

Medway Integrated Youth Support Services

A Strategic Needs Assessment

Young in Mind
June 2011



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1 Introduction and Aim of the Report

1.1 Young in Mind was commissioned by Medway Council to produce this independent Strategic Needs Assessment for the IYS Partnership Board. The report will inform the development of the IYS strategy, commissioning priorities and proposals for the future delivery of IYS Services, in particular related services in the voluntary and community sector [civic life].

1.2 It is commissioned at time of many proposed reforms in health and education. The coalition government requires local authorities to work in partnership with professions in health, youth justice and the police and has introduced 'health and wellbeing' boards. Local Authorities have the flexibility to continue to work through children's trust boards, work to the Every Child Matters [ECM] framework and national indicators where they feel these are useful. A real positive is that there is greater flexibility to deliver local solutions to address local needs.

1.3 The report is based upon desk-top research and consultations across the IYS including partner delivery organisations, parents, Medway staff and young people. The information collected by the Council and other organisations is focussed on numbers, attendances and involvement and therefore the views of the young people and those who support them add greatly to the picture about work with young people in Medway.

1.4 It considers the issues facing young people [8-25 years] and has a focus on those with additional support needs and those who are vulnerable. The research and consultation took place between 7th March to 19th May, following which the report was drafted and compiled.

1.5 Recommendations are made against gaps in service provision and ways to improve delivery to ensure better outcomes for young people in Medway. To do this it considers some workforce development and curriculum issues.

2 Executive Summary

2.1 All local authorities and their partners are facing challenging years ahead with further government policy changes and reduced funding. It is even more essential therefore that services are inclusive, appropriate and deliver excellent outcomes.

2.2 Overall the data and consultation tell us that current services for young people in Medway are well considered with positive outcomes for young people across IYS services. There is a lack of available data and information linking programme content, delivery methods and styles to outcomes but where available programmes appear well considered and some work particularly well executed, for example in the Medway Targeted Youth Service Team and YOT. A manual of best practice for work across sectors and services would help shared understanding of different approaches and programme outcomes.

2.3 Local authorities will need to focus and concentrate resources to ensure that the most vulnerable and at risk young people receive the support they need. This may require resources to be realigned to ensure support for successful programmes. This may require less successful work to be decommissioned or commissioned differently.

2.4 There is an increasing demand on all those working with young people to better understand and manage young peoples difficult behaviours and training across the IYS family will be important to help develop young people personal and skills and provide increased access to universal services. Young people with additional needs and parents feel isolated and although there are services supporting them this could be improved through better access to information and guidance and appropriate opportunities to participate in the planning and delivery of support services.

2.5 We suggest Medway IYS Partnership Board looks further at two groups of vulnerable young people - young people with additional needs, such as autistic young people to review access to both universal and targeted services, and young people who are homeless. Homeless young people appear to be 'below the radar' of many services and it is likely that the statistics greatly underestimate the numbers of young people made vulnerable through being homeless. Family breakdown appears to be one of the main causes leading to youth homelessness and addressing this could have a major impact on reducing the pressure on Housing.

2.6 Some targeted support can be delivered more timely, more cost effectively and appropriately in the community and schools, by mentors and peer mentors / educators. We found excellent examples within the voluntary sector particularly for Looked After Children and Young People and young carers.

2.7 Targeted support needs to be delivered within the context of the communities where young people live and to this end, 'universal' services [sometimes called Places to Go and Things to do, or Positive Activities], need to be delivered locally and with good access for people leaving targeted support. This is particularly the case for young people who have been supported by the Youth Offending Team. The consultation with young people demonstrated satisfaction with the current youth provision where they were able to attend. Problems arise when young people have to travel to clubs and activities and this is particularly the case in rural areas.

2.8 Medway IYSS Board should consider how the voluntary [and faith] sector might deliver the universal offer to young people, provide more locally based work which should aim to be 'youth led'. It needs a better spread across Medway and there is scope to plan this through the Positive Activities Steering Group, which is also leading on the development of the Family Information Service [to include information about positive activities]. It is important to consider how to improve the reach of specialist expensive resources [such as music] so that young people in rural areas have opportunities to become involved and to do all of this will require the presence of the voluntary sector at steering group meetings.

2.9 The FiS [Family Information Service] is being improved but will also need to provide more 'targeted' information for vulnerable young people and their families. We found it difficult to find anyone who knew about FiS and there is the need for a re-launch.

2.10 All communities demonstrate both strengths and weaknesses and the Board will want to consider how best to further utilise and develop resources available through community facilities and community leadership.

2.11 The provision of Advice, Information and Guidance [learning and work] was highlighted in our consultations with young people and parents. The Connexions Service is

currently commissioned to Medway Youth Trust. The data shows that the service is performing well and has developed an interesting data-mining tool to improve interrogation of information. Young people across the IYS had made use of the service and commended it. Connexions was known and understood by more young people than were other services.

2.12 Participation as it exists in Medway is excellent and young people who are involved were full of praise for the different opportunities. However, many of the young people we spoke to did not know about the opportunities, particularly vulnerable young people. These are often the least heard and involved. Current plans to create a strategic plan and approach should ensure better access to current opportunities and a more joined up approach. It will also need extending to involve young people in service and universal settings. Parents and young people said they would welcome greater participation and we are recommending a shadow IYSS Partnership Board for young people.

2.13 The Youth Offending Team are delivering good outcomes for young people being supported by them and programmes are targeted well with a focus on individual need. The young people we spoke to were genuinely engaged and hopeful for the future. They need to be encouraged and helped to engage in positive activities once they are no longer receiving this targeted support. They and others were all too aware of the positive aspects of interacting with their peers and the negatives. Many young people talked about bullying and feeling unsafe in their neighbourhoods and shopping centres. Young people will have a great deal to offer to tackle low level crime and bullying. This could be linked to partner organisations [such as the fire service and some coffee house chains] advertising facilities for young mothers to [feel safe] breastfeeding. Likewise, local amenities and some shops could be recruited as 'safe houses' for young people to go if they feel intimidated in shopping and other areas.

