainment gaps for disadvantaged young people at ages 16 and 19
	Number of apprenticeships started and completed by vulnerable and disadvantaged young people receiving early help
We will ensure that young people are resilient, able to make positive informed choices and become active and responsible citizens with strong personal networks	Percentage and number of targeted young people aged 16-17 engaged in social action and volunteering
	Unemployment numbers for vulnerable 17-19 year olds
	Number of families with adolescent members supported through the Troubled Families Programme that achieve good outcomes and are turned around
	Number of young people receiving custodial sentences
	Numbers of young people first time entrants (FTE) into the criminal justice system
	Rate and number of re-offending by young offenders

## **7. Arrangements for Local Delivery of Support Services in 2014-15, including KIFSS and KIAS**

Our aim is to enable staff at the front-line to better support children and young people's needs by working in a more integrated way, avoiding single service interventions which may be confusing for families or lack coordination or result in duplication.

The services are being integrated with a single interim management arrangement for KIFSS and KIAS from April 2014. Each district in Kent has a lead manager and integrated teams covering a range of professional skills and knowledge. Service delivery models are designed to respond quickly to provide children and families with integrated packages of support.

All of our early help and preventative services will be:

- Locally organised and delivered to be responsive and timely
- Multi-disciplinary and multi-agency
- Targeted on clearly identified need
- Integrated to ensure a continuum of support for children and families from pre-birth to 19
- Supportive of families to take more responsibility themselves
- Focused on clearly demonstrating an impact on outcomes
- Risk based and needs led
- Outcomes focused through effective case management

We aim to ensure that resources, which include KCC early help services and commissioned services, are aligned and in the hands of local service managers, whose job is to ensure professionals work together more constructively in close liaison with schools, early years settings and children's centres in order to be more flexible and responsive at the local level.

### **District-Based Structures**

Ensuring that people receive the right combination of support at the right time for the appropriate duration is the key deliverable for the district-based model.

Preventative Services are charged with reducing inefficiency and duplication across services and sectors, by improving working practices and building positive relationships with families in need, schools and other agencies. With schools at the heart of the district-based model, supported by early help integrated teams, we aim to increase the number of children, young people and families who can benefit from universal provision and reduce the number of families in greater need.

KIFSS and KIAS will deliver services through a district-based structure, with core staff delivering targeted family support, with links to social care and health services. Children's Centres, schools and Youth Centres will operate as universal access hubs.

Children's centres aligned in "hub and spoke" arrangements for KIFSS, and Youth Centres for KFIASS, act as gateways for assessment, signposting and referral to other services. Within each district they can access a range of support that is on offer to families across a range of disciplines.

Both KIFSS and KFIASS have integrated teams for every district with District Lead Managers for each service. This Manager coordinates a team of practitioners with a range of expertise. The interim structures of the Preventative Services and KIFSS and KFIASS are set out in Appendix 2 and show the range of services and expertise available.

These teams provide a single point of access, early help, services and interventions, with a refreshed early help assessment process that is more risk based. All children, young people and their families will have a key worker who will be responsible for assessing their needs, planning their support and reviewing their progress back to universal services. Teams and a key contact will be wrapped around early years settings and schools.

## **Key Deliverables in 2014-15**

KIFSS and KFIASS have the following common deliverables:

- District, or locality, based management structure and integrated teams comprising professionals who have expertise in early childhood development and well-being, family and parental support, education, social care, health, youth work and youth offending, careers and employment guidance
- Open access hubs provided by children's centres, schools and youth centres
- Case management of all children and young people receiving early help, to monitor progress and the quality of interventions, and ensure risks are escalated when appropriate
- Close links and coordination with local schools, pupil referral units, children's centres, early years settings, health providers, voluntary sector organisations and FE colleges and work-based learning providers
- Single points of access and an early help assessment and planning process
- Key worker or lead professional, including troubled family support worker, models of delivery
- Agreed information sharing and data gathering systems and processes
- Clear protocols for risk assessment and the stepping up and stepping down of cases with Specialist Children's Social Care Services
- A workforce development programme to improve skills and capacity of staff to meet needs
- An agreed integrated commissioning strategy to get the right services needed in each locality
- The integration of Troubled Families Programme into the service delivery models

## 8. Early Help Assessment

A key element to providing effective Early Help and Prevention is the consistent use across the children's workforce of procedures and processes to identify and address the risks and needs of children, young people and their families. Underpinning this work will be the development of preventative services brand, embedded within a communications plan and supported by the launch of an Early Help website.