2.14 The two biggest concerns for young people were transport, particularly buses [cost and running times] and a very gloomy attitude towards the future based on too few job opportunities [part and full time] and the knock on effect of not being able to afford college and university fees, accommodation or an acceptable lifestyle. Young people showed real interest in wanting to find out more about apprenticeships and if they can access them, how to work for oneself and alternatives to college and university learning. More needs to be achieved in working with young people to create a positive approach to economic wellbeing.

2.15 Medway is one of the local authorities, which will retain its Children's Trust but there are likely to be changes both structurally and to the partnerships working to achieve it's goals. It provides an opportunity to realign and reinvigorate the relationship with the voluntary and faith sectors in both planning and delivering services to meet the needs of young people in Medway.

3 Integrated Youth Support

3.1 The National Policy Context of the IYS

The Youth Matters green paper published in 2005 and the subsequent Youth Matters Next Steps in 2006 demanded a reshaping of support services for young people, and required local authorities to create an Integrated Youth Support Service (IYSS) by 2008¹.

‘Having a single body responsible and accountable for Youth Policy and the Every Child Matters outcomes in each area will enable integrated planning and commissioning of the full range of services for teenagers from universal activities through to more specialist and targeted support. This will lead to an Integrated Youth Support Service, focused on and structured around young people’s needs and involving a wide range of providers, including voluntary and community organisations’. (Youth Matters, 2005)

Integrated Youth Support Services are structured differently across the country but the common aim is for barriers between services to be permeable. IYSS provides young people with access to universal services with targeted support to increase the life chances of all young people. Targeted Youth Support is an integral part of IYSS, designed to provide appropriate support to young people at risk of poor outcomes and the most vulnerable.

IYSS brings together services such as:

- Youth and Connexions, which have limited statutory duties and are considered to deliver ‘universal services’
- Extended Services ensured schools related to their communities and supported informal learning in out of school hours
- Youth Offending services which have statutory duties and offer targeted services

3.2 Targeted Youth Support (TYS)

TYS is an approach aimed at supporting vulnerable young people and involves ensuring that agencies work together to meet their needs. Its rationale is that, since they may have complex and multiple needs, which cannot be met by mainstream or specialist services in isolation, a collaborative, joined-up approach is needed. YYS is made up of seven elements²:

- Strengthening the influence of vulnerable young people, and their families and communities, and their ability to bring about positive change
- Identifying vulnerable young people early, in the context of their everyday lives
- Building a clear picture of individual needs, shared by young people and the agencies working with them, using the Common Assessment Framework (CAF)
- Enabling vulnerable young people to receive early support in universal settings. Helping all agencies to draw in extra help on behalf of young people, through better

¹ The four key elements for the integrated service were described in Youth Matters as:

- Empowering young people – ensuring they are engaged in shaping the services they receive and providing more things to do, places to go and someone to talk to.
- Making a contribution – encouraging more young people to volunteer and become involved in their communities.
- Supporting Choices – providing better information, advice and guidance to help young people make more informed choices.
- Reforming targeted support – providing better and more personalised intensive support for those young people with the greatest need.

² *Targeted Support – A Guide*, Department for Education and Skills, 2007



links with other agencies and organisations

- Ensuring vulnerable young people receive a personalised package of support, information, advice and guidance, and learning and development opportunities, with support for their parents or carers as appropriate...
- Providing support for vulnerable young people across transitions, for example moving on from school or from the support of one service to another as needs change
- Making services more accessible, attractive and relevant for vulnerable young people

3.3 TYS is delivered collaboratively through a range of services, including: education welfare, behaviour support, Connexions, youth services, social services, drugs and alcohol, sexual health, mental health, housing support, school nurses, youth offending services; and through Positive Activities for Young People, the Young People's Development Programme, Positive Futures, youth inclusion programmes, and the Teenage Pregnancy Strategy³.

3.4 Recent policy changes

To date the priorities of IYSS can be seen to be closely tied with the National Indicators set to measure performance by the previous Government. In October 2010 as part of its policy for decentralisation, the coalition Government introduced changes to local authority performance arrangements which included ending of Local Area Agreements and the National Indicator Set (external link).

To date a number of National Indicators have been used to monitor progress across Integrated Youth Support Services, specifically the following:

- Ni 110 - Increase participation in Positive Activities
- Ni 111 - Reduce ASB and Youth Crime
- Ni 112 - Reduce Under 18 Conceptions
- Ni 115 - Reduce Substance Misuse by young people
- Ni 117 - Reduce the number of 16-18 year olds NEET
- Ni 46 - Young Offenders' access to suitable accommodation
- Ni 45 - Young offenders' engagement in suitable education, training and employment

All national indicators and targets ended on 31st March 2011. Local authorities will be expected to provide data centrally linked to a new single comprehensive data list which will be published in early 2011⁴. Local partnerships will now set and monitor their own locally relevant targets in line with locally derived priorities. However, it is likely that local partnerships will continue to find some or all of the indicators useful to monitor progress against identified local priority areas.

With local authorities facing reduced government financial support, many are restructuring services and so it is a difficult time to look at alternative structures for IYS Services. Some have opted for less integration whilst others wider integration. IYS Partnership Boards may

³ Details found at <http://www.everychildmatters.gov.uk/delivering/services/targetedyouthsupport/whatis/>

⁴ A draft list is currently available at <http://www.communities.gov.uk/localgovernment/decentralisation/tacklingburdens/databurdens>



face changes with possible integration into other Trust Boards. There will however remain a need to focus local authority services ensuring the delivery of targeted support for vulnerable young people and support for the civic [voluntary] sector to deliver universal services at a local level.

4 Methodology

To consider the needs of young people we utilised a number of methods, which included:

- a Collecting, collating and analysing data provided by the Council including local and national policies
- b Considering best practice and national policies
- c Talking to sixty young people who were drawn from universal and targeted work
- d Interviewing Medway IYSS managers and staff
- e Discussions with IYS partner organisations including the voluntary sector

Young people were involved through deliberative events and focus groups. Three young people acted as ‘young consultants’. They supported young people attending the deliberative events and created their own DVD. This sets out what they felt young people said about their needs. All young people will receive a certificate to confirm their involvement in the consultation and groups will receive a copy of the DVD. Further information about the methodology can be found in Appendix 2.