### Early Identification

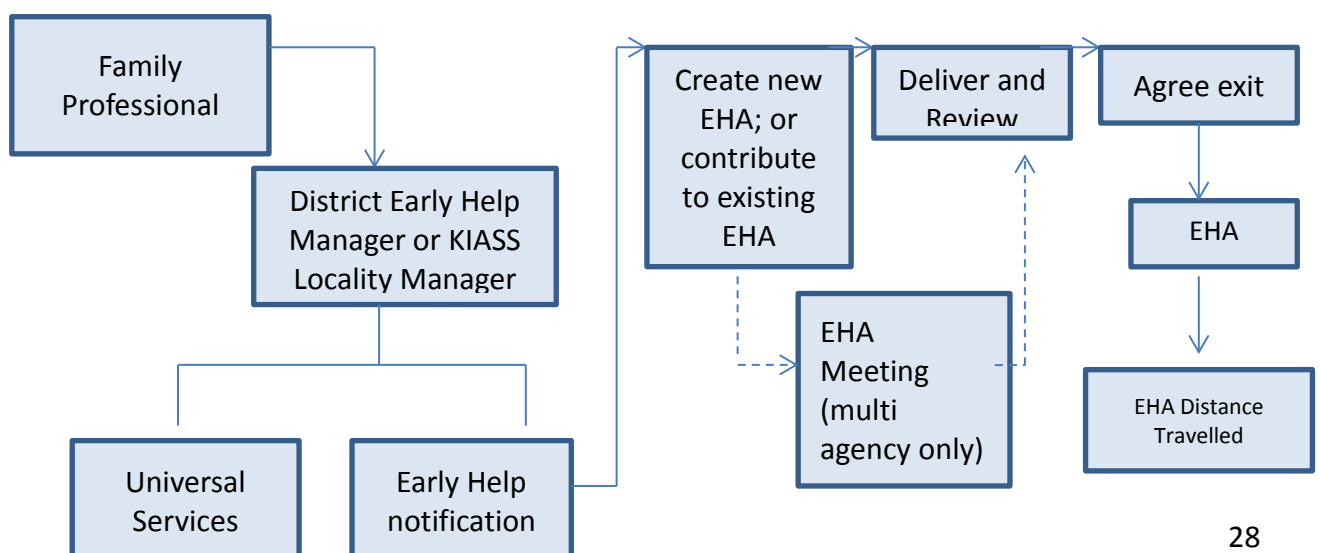
A key factor in identifying children and young people who need help is ensuring that services are designed to encourage contact from children, young people and families. Children's centres, early years settings, schools and youth work play an important role in supporting this function. Early identification is key to being able to respond early to emerging needs. Early Help and Preventative Services will have a key contact for every school and early years setting to encourage the early sharing of information and early identification.

### Early Help Assessment

High quality assessment makes a significant difference to children and young people receiving the right support and achieving improved outcomes. The CAF provides early help assessment and planning that aims to assess a child's and family's needs and develop and agree a plan through which we work together with the family to meet those needs.

We aim to refresh the CAF process, to improve the quality of assessment, to ensure it is a family assessment and that there is clear specification of outcomes, leading to a straightforward support plan. Many professionals would like it to be timelier in delivering actions and results and to be less bureaucratic to use. Work is under way to develop a new Early Help Assessment to recognise its broader use as the primary multi-agency assessment tool and to have this available electronically.

## Early Help Assessment Process (EHA)



**Identify:** There is no perceived risk or significant harm to a child or young person, but you have identified a need for early help and additional support.

**Notify:** With consent from the family, request support by completing an Early Help Notification form on the Early Help and Prevention website (being developed), or by contacting your district manager.

**Refer:** KIFSS and KIASS managers will refer the family to the most appropriate early help key worker, for assessment and the development of an appropriate plan or package of support.

**Assess:** The allocated key worker, supported by the district casework manager, will create an Early Help Action Plan to set out how the actions they will take with other early help professionals to help improve the situation for the family. This may involve other agencies or services.

**Review:** The Early Help Action Plan is reviewed by the key worker for the case, supported by the district casework manager, and including the family to monitor improvements and include any new issues as they arise.

## Early Support

Effective early intervention does not need to be delivered through targeted and specialist programmes. Early interventions in universal services often make a significant and positive difference and prevent needs escalating. For example, the schools that have good approaches to providing additional support for children and young people, for their learning and social development, making good use of the pupil premium and SEN resources, taking the right action to avoid exclusion and address poor attendance, and where there is advice and support for parents who need help, usually make a bigger difference. In areas of high social need, schools that provide breakfast clubs, healthy eating programmes and nutritious school meals, catch up sessions when children fall behind in their learning, additional exam tuition, after school care and clubs for sports and arts activities, and holiday and summer programmes make a significant difference to supporting poorer children and families. These universal services are good at targeted support and prevention.

Early Help and Preventative Services will work closely with schools to support their efforts to provide more effective early support and prevent some children and young people developing more serious problems. Schools are the biggest universal service, they often know most about children's and families' needs and what is needed to support them. Early help expertise can be most effectively preventative by working closely with schools.

We aim to develop with schools, some clearer standards for what a 'good' local preventative offer looks like. Already a number of schools within each district are keen to become early help and prevention 'Early Adopters', linked to Children's Centre Hubs and Youth Centres, in order to help redesign systems and services, and be centres of early help expertise.

## **9. Commissioning Support for the Delivery of Key Outcomes**

### **Strategic Commissioning**

The role of commissioning is central to the way that Early Help and Preventative services operate. In order for commissioning to have the required impact on improving outcomes and efficiency we aim to ensure services are commissioned in a more strategic way. This means resources and activities are aligned to deliver a more joined up and flexible service for children, young people and families, in each district, and there is a better specification of the outcomes that need to be achieved.

At present some commissioned services duplicate effort, they consume resources that could be more effectively used in an integrated way and outcomes are not always as clear as they could be. We intend to de-commission services that are no longer fit for purpose or do not achieve good enough outcomes and we aim to commission new services that are better matched to the needs of children, young people and families.

Our commissioning priorities are to provide more effective family support, an increase in parenting programmes and a wider range of interventions to improve emotional resilience and mental health for children, young people and parents. Consequently we will shift more resources to these key early help commissioned services.