The exercise itself is strong testimony to the fact that young people from different backgrounds and with different abilities are keen and able to engage in decision making and creating change. Although some knew they would receive a small reward many of the ‘hardest to hear’ did not until on the day itself. Here, they were involved because they were asked to be by a trusted adult, it was fun, they felt they were helping to make things better and make a difference.

5 Young People in Medway

5.1 There are approximately 65,000⁵ children and young people up to 19 years of age living in Medway with the greatest number living in in Gillingham North (4,561) followed by Chatham Central (4,448) and Gillingham South (4,423).

Population projections suggest that Medway’s youth population aged 0-19 will to decrease by 2.3% over the ten year period from 2008 – 2018, and at 2011 stands at around 65,000⁶.

According to 2010 school census data, 40,993⁷ children and young people attend Medway schools, including Medway academies⁸. From 2008 to 2010 the number of young people on the school roll decreased by 8%. As shown in the table below, the greatest decrease has been for the older age groups, 12-16 and 17-19 year olds. While figures for young people 11 years and under remain more stable, with increases in the number of under 5s.

⁵ Mid-2009 Population Estimates, Office for National Statistics: Crown Copyright

⁶ Sub national Statistics Unit, Office for National Statistics: Crown Copyright

⁷ Spring 2010 Pupil Level Annual School Census, Management Information Team

⁸ Figures do not include children attending private schools or being home-schooled.

Age band	No. Pupils	% Change since 2008
<5	4,254	+12.4%
5-11	20,298	-2.6%
12-16	13,133	-10.6%
17-19	1,419	+10.3%

Source: Spring 2010 Pupil Level Annual School Census, Management Information Team. Medway pupils not residing in Medway, plus records where information refused or unavailable have been excluded.

The development of Academies is beginning to change the education landscape with a focus on formal learning outcomes. This combined with the loss of the Extended School Service, which created a bridge between formal and informal learning and between schools and communities. It will be important to create new links and develop those that exist with academies to ensure resources are used effectively and sectors work well together.

5.2 Ethnicity

According to the Mid-2007 Population Estimates by Ethnic Group, 90.4% of children aged 0-15 in Medway are 'White', and the largest minority ethnic group aged 0-15 in Medway are 'Asian' or 'Asian British', comprising 3.7%. However, data from other sources suggests that population estimates may not reflect the rate of change that has occurred in Medway in recent years.

2010 School census data reveals that 13% of school pupils are from a minority ethnic group⁹, equating to over 5,000 children and young people. The largest minority ethnic group of pupils on the school roll in Medway are 'Mixed Dual Background', comprising 4.6%. The wards with the highest proportions of young people from minority ethnic backgrounds¹⁰ are Chatham Central (26%), Gillingham South (23%) and River (22%).

In recent years there has been an increase in the number of languages spoken in Medway. In 2010 there were 131¹¹ languages spoken (other than English) by school pupils in Medway, with languages such as Yoruba and Slovak emerging indicating the presence of new communities from the European Union.

5.3 Social deprivation and poverty

Medway currently sits within the most deprived half of Local Authorities (LAs) in England ranked 132nd out of 326 authorities in the Index of Multiple Deprivation¹² (IMD) 2010. In 2010 Medway moved up 7 points from IMD 2007 figures (i.e. more deprived relative to other LAs in England). On average Medway has higher levels of general deprivation than the other LAs in Kent, and the South East as a whole.

⁹ Spring 2010 Pupil Level Annual School Census, Management Information Team

¹⁰ *ibid*

¹¹ *ibid*

¹² The IMD combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each neighbourhood in England¹². The relative scores enable areas to be ranked by level of deprivation.

Levels of deprivation vary significantly across Medway, encompassing wards which are amongst the 20% most deprived and the 20% least deprived¹³ in England. IIMD 2007 data highlighted the three wards amongst the 20% most deprived as: Gillingham North, Chatham Central, and Luton & Wayfield.

2010 IMD figures based on analysis of smaller neighbourhood areas (known as LSOAs¹⁴), reveal that the proportion of Medway's neighbourhoods which are in England's most deprived has increased by over three times from 9.8% in 2007 to 29.9% in 2010. River has the highest level of deprivation in Medway, followed by Luton and Wayfield and Gillingham North.

Medway has a higher rate of child poverty than most similar local authorities¹⁵ (20.9% compared to the median of 19.0%)¹⁶. At ward level, the highest rates of child poverty are found in Gillingham North (36.6%), Chatham Central (34.5%) and Luton and Wayfield (34.4%). Four other wards have higher than average proportions compared to Medway as a whole (Gillingham South, Rochester East, Strood South and Twydall.)

6 The Local Policy Context

6.1 The overarching partnership body for IYS locally is Medway's Children's Trust. The Trust's vision is currently set out in Medway Children and Young People's Plan 2009-2011 (CYPP), a single, strategic, plan for all services in Medway that affect children and young people, jointly agreed and endorsed by all of the partners in Medway's Children's Trust. The 2009-11 CYPP set out Medway Children's Trust's vision for children and young people in Medway to:

- be safe and cared for
- succeed in learning
- thrive

6.2 Medway Integrated Youth Support is currently one of six strategic partnership groups¹⁷ responsible for coordinating action to achieve the Trust's vision and cuts across the three key aims of the existing 2009-2011 CYPP.

¹³ Two of Medway's wards are in the 20% least deprived areas, Rainham Central and Hempstead and Wigmore.

¹⁴ Lower Super Output Areas (LSOAs) are homogenous small areas of relatively even size (around 1500 people) of which there are 32,482 in England. In most cases, these are smaller than wards, thus allowing the identification of small pockets of deprivation.