We already know a great deal about needs in the community and the services that we have in place. Our commissioning approach will articulate the way that we re-allocate resources away from traditional approaches towards targeted and specialised interventions as part of an integrated early help offer, which better reflects our priorities.

### **A framework for commissioning**

The development of integrated early help services demands that resources are aligned and focused on meeting agreed priorities. This will be underpinned by a clear commissioning approach that sets expectations of the way that services work together and the role they play in pathways delivering improved outcomes for children and families.

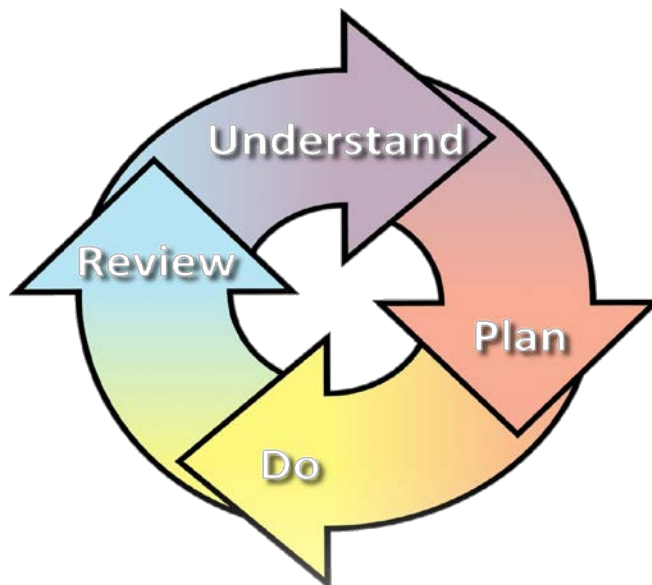
During 2013 Kent County Council adopted a Commissioning Operating Framework to establish the way that we would use commissioning to improve outcomes. The framework includes a detailed set of principles as follows:

- Commissioning is a council wide priority that is endorsed by members, led by senior managers and supports our vision that people are at the heart of all our activities.
- Our focus is on outcomes not processes.

- Our approach is pro-active and evidence based.
- Our commissioning activities will be person-centred and co-produced.
- We commission for quality and value for money
- We support economic growth and facilitate the market.

## Our Commissioning Processes

Strategic commissioning includes a range of activity which falls into four stages:

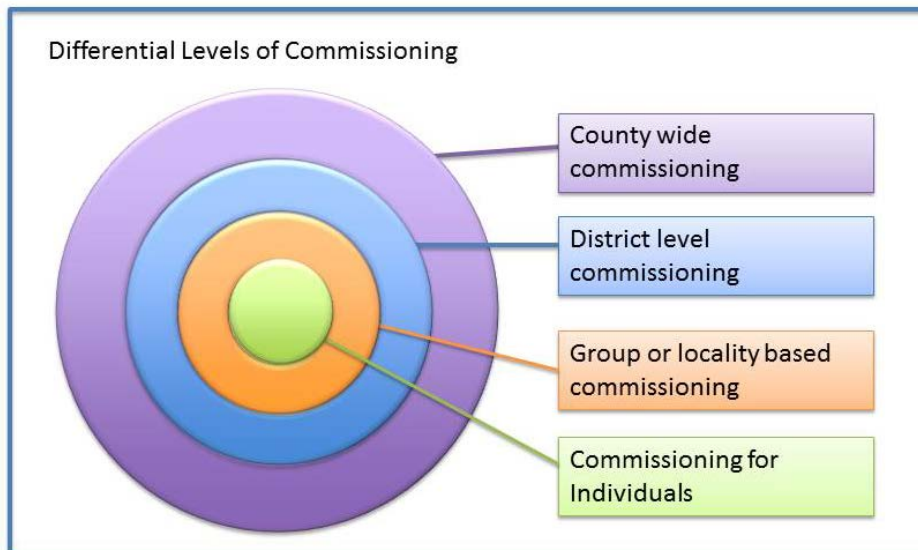


These processes are followed whether designing countywide priorities for the whole service, or securing a tailored service for an individual. In all cases the process starts with a clear understanding of needs and requirements, and results in evaluation of the impact of actions taken.

Commissioning for Early Help and Preventative Services will include front line practitioners and managers from the service as well as children and families, and partner organisations. The test will be deliverability of what is needed and its evidenced capacity to bring about a good outcome.

## Levels of Commissioning

A key to delivering effective interventions through commissioning activity is to identify the appropriate scale on which to arrange a service. Within Early Help and Preventative Services this will mean that we have a mix of services that vary in reach from county wide interventions to those which are specifically arranged to meet the needs of a local area or particular individuals. Ensuring that we achieve the right mix, and that we are able to benefit from economies of scale at the same time as delivering flexibility to practitioners working with families, will be essential for the way we deliver our commissioned services.



**County Wide Commissioning** – some of the needs of children and families in Kent who need early help are broadly similar across the county. The core offer of the service such as parenting support, family mediation, and support to victims of domestic abuse will therefore be required throughout Kent. For these services we will ensure countywide provision is available, whilst ensuring that local services are able to allocate the resource flexibly according to local need.

**District Level Commissioning** – in order to reflect differing local priorities, partnerships and needs it is important for district based services to have some flexibility to direct resources. This may be a result of a locally agreed joint arrangement with schools, a CCG or district council.

**Group or locality Based Commissioning** – we will ensure that local managers have flexibility to identify services to meet a highly localised need. For example local intelligence may identify a particular school to work with and seek to trial an early help activity for a cohort of parents or pupils, which we will fund.