¹⁵ Medway's statistical neighbours are: Northamptonshire, Swindon, Kent, Havering, Bexley, Lancashire, Thurrock, Dudley, Southend-on-Sea, Telford and Wrekin

¹⁶ Figures based on "the proportion of children living in families in receipt of out of work benefits or in receipt of tax credits where their reported income is less than 60 per cent of median income". HM Revenue and Customs Child Poverty statistics 2007 - Snapshot as at 31st August 2007

¹⁷ Other strategic partnership groups are Parenting and Family Support; Aiming High for Children With Additional Needs; Emotional Well-Being; Care Matters; and 21st Century Schools

The following outcomes relate to IYSS¹⁸:

CYPP 2009-11 Aim	<i>Associated IYSS Outcomes</i>
Safe and Cared For	<ul style="list-style-type: none">• Reduce youth crime and anti-social behaviour• Reduce drug and alcohol abuse
Succeed in Learning	<ul style="list-style-type: none">• Increase educational attainment• Young people are appropriately engaged in education, training and employment
Thrive	<ul style="list-style-type: none">• Reduce teenage parenthood• Increase range of positive activities• Tackle youth homelessness• Live healthy lifestyles

At the time this report was commissioned the next CYYP for 2011-13 was under development. The draft priorities for the next strategy are now structured around the five Every Child Matters (ECM) outcomes:

- Be healthy (focusing on teenage conception, mental health, drug and alcohol misuse)
- Stay safe (focusing young peoples safety and perceptions of, bully, aggressive and challenging behaviour)
- Enjoy and achieve (educational achievement, ETE)
- Make a positive contribution
- Achieve economic well-being (youth unemployment, NEET, affordable housing and homelessness)

6.3 Medway Integrated Youth Support

Integrated Youth Support (IYS) involves a range of organisations working in partnership to support young people through their teenage years and into adult hood through a comprehensive youth offer. Sometimes children and young people need or would like extra information and support. IYS aims to provide that support through a range of services covering issues such as:

- Education, employment and training (Connexions)
- Coping in vulnerable situations (Young carers)
- Extended services in secondary schools
- Housing (Housing Solutions)
- Money management
- Places to go and things to do (Youth Services)
- Relationships and teenage pregnancy (Contraceptive and Sexual Health Services)
- Staying out of trouble (Youth Offending Team)
- Volunteering opportunities
- Your rights

ECM and IYS are borne out of the need to prevent families and young people falling between services working in silos. In addition local authorities have been required to develop integrated working practices and planning processes that will increase partnership working, pool resources and provide efficient, cost effective services to clients. In response,

¹⁸ Sources: Medway CYPP 2009-2011, IYSS Service Delivery Plan 2010-11

Medway has brought together the Youth Offending Team, Youth Service, Extended Services and Targeted Youth Work to establish Medway's Integrated Youth Support Service.

6.4 IYSS Priorities

Current IYSS priorities as outlined on Medway's Children's Trust website¹⁹ are to:

- Develop the resilience of young people and reduce the incidence of substance misuse, including alcohol, and so lessen the related personal harm and public disorder
- Reduce anti social behaviour
- Prevent youth offending and reduce re offending to reduce the number of young people within the youth justice system
- Keep Medway's most vulnerable young people safe by embedding safeguarding improvements and minimising incidents of child abuse and neglect
- Increase participation and performance of students from age 14 – 19 years with improved choices and support particularly for vulnerable young people
- Accelerate a reduction in the under-18 conception rate, and ensure that young people are able to make positive choices about their sexual health and wellbeing
- Ensure that children with disabilities are supported through an increase in availability of short breaks closer to home and other opportunities which also provide support to their families
- Reduce youth homelessness, tackle the circumstances that lead to young people leaving family home, and maximise the supply of safe, suitable and affordable housing to meet the needs of young people in Medway
- Reduce obesity, smoking and alcohol consumption, through promotion of healthy lifestyles among children and young people and their families

There are two key strategic documents, which outline the current focus of IYSS in Medway:

- IYSS Delivery Plan 2010-2011
- IYSS Partnership Group Strategic Action Plan 2010-2011

The *IYSS Delivery Plan 2010- 2011* brings together the various service plans of IYSS agencies in Medway²⁰ and details the work planned for 2010-11 to meet the challenges of the 'Youth' PSA 14 and the accompanying five national indicators, which as discussed have since been removed. The table below outlines the national indicators (used to date) and associated key services objectives as set out in the Delivery Plan.

¹⁹ <http://www.medwaychildrenstrust.co.uk/the-partnership-group/integrated-youth-support/>

²⁰ The Council has implemented an electronic planning tool, Covalent, which allows individual service plans to be uploaded and monitored against key Council priorities and priority national indicators.

Applicable ECM outcomes are highlighted:

Indicator	Medway's Key Service Objectives	ECM Outcome
Ni 110 Increase participation in Positive Activities	<ul style="list-style-type: none"> • Increase places to go and things to do for children and young people. • Children and Young people engage in decision making and support the community and their environment • Raise educational attainment 	Enjoy and Achieve, Making a Positive Contribution
Ni 111 Reduce ASB and Youth Crime	<ul style="list-style-type: none"> • Safe from crime and ASB in and out of school 	Stay Safe
Ni 112 Reduce Under 18 Conceptions	<ul style="list-style-type: none"> • Reduce teenage parenthood and conceptions 	Be Healthy
Ni 115 Reduce Substance Misuse by young people	<ul style="list-style-type: none"> • Children and young people choose not to take illegal drugs • Promote Healthy Lifestyles 	Be Healthy
Ni 117 Reduce the number of 16-18 year olds NEET	<ul style="list-style-type: none"> • Ensure that young people are appropriately engaged in employment, education and training 	Achieve Economic Wellbeing

The *IYSS Partnership Group Strategic Action Plan 2010-2011* outlines how the partnership group intends to approach the priorities in a strategic way in order to achieve better outcomes locally. For example to consider which young people are most at risk of poor outcomes. The action plan is set out under six priorities:

1. Teenage pregnancy (under 18 conception rates)
2. Education, employment or training for all young people
3. Earlier intervention and prevention through targeted support for vulnerable children and young people (TYS)
4. Places to go and things to do for all young people
5. Rate of young people offending
6. Homelessness and affordable housing for young people

There are clearly links between all the plans and the information set out on Medway Children's Trust website, however, details of priorities, targets and outcomes are not set out in the same way which could lead to confusion. In addition, Medway Children's Trust and IYSS strategic documents examined in this report are also due to be revised as of April 2011. This may result in a number of changes in the way work is structured and developed locally.