**Commissioning for Individuals** – where an individual or a family has a specific need that could be met through a single payment, or purchasing a service to provide a specialist intervention.

Within all of these levels of commissioning the common factor is to ensure that practitioners will have access to the provisions the required to meet identified needs, and flexibility about the way they can be deployed. This will be the key test of commissioning for Early Help and Preventative Services.



## **Joint Commissioning with Partners**

Joint commissioning is a key tool for achieving the alignment of activity with our partners. This is particularly true with health service partners. Through the new Children's Health and Wellbeing Board, local Children's Operational Groups and local networks we will continue to identify opportunities to align our activities and bring services closer together. This work will be led by a new Joint Strategic Needs Assessment, and an agreed work plan establishing partnership priorities.

## 10. Kent Integrated Family Support Service (KIFSS)

Early intervention and prevention services provided to families and children aged from pre-birth to age 11 are now organised as a single integrated service with a cohesive offer to families in Kent.

Kent Integrated Family Support Service will focus on working in partnership, delivering a **whole system approach** for support to families and children.

Detailed plans, protocols and procedures will follow this document as the approach is embedded. Partner organisations and staff throughout the team will be involved in this planning.

### District Based Structures

KIFSS delivers services through a district-based structure, with core staff delivering targeted family support, with links and access to wider education, social care, and health services. Children's Centres operate as universal access points and some are hubs for integrated service provision, working closely with local schools. The hubs act as gateways for assessment, sign-posting and referral to other services. Within each district they will access a range of support that is on offer to families across a range of disciplines.

District based management structures support integrated teams of professionals with early help expertise. Each district has an Early Help District Manager with responsibility for delivering an integrated service approach, allocating resources, building partnerships and developing local intelligence. This manager oversees a team of early help practitioners with the following areas of expertise:

<b>Attendance and Inclusion</b>
<b>Children's Centres</b>
<b>Early Help Professionals</b>
<b>Troubled Families Support</b>
<b>Casework Management</b>

Districts oversee the delivery and coordination of early help assessments (CAF) and planning processes. All children and families receiving early help will have a key worker with responsibility for the coordination of support and the necessary services to meet their needs.

### Partnership Working

Effective partnership working is central to the way we work, ensuring close liaison and joint working with early year's settings and schools, and with local health professionals and services. We recognise that effective information sharing, referrals and well coordinated support between childcare settings, children's centres, schools, GP services, school nursing, health visiting, CAMHs and other services are essential.

Making this work at a local level is a key role for District Managers. They must form close links and coordination for example through:

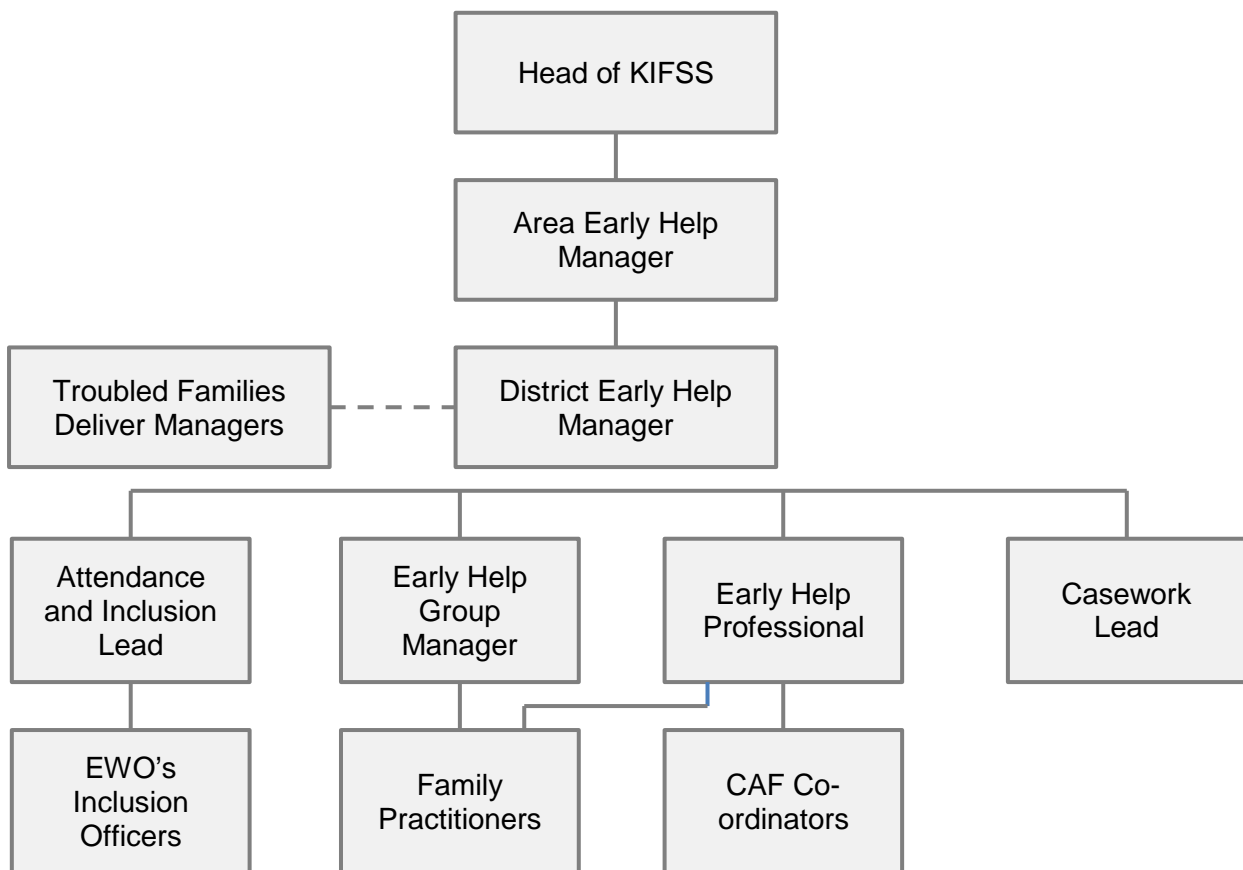
- Forums at district level for meeting and discussing vulnerable children and troubled families, and coordinating support among groups of professionals
- Operating clear protocols for Early Help and other risk assessment and arrangements for stepping up and stepping down of cases with social care services
- Effective information sharing and data gathering systems and processes, using local intelligence to target support and services to areas, and to individuals, most in need.

Partnership working is equally important in working with Specialist Children’s Services to ensure children are safeguarded from harm and there is secure risk management as cases are moved between Early Help Services and Social Care. Local joint management teams operate to ensure effective arrangements for supporting children at risk.

## Workforce Development

All staff in the service play a key role in relation to universal services, targeted services and alongside specialist services. A key element of the service is that all staff will have a specialism, whilst developing core skills to meet key outcomes. A targeted workforce development programme will focus on developing skills and capacity to meet needs, and develop the culture of the service. All staff will receive training to deliver key aspects of core outcomes, and to be able to support universal services to deliver them. All staff will work with universal settings to provide training, information and advice in order to build capacity for early intervention and prevention.

## Structure Chart



## The Service Offer

The diagram below shows some of the early help support that is available within districts.



This support will be provided by a range of staff in a range of settings. These include the following:

- Children's Centres
- Attendance and Inclusion
- Early Intervention Teams
- Family Support Workers
- Gypsy, Roma, Traveller and minority outreach workers
- Troubled Families Workers
- Commissioned Services

# 11. Kent Integrated Adolescent Support Service (KIASS)

The Kent Integrated Adolescent Support Service (KIASS) is designed to ensure that young people who are most vulnerable and at risk of the poorest outcomes receive carefully targeted support on a sustained basis. As with the other service provision for young children, the key priority is to deliver an effective model of early help and intervention to achieve better outcomes and reduce levels of need for more specialist and costly services.

KIASS provides early intervention and prevention services for young people aged 11-19, and up to age 25 for young people with a learning difficulty or disability. It provides a multi-agency model that has Secondary schools at its heart, providing effective, targeted, flexible and responsive support to meet the specific needs of young people and their families experiencing difficulties.

Using early risk indicators and information supplied by schools, pupil referral units and youth services, KIASS is able to target vulnerable young people who need specific additional support quickly with the aim that they can remain on the universal path and achieve positive outcomes.

## KIASS Functions

- To deliver a family support key worker as part of a family plan to improve outcomes for adolescents
- To deliver attendance and behaviour management and support services to schools, PRUs, families and young people
- To support and deliver youth work in community and school settings
- To provide information and advice services to young people, families and other professionals
- To deliver support and intervention services for vulnerable young people and their families
- To support NEET young people (and those at risk of becoming NEET) into education or employment with training
- To prevent young people from becoming known to or remaining with social care services
- To support and supervise young people with statutory youth justice orders, young people coming out of youth custody, to prevent and reduce offending or anti-social behaviour and run crime prevention activities
- To deliver statutory local authority interventions including taking legal action where necessary
- To deliver personal development, social, emotional and wellbeing interventions
- To coordinate support with the Troubled Families programme

KIASS provides a service delivery model that aligns professionals and integrates activity along an adolescent pathway, in order for young people and their families to access the right services at the right time, in the right place.

## District Based Structures

KIASS delivers services through a double district-based structure, with core staff delivering targeted adolescent and family support services, with links and access to wider education, social

care, youth justice, police and health services. Youth Centres and other open access hubs operate as universal access points for young people and some are hubs for integrated service provision, working closely with local schools. The hubs act as gateways for assessment, sign-posting and referral to other services.

Double district based management structures support integrated teams of professionals with early help expertise. Each double district has a K-IASS Manager with responsibility for delivering an integrated service approach, allocating resources, building partnerships and developing local intelligence. This manager oversees a team of early help practitioners with the following areas of expertise:

<b>Attendance and Inclusion</b>
<b>Youth Work</b>
<b>Youth Offending</b>
<b>Early Help Professionals</b>
<b>Troubled Families Support</b>
<b>Casework Management</b>

District teams oversee the delivery and coordination of early help assessments (CAF) and planning processes. All young people and families receiving early help will have a key worker or lead professional with responsibility for the coordination of support and the necessary services to meet their needs. All cases will be overseen and progress supervised by the Casework Manager.

## **Partnership Working**

Effective partnership working is central to the way we work, ensuring close liaison and joint working with schools, colleges, pupil referral units and with local health professionals and services. We recognise that effective information sharing, referrals and well coordinated support between youth centres, schools, pupil referral units, GP services, school nursing, CAMHs and other services are essential.