7 Key findings from the Consultation and Data

7.1 Places to go and Things to do [Plings]

7.1.1 Background

Evidence shows that how young people spend their leisure-time really matters. Participation in constructive leisure-time activities, particularly those that are sustained through the teenage years, can have a significant impact on young people's resilience and outcomes in later life. Participation in positive activities can: help to improve attitudes to, and engagement with, school; build social and communication skills; help young people avoid taking risks such as experimenting with drugs, having unprotected sex or being involved in anti-social behaviour or crime; and improve their self-confidence and self-esteem. Participation can also help increase the resilience of young people who are trying to rebuild their lives – for example young offenders who are trying to change their behaviours and lifestyles.²¹

7.1.2 National Context

The Children's Minister Tim Loughton recent indicated the intention at a Youth Summit hosted by the Department for Education and the National Council for Voluntary Youth Services, stating that:

For too long young people in this country have had a bad press. Today's Positive for Youth Summit is an opportunity to begin to build a new vision for young people, one that recognises and supports the valuable contribution every young person can make to society. We know that young people today are facing a range of challenges and we want to tackle these head on. That's why we have brought together over 200 people who work with young people, as well as 50 young people themselves, to generate debate and hear their views on how we should develop services for young people. This work will continue over the coming months to help inform a new policy document to be published later in the year²²

Local authorities reported against National Indicator 110 - young people's participation in positive activities²³, which provided a local measure directly related to the national indicator on positive activities in the DCSF led PSA 14 to 'increase the number of children and young people on the path to success'.

In 2010 the DCSF produced Quality Standards for Positive Activities²⁴. They were developed with the help and support of practitioners, young people and parents/carers.

Of the six Quality Standards, 1-3 focus on achieving outcomes for young people, 4-6 on the planning and delivery of Positive Activities:

- Standard 1: Positive Activities reflect young people's needs and interests
- Standard 2: Young people are aware of the Positive Activities available to them
- Standard 3: Young people are helped to achieve positive outcomes

²¹ Aiming high for young people: a ten year strategy for positive activities

²² <http://www.education.gov.uk/childrenandyoungpeople/youngpeople/a0075356/positive-for-youth-summit>

²³ The indicator was measured based on the proportion of young people in school year 10 reporting participating in any group activity led by an adult outside school lessons (such as sports, arts, music or youth group) in the last four weeks based on the analysis of the weighted 'Tellus' survey data.

²⁴ Quality Standards for Positive Activities (Draft), DCSF-00335-2010

- Standard 4: Positive Activities are planned, commissioned, developed and evaluated collaboratively
- Standard 5: Positive Activities promote and provide equality of opportunity, celebrate diversity and challenge stereotypes
- Standard 6: Positive Activities are safe

7.1.3 National Research Findings

US research found positive activities ('extended school', 'holiday' and 'youth service' programme models) can have significant impacts including improved school performance, attendance and discipline; preventative effects in relation to risky behaviours; and improved social and emotional skills, including fewer behavioural problems, enhanced communication skills, increased community involvement and greater self-confidence and self-esteem.²⁵ Current research suggests participation tends to be higher among those from higher social groups; living in less deprived areas; and with access to a car. Participation tends to be lower among Pakistani and Bangladeshi young people; those living in council and housing association rented accommodation; and where household finances are described as 'getting into difficulties'.²⁶

7.1.4 Local Context

The IYSPG Strategic Action Plan 2010/11, under 'places to go and things to do for all young people' highlights the key outcome as:

'A range of sporting, physical and other appropriate activities is available at affordable prices to all young people irrespective of their ability and their circumstances and the design of which will have been strongly influenced by these young people'

The key actions/milestones for the IYSPG being:

- a) develop a framework for Positive Activities Strategy
- b) develop appropriate marketing tools

The IYSS Service Plan for 2010/11 details 36 actions set out under the priority 'To Increase Participation in Positive Activities' [linked to NI 110] and are detailed under three key service objectives:

- To increase places to go and things to do for children and young people [22 actions are detailed, the majority led by the Youth Service (13) along with 7 delivered by extended services and 2 by MYT]
- Children and young people engage in decision-making and support the community and their environment – 8 actions are detailed, led by the Youth Service, MYT and IYSS. Actions include involving young people in decision-making and the creation of an IYSS Participation lead
- To raise educational attainment – 6 actions led by the Youth Service, extended services, and the YOT. Actions include provision of services and opportunities in schools (e.g. access to breakfast clubs) along with targeted work to raise attainment for young people involved with the criminal justice system.

²⁵ Aiming high for young people – three years on: Evidence annex

²⁶ <http://www.audit-commission.gov.uk/localgov/audit/nis>

The YISP has delivered a range of positive activities to young people at risk of entering the Youth Justice system in Medway. Programmes include football, dance, ICT, Army cadets, Girl guides, cycling and sailing at the OEC have been offered to young people 8-13 years.

PAYP - £96k in funding for 2009/10 supported 18 youth groups and organisations to deliver a range of targeted activities for 238 vulnerable young people at risk of exclusion, NEET, teenage pregnancies, or anti-social behaviour. Programmes included alternative education, holiday activities, DJ workshops, motorcycle workshops, theatre groups, boxing and a range of sports and healthy cooking activities.

As of March 2011 there were 356 PAYP²⁷ activities being delivered by 167 separate providers across Medway. The majority of activities are provided by the voluntary sector (61%), followed by the local authority (23%), schools (14%) and a small proportion by faith based organizations (2%). However, the largest single provider is undoubtedly still Medway Council. Over two thirds of PAYP provision is Sports based activity (39%). The other most common types of provision are targeted youth (17%), Guides/ Brownies/ Scouts/ Cadets (17%) and Before and After School Clubs (13%)²⁸.

7.1.5 PAYP Provision by Area

Looking at the three integrated wards:

- Strood & Peninsula – there were 77 PAYP activities being delivered, clustered in the Strood area. According to the Draft Positive Activities Index Baseline Summary:

‘Each population centre has between 1 and 5 different PAYP activities. Although on first inspection activity numbers appear low, they are concentrated directly in population centres and in real terms there is a wide range of provision available for young people in the area.’