Making this work at a local level is a key role for K-IASS Managers. They must form close links and coordination for example through:

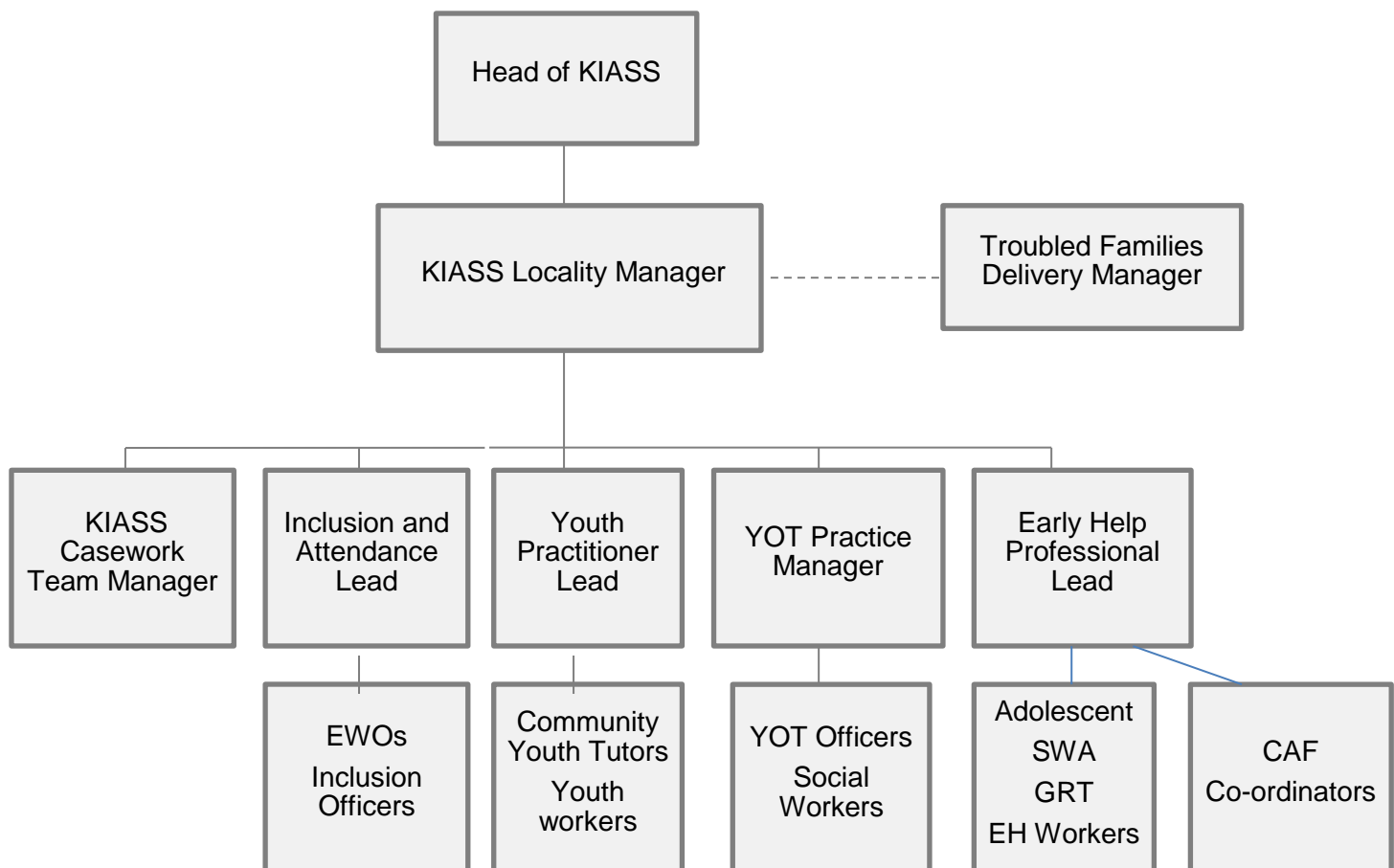
- Forums at district level for meeting and discussing vulnerable young people and troubled families, and coordinating support among groups of professionals
- Operating clear protocols for Early Help and other risk assessment and arrangements for stepping up and stepping down of cases with social care services
- Effective information sharing and data gathering systems and processes, using local intelligence to target support and services to areas, and to individuals, most in need.

Partnership working is equally important in working with Specialist Children's Services and Youth Justice to ensure young people are safeguarded from harm and there is secure risk management as cases are moved between Early Help Services, Social Care and Youth Justice. Local joint management teams will operate to ensure effective arrangements for supporting young people at risk.