Almost all (91%) of the PAYP activities delivered can be categorised under one of the four following types of activities: Sports based (47%), Targeted Youth (17%), Before and After School Clubs (14%) and Guides, Brownies, Scouts and Cadets (13%). 58% of PAYP provision in the area is provided by the voluntary sector, 27% by the local authority and 14% by schools

- Chatham and Rochester – there were 123 PAYP activities being delivered. Two thirds of PAYP activities were provided by the voluntary sector (68%), 24% by the local authority and 6% by schools. Chatham and Rochester appears to have more varied types of PAYP provision than Strood and Peninsula. Sports activities still constitutes the largest proportion of activities (36%), while other most common types of provision include Guides, Brownies, Scouts and Cadets (21%), Arts and Cultural (13%), Targeted Youth (12%) and Information Advice and IT (11%)

²⁷ PAYP is understood (as agreed by Medway IYSS Partnership Board 5/1/11) to encompass

- work with young people aged 8-19 and up to 25 with special needs
- where young people choose to take part in activity
- contributes to ECM outcomes
- structured activities for skill acquisition and social development
- supports young peoples' learning
- helps develop community cohesion and relationships across generations
- safe spaces and role models
- activities have a goal and purpose and are supervised by trusted adult/peer
- encourages participation and sustained involvement

²⁸ Source: Draft Positive Activities Index – Baseline Summary, Inclusion Division March 2011.



- Rainham and Gillingham - there were 156 PAYP activities being delivered with over half of PAYP activities provided by the voluntary sector (56%), 21% by the local authority and 20% by schools. Again, Sport based activities made up the highest proportion of PAYP provision (35%) followed by Targeted Youth (21%), Before and After School Clubs (19%) and Guides, Brownies, Scouts and Cadets (16%)

7.1.6 Young People’s Survey: The Tellus4²⁹ survey of local young people shows that:

- Almost three in five children and young people (59%) said they had participated in a group activity led by an adult within the previous four weeks. This is slightly lower than our statistical neighbours 61% and nationally 60%
- 43% felt that more places where they could go to spend time with their friends would make life better
- Children and young people who said they received free school meals were less likely to have participated in group activities in the previous four weeks (52%), compared to overall (59%)
- Children and young people who reported that they were of Asian origin were less likely to have participated in group activities in the previous four weeks (45%) compared to overall (59%)
- Respondents to this year’s Tellus4 Survey shows that younger children (Year 6 and Year 8) were more likely to have been to a sports club or class and to an art, craft, dance, drama, video/film-making group, compared to Year 10
- Furthermore older young people (Year 10) were less likely to have participated in these two activities and were also less likely to have been to a youth centre or club to participate in organised activities, compared to overall
- A third of children and young people said that there was nothing that prevented them participating in the activities they wanted to do. Where barriers were reported, the most frequently cited were that ‘activities were not available in their area’ (23%) and that activities were ‘too expensive’ (28%)

Data tells us that local parks and playgrounds are the most accessible activity areas for all ages followed by sports clubs and classes.

7.1.7 Youth Service Provision

The table below shows the Core Performance Indicators for youth contact with the Medway Youth Service April 2010 to March 2011:

	Annual Target	Actual for 2010/11	% Target Met
Contacts	6240	4846	77.7
Participants	3744	3560	95.1
Recorded Outcomes	2246	2270	101.1
Accredited Outcomes	1123	1188	105.8

²⁹ Source: Tellus4 Survey, National Foundation for Educational Research 2010 cited in Medway ECM Needs Assessment 2010.

Looking at the monitoring data for youth service provision 2010/11 all of the integrated ward areas met or exceeded targets for the number of 'participants' and 'accredited outcomes' in 2010/11. Gillingham & Rainham and Strood and Peninsula also exceeded targets for the number of 'recorded outcomes'. None of the areas met their target for number of 'contacts', most notably Chatham and Rochester which only met just over half of the target for number of 'contacts'. More detailed analysis reveals that detached youth work projects in Chatham and Rochester were largely responsible for the area not meeting targets. Luton/ Wayfield detached project only met 21.4% of its target for 'contacts' and 47.3% of 'participants', while the other detached project in the area, Walderslade/ Weedswood detached project only met 4.6% of its 'participants' target and 9.5% of its target for number of 'participants'. Strood and Peninsula detached project however, exceeded its targets for 'participants' but not the targets for 'recorded' and 'accredited outcomes'

7.1.8 The Consultation

The involvement of young people in [universal] children and youth services is good [although slightly below Medway's statistical neighbours [Tellus4 survey]]. We discussed youth clubs and projects with young people and these are well received, some because they had good staff and others because of resources. Few young people said they had been or were volunteers although this is encouraged by the youth service.

Few young people we spoke to who need additional support attend a supervised activity. Young people on Court Orders and being supported by the Youth Offending Team said they liked the music studio at a youth club but that was their only reason for attending. If young people are on Court Orders and attending a youth club, the team will speak to the youth worker but there is no one person in the team who has responsibility for the transition from YOT support back to the community via positive activities.

The young parents did not attend a club or project but said they would be interested if the accommodation was appropriate and relevant as they felt they are stereotyped and defined by parenthood. They have few opportunities to socialise.

Finding out what was available and whether it was relevant was an important issue for many young people and their parents. The consultations showed that young people appreciated and liked youth clubs and projects, parks and open spaces and many thought that there are a lot of activities available but a complaint was that there were not enough facilities for young people which were local to where they live.

Young Carers said they appreciated detached work, which encouraged them to get involved in games and activities close to their home.

A number of young people from the Medway Council Young Inspectors group, KCA [drug action] and YOT said they would like more music festivals appropriate for their age and easily accessible. The Young Inspectors group said they might be interested in developing this as a commercial enterprise but did not know how to go about it. One young person said events like festivals bring different young people together. The Ofsted Report Engaging Young People talks of the importance of celebrating young people and their achievements.

In conclusion, positive activities are varied and well delivered with the majority of providers coming from the voluntary sector. Activities are not delivered evenly, for example in Strood and Peninsula there are few opportunities to engage in arts and cultural activities.

Young people in rural areas have less access to positive activities and analysis of youth survey findings reveals that as young people move through their teenage years they are less likely to engage with organised activities. It is therefore important that young people are introduced to [the benefits of] activities at an early age.

Cost and too few locally based activities were cited as reasons not to engage, with the cost of buses and a service which was sometimes non-existent in the evenings adding to the problem. Making activities more local would negate some of the need for bus journeys.