## Structure Chart

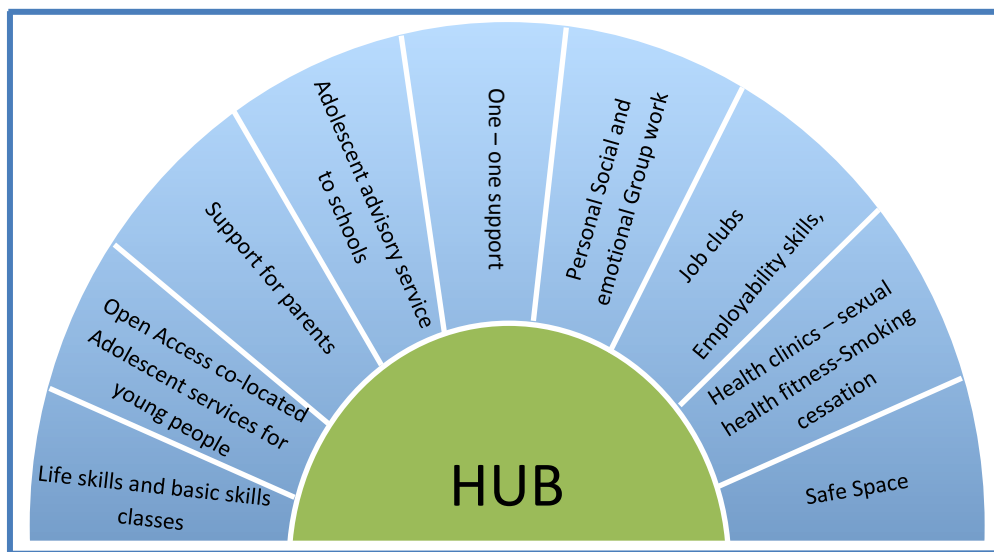
The role of the KIIASS Manager is to coordinate and manage integrated delivery and priorities, be the strategic link with schools and other partner agencies and be the operational management lead for all local adolescent services with responsibility for achieving agreed outcomes and targets.

Each double district also has a Casework Manager to oversee the quality and progress of cases, ensure that the child is at the centre of casework and outcomes are achieved. Appendix 1 lists the twelve service delivery hubs and the relevant KIIASS Managers' contact details.



## The Service Offer

The diagram below shows some of the early help and support that will be available within districts.



This support will be provided by a range of staff in a range of settings. These include the following:

- Life skills and basic skills classes
- Open Access co-located Adolescent services for young people
- Support for parents
- Adolescents advisory service to schools
- One -one support
- Personal Social and emotional Group work
- Job clubs
- Employability skills
- Health clinics – sexual health fitness
- Safe Space



## 12. Your Views

- This work is just the beginning. We will continue to learn and evolve with your support, expertise and involvement in order to:
- Analyse where need is presenting, to understand what demand looks like and target our resources more effectively;
- Listen, react and re-design services and systems to build upon what is working most effectively; and
- Assess and review service effectiveness to plan future delivery.

As always, we welcome your feedback so we can continue to improve. Please email us at [EYPSsupportteam@kent.gov.uk](mailto:EYPSsupportteam@kent.gov.uk) with any thoughts or contributions about how Early Help and Preventative Services should operate as we go forward

## 13. Appendices including key contact details

- **Key Contact details**
- **Maps**

## **Appendix 1: Key Contact Details**

### **Director of Early Help and Preventative Services: Florence Kroll**

#### **The Lead County Managers are:**

Angela Slaven: Interim Director Early Help and Preventative Services

Nick Fenton: Interim Head of Kent Integrated Family Support Service 0-11 years

Sharon Dodd: Interim Head of Kent Integrated Adolescent Support Service 11-19 years

David Weiss: Lead Manager Troubled Families Programme

Nick Wilkinson: Lead Manager Youth Offending

Nigel Baker: Lead Manager Service Transformation

Louise Simpson: Lead Manager Attendance and Inclusion

#### **Area Early Help Managers**

The Kent Integrated Family Support Service (0-11 year olds) is overseen by three Area Early Help Managers:

Helen Anderson: Shepway, Ashford, Maidstone and Tonbridge/Malling;

Vicki Wiltshire: Dartford, Gravesham, Sevenoaks, Tunbridge Wells

Sabine Voigt: Thanet, Dover, Canterbury and Swale. (With effect from 7<sup>th</sup> July this role will be covered by Alan Collado)

## District Managers

The arrangements for District Managers are as follows:

District	KIASS Locality Manager	KIASS Casework Team Manager	KIFSS Early Help Manager
<b>Dartford &amp; Gravesham</b>	Tim O'Brien	Mark Ford	Mark Walsh
<b>Sevenoaks, Swanley &amp; Tunbridge Wells</b>	Sarah Gow (interim)	Stephen Holland	Christine Kiely
<b>Maidstone and Tonbridge &amp; Malling</b>	Karen Coffey	Jenny Ward	Hema Birdi
<b>Ashford and Shepway</b>	Louise Fisher	Vacant*	Julia Easton
<b>Thanet and Dover</b>	Sharon McLaughlin	Joanne Terry Mark Powell	Bryony Khadaroo
<b>Canterbury and Swale</b>	Dan Bride	Nick Moor	Rob Jobe

The above colleagues can be contacted on email @kent.gov.uk.

## Troubled Families Local Delivery Managers

District	Name		Email
Ashford	Chris	Beale	<a href="mailto:christopher.beale@kent.gov.uk">christopher.beale@kent.gov.uk</a>
Canterbury	Read	Catherine	<a href="mailto:catherine.read@kent.gov.uk">catherine.read@kent.gov.uk</a>
Dartford	Roberts	Matt	<a href="mailto:matt.roberts@dartford.gov.uk">matt.roberts@dartford.gov.uk</a>
Dover	Reeves	Nathalie	<a href="mailto:nathalie.reeves@kent.gov.uk">nathalie.reeves@kent.gov.uk</a>
Gravesham	Brown	Natalie	<a href="mailto:natalie.brown@kent.gov.uk">natalie.brown@kent.gov.uk</a>
Maidstone	Kershaw	Ellie	<a href="mailto:elliekershaw@maidstone.gov.uk">elliekershaw@maidstone.gov.uk</a>
Sevenoaks	Marks	Jackie	<a href="mailto:jackie.marks@sevenoaks.gov.uk">jackie.marks@sevenoaks.gov.uk</a>
Shepway	O'Grady	Gemma	<a href="mailto:gemma.o'grady@kent.gov.uk">gemma.o'grady@kent.gov.uk</a>
Swale	Maile	Geoff	<a href="mailto:geoffmaile@kent.gov.uk">geoffmaile@kent.gov.uk</a>
Thanet	Roche	Rebecca	<a href="mailto:rebecca.roche@kent.gov.uk">rebecca.roche@kent.gov.uk</a>
Tonbridge & Malling	Page	Glenn	<a href="mailto:glenn.page@kent.gov.uk">glenn.page@kent.gov.uk</a>
Tunbridge Wells	Bett	Lucy Ann	<a href="mailto:lucyann.bett@kent.gov.uk">lucyann.bett@kent.gov.uk</a>