Looked after young people and young people with autism use public space and facilities differently. For some bingo halls are where a teenager can be warm, feel safe, have the possibility of winning a little money and for others amusement arcades are where you can be in public and at the same time play a game without anyone else being involved. Such activity makes people feel 'normal'. They are places where detached work can and should take place.

7.2 Information, Advice and Guidance [AiG] - NEET Young People

7.2.1 Background

Being in ETE between 16-18 years old often increases a young person's resilience and is essential to their future well-being. Being NEET is associated with negative outcomes later in life including unemployment, reduced earnings, poor health and depression.

7.2.2 National Context

It is stated³⁰ that reducing the number of young people NEET aged 16-18 remains a priority for central Government. However, the coalition Government has stressed the need to tailor a local response to reducing the number of young people who are NEET:

'The characteristics of young people who are NEET vary significantly between local areas so services need to be tailored to meet their individual needs. We can't achieve our aims solely through national direction and control and have therefore given local authorities a key strategic role in 16-to-19 education.' (Department for Education³¹)

Young people in England and Wales will be required to stay in school, training or workplace training until the age of 17 as of 2013 and 18 in 2015.

The National PSA target (N117) aimed to reduce the proportion of 16-18 year olds NEET by two percentage points, from 9.6% in 2004 to 7.6% by 2010. It is suggested that this target has been missed and official figures for 2010 will be published in June 2011:

'The government is set to miss its target for reducing the number of young people NEET it is claimed. England's target for 2010 is 7.6% - as an average for the year. Figures out on Thursday suggested 9.3% were NEET at the end of 2009. As NEET levels are higher in the summer than the winter, the UCU lecturers union argues the target will be missed.' (BBC News, 25/02/2010)³²

³⁰ <http://www.education.gov.uk/16to19/participation/neet/a0064101/strategies-for-16-to-18-year-olds-not-in-education-employment-or-training-neet>

³¹ ibid

³² BBC News, 26 February 2010, <http://news.bbc.co.uk/1/hi/education/8539244.stm>

7.2.3 National Research Findings

A recent DCSF research report³³ exploring the characteristics and experiences of young people NEET, categorised three different groups of young people who need different solutions in order to be engaged or re-engaged:

- *Open to Learning* - more than two-fifths of NEET young people are generally positive about learning and very likely to participate in education or training in the short-term
- *Sustained* - A similar proportion face a lot of personal and structural barriers, and are likely to remain NEET in the medium-term. Vulnerable groups are included here.
- *Undecided* – a fifth of NEET young people do not face significant barriers to participation, but are dissatisfied with available opportunities and need appropriate provision which appeals to them and meets their needs in order for them to re-engage

It is concluded that different policy solutions are needed to address the needs of each of the above categories of NEET young people. In addition, in order to increase participation young people need better information, advice and guidance. This support needs to be provided before young people leaving learning or while they are in jobs without training, to increase awareness of the learning options available and enable more informed choices. The study also highlighted a need for more flexible and appropriate post-16 provision suitable for all young people aged 16 and 17 in terms of content, delivery and timing.

7.2.4 Local Context

Medway’s *IYSPG Strategic Action Plan 2010/2011* highlighted the following outcome and action/milestones under this priority area:

Outcome:	Young people will be supported to successfully engage in education by age 14 in order to aspire to employment or training post 16.
Action/ Milestones:	<p><i>a) To have a better understanding of what is being done to prevent and reduce vulnerable NEET (LAC, white working class boys, LDD, TP etc)</i></p> <p><i>b) To ensure a whole systems approach to increasing participation for all</i></p>

Medway has in place a *NEET Prevention and Reduction Strategy 2009-2014*. A NEET Strategy Group is responsible for delivering the strategy and associated action plan. The strategy group directly links into the IYSS Partnership Group and the ETE strategy is approved by the IYSPG.

The strategy aims to tackle NEET through:

- **Prevention** – motivating and engaging them whilst still in school and offering relevant and attractive provision post-16
- **Intervention** – knowing what young people are doing, having the resource to contact or be contacted by them, challenging their expectations and being able to offer opportunities and support when and where they need them, ensuring successful transition
- **Sustainability** – helping young people, especially those with a history of “dropping

³³ *‘Increasing Participation: Understanding Young People who do not Participate in Education or Training at 16 and 17’*, Spielhofer, T., Benton, T., Evans, K., Featherstone, G., Golden, S. Nelson, J., Smith, P., Research Report No DCSF-RR072, National Foundation for Educational Research 2009, ISBN 978 1 84775 339 7

out”, to tackle any obstacles to their engagement so they can remain engaged.

The *IYSS Service Plan 2010/11* details 29 actions to be undertaken with lead responsibility falling to Connexions Medway Youth Trust, Youth Service and Extended Services. A wide range of other partners are also involved including schools, community safety, police, Further Education (FE) providers, TYS, Princes Trust, Sure Start, Counselling Services, Housing and Jobcentre Plus. The actions cover:

- Targeted work with NEET young people e.g. programmes of IAG
- Targeted work with young people at risk – e.g. preventative groupwork, residential and daytime programmes for hard to reach young people with behavioural issues (with access to Fairbridge and SMASH behavioural programmes)
- Early intervention – e.g. play therapy services to provide children experiencing difficulties or with additional needs to integrate them into the classroom environment
- Generic work which can be accessed by all young people – e.g. counselling outreach in primary and secondary school, careers education which can be accessed in the community and improved jobsearch access and support
- Work to improve systems and processes across partner agencies to improve service delivery – e.g. to identify and track young people at risk of NEET, regular monitoring information and NEET analysis and improved information sharing between partner agencies.

7.2.5 Current Position

Based on data provided by Medway Youth Trust, at Feb 2011, 6.3% of 16 to 18 year olds in Medway were NEET. The table below shows a summary 16 – 18 years olds in learning, NEET and those whose status is ‘not known’ and the percentage change in the 12 months prior to March 2010.