## KIFSS Hubs

<b>Children's Centre &amp; District</b>	<b>Centre Address</b>	<b>Telephone Number</b>
Brent - Dartford	Brent Children's Centre, The Roundhouse, Overy Street, Dartford DA1 1UP	01322 296140 07827 970332
Buttercup - Dover	The Buttercup Children's Centre, Triangles Community Centre, Poulton Close, St Radigunds, Dover. CT17 0HL	01304 226919 01304 248363
Cranbrook – Tunbridge Wells	Cranbrook Children's Centre, Carriers Road, Cranbrook, Kent, TN17 3JZ	01580 713296
Folkestone Early Years - Shepway	Folkestone Early Years Centre, Dover Road, Folkestone, Kent. CT20 1QF	01303 212720 07525 393062
Joy Lane - Canterbury	Joy Lane Children's Centre, At Joy Lane Primary School, Joy Lane, Whitstable, Kent. CT5 4LT	01227 263998 07827 885079
Little Forest - Tunbridge Wells	Little Forest Children's Centre, Friars Way, Tunbridge Wells, Kent. TN2 3 UA	01892 532319
Meadow - Maidstone	The Meadow Children's Centre, Furfield Close, Park Wood, Maidstone, Kent, ME15 9JR	01622 699900
Milton Court - Swale	Milton Court Children's Centre, Brewery Road, Sittingbourne, Kent. ME10 2EE	01795 474396 07826 868001
Priory - Thanet	Priory Children's Centre, Cannon Road, Ramsgate, Kent, CT11 9SQ	01843 587457

Riverside - Canterbury	Riverside Children's Centre, Kingsmead Road, Canterbury, Kent. CT2 7PH	01227 475550
Riverside - Gravesham	Riverside Children's Centre, Dickens Road, Gravesend, Kent. DA12 2JY	01474 535301 07540 715650
Seashells - Swale	Seashells Children's Centre, Sheerness Children & Families Centre, Rose Street, Sheerness, Kent. ME12 1AW	01795 667070
Six Bells - Thanet	Six Bells Children's Centre, 201 High Street, Margate Kent, CT9 1WH	01843 254500 07595 089206
Spring House - Sevenoaks	Spring House Children's Centre, Spring House Family Centre, Hospital Road, Sevenoaks, Kent TN13 3PT	01732 465539
Swanley - Sevenoaks	Swanley Children's Centre, Northview, Swanley, Kent. BR8 7BT	01322 668132
The Willow - Ashford	The Willow Children's Centre, Brookfield Road, Ashford, Kent. TN23 4EY	01233 641156
Woodlands – Tonbridge and Malling	The Woodlands Children's Centre, Chapman Way, East Malling, Kent. ME19 6SD	01732 874086

## KIASS Hubs

<b>District</b>	<b>Centre address</b>	<b>Telephone Number</b>
Ashford	Ashford North Youth centre Mabledon Avenue Ashford Kent TN24 8BJ	01732 874086
Canterbury	Whitstable youth centre Tower Parade Whitstable Kent CT5 2BJ	01227 275178
Dartford	YMCA Round House, Overy St, Dartford, Kent DA1 1UP	01322 282030
Gravesend	Northfleet youth centre Hall Road, Gravesend, Kent, DA11 8AJ	01474 351451
Dover Split site	K college Youth HQ Maison Dieu Road Dover Kent CT16 1DH  Linwood Deal Youth centre Mill Road, Deal Kent CT14 9AH	0845 207 8220  01304 374104
Maidstone	Info zone 3 Palace Ave, Maidstone, Kent ME15 6NF	01622 755044
Swale	The New House Youth Centre Chalkwell Road, Sittingbourne, Kent, ME10 2LP	01795 423836
Shepway Split site	Five youth centre 5 Grace Hill	01303 850 005

	<p>Folkestone Kent CT20 1HA</p> <p>Marsh Academy Youth Centre Station Road, New Romney, Kent TN28 8BB</p>	01797 364593
Tonbridge and Malling	<p>C Block Youth centre Tonbridge Adult Education Centre, Avebury Avenue, Tonbridge, TN9 1TG</p>	0845 606 5606
Tunbridge Wells	<p>The Mansion House Grove Hill Road, Tunbridge Wells Kent, TN1 1EP</p>	01892 793621
Thanet	<p>Quarterdeck Youth centre Zion Place Margate Kent CT9 1RP</p>	01843 292927
Sevenoaks	<p>Swanley Junction Youth Centre St Mary's Rd, Swanley, Kent BR8 7BU</p>	01322 664370





# Appendix 2: Map

## KIFSS – Children’s Centre Hubs and Spokes