	Not Known		In Learning		NEET	
	% 16-18s Not Known	% change over last 12 mths	% 16-18s in learning	% change over last 12 mths	% 16-18s NEET	% change over last 12 mths
England	4.0%	7.7%	84.3%	1.1%	6.0%	-6.1%
South East	4.1%	-4.8%	82.7%	1.2%	5.4%	-4.9%
Kent	2.8%	-11.5%	84.0%	1.4%	4.9%	-4.3%
Medway	4.8%	-20.6%	83.0%	2.4%	6.3%	12.1%

The proportion of NEET in Medway increased from 5.6% in Feb 2010 to 6.3% of 16-18 year olds in Feb 2011 – above the national average.

The table below shows the proportion of NEET young people 16-18 broken down by age for Medway and the five closest ranked statistical neighbours to Medway.

Area	16-18 NEET%	Age 16 NEET%	Age 17 NEET%	Age 18 NEET%
Thurrock (1)	7.2	4.0	5.9	9.6
Swindon (2)	7.0	5.5	6.5	8.2
Medway	6.3	5.8	6.6	6.1
Kent (3)	4.9	3.7	4.9	5.6
Bexley (4)	4.7	3.3	4.1	6.1
Northamptonshire (5)	4.6	3.3	4.7	5.2

(Rank of closest statistical neighbour is show in brackets)

As of Feb 2011, in total there were 583 NEET young people aged 16-18 across Medway, of those:

- Males and females made up equal proportions
- 94% were white, 4% from a minority ethnic background³⁴
- 43% were 17, 39% 18 and 18% were 16 years of age
- In terms of levels of support 4% require 'intensive support', the vast majority require (81%) 'need to be supported', and 15% require 'minimum support'

7.2.6 Analysis by Ward

The wards with the highest rates of NEET young people aged 16-18; are Luton & Wayfield, Chatham Central, Gillingham South, Gillingham North, Strood South and River. The 16-18 youth population in these wards constitute 31.8% of the total Medway cohort but hold over half (55%) of the total number of NEET young people. By ward, the proportion of NEET young people is greatest in River³⁵ where 14.2% of 16-18 year olds were NEET as of Feb 2011.

16-18 year old NEET young people by ward (top 6 wards with highest rates) as of Feb 2011³⁶

	Total Cohort of 16-18 years olds	% of Medway 16-18 Cohort	Number of NEET's	% of ward Cohort who are NEET	% of total NEETs aged 16-18 across Medway
Luton & Wayfield	581	5.82%	63	10.80%	10.9
Chatham Central	601	6.02%	60	10.00%	10.4
Gillingham South	625	6.26%	60	9.60%	10.4
Gillingham North	584	5.85%	56	9.60%	9.7
Strood South	525	5.25%	42	8.00%	7.3
River	260	2.60%	37	14.20%	6.4

³⁴ There was no information for 6% of NEET young people

³⁵ Although the actual number of NEETs are lower

³⁶ Source: Medway Youth Trust NCCIS Data Bulletin Feb 2011

7.2.7 Targeted Youth Support

The table below show the number and proportion of NEET 16-18 year olds who had vulnerable group characteristic as of Feb 2011:

Vulnerable Group Characteristics	Number of NEET 16-18 year olds	Proportion of total NEET 16-18 year olds
Teenage Pregnancy	75	12.9
LDD	44	7.5
Teenage Parent	38	6.5
Looked After In Care	30	5.1
Supervised by YOTS	27	4.6
Substance Misuse	11	1.9
Care Leaver	5	0.9
Young Carer	5	0.9
Refugee/Asylum Seeker	0	0.0

It is particularly notable that young people 16-18 who are either pregnant or a teenage parent account for almost 20% of all NEET young people in Medway. Data provided by Medway Youth Trust³⁷ reveals that at the end of March 2010, 29% of young parents were engaged in employment, education and training

7.2.8 Young offenders

The YOT is working to a target that 78% of young offenders are engaged in ETE. The table below presents the proportion of young offenders in ETE enabling comparisons across the last four years. Predicted figures for 2010/11 suggest Medway has exceeded its target, the figure of 80.6% of young offenders progressing into ETE remaining stable for the second year running.

NI 45 Proportion of Young Offenders (YO) progressing into ETE³⁸

	2007/08	2008/09	2009/10	2010/11*
% of YO progressing into ETE	72.6%	80.2%	80.6%	80.6%
No of YO not progressing into ETE			53	47

³⁷ NCCIS Data Bulletin, Medway Youth Trust November 2010

³⁸ YOS data provided 03/2011. *2010/11 figures are predicted based on average of actual figures for Q1-3 (Apr-Dec 2010)

In conclusion, most recent figures reveal that 2010/11 saw an increase in the proportion of 16-18 year olds to 6.3%, placing Medway back above the national average, and the averages for Kent and the South East.

NEET young people are clearly overrepresented in a small number of wards, over half of all NEET young people living in just six of Medway's wards. Targeted work in these wards may therefore deliver economies of scale in terms of potential for achieving positive outcomes. Although three of the identified wards are those already identified as the most deprived (Gillingham North, Chatham Central, Luton & Wayfield), three other wards stand out, namely Gillingham South, Strood South and River. In particular River, where 14.2% of young people ages 16-18 are NEET.

Teenage pregnancy and parenthood is identified as a particularly significant risk factor to being NEET

YOT data shows that targets for progressing young offenders into ETE are being exceeded year on year. Nevertheless around 50 young people a year are not progressing into ETE. Further analysis of the circumstances of those young people not progressing may help Medway increase positive outcomes for an even greater proportion of young offenders in the future.

7.2.9 The Consultation

We spoke to Medway Youth Trust who deliver the Connexions Service on behalf of Medway Council. MYT are working with IBM to develop a distinctive EET propensity model. The aim is to identify and rank the propensity of young people to become NEET and link to other models. This enables the identification of hidden patterns, relationships and trends across large datasets and would 'confirm or challenge practitioners' views. MYT considers that *'models could similarly be built to rank young people with a propensity to become pregnant, drop out of learning, start to offend, not progress to FE or HE'* etc as it is an adaptive model. It would assist in decisions regarding resources. Full time staff are based with YOT, health and social care.

MY Trust was set up in 2008 and started to deliver substantial programmes in 2009. They see young people with very low, unrealistic and inappropriate aspirations and others who are not being stretched. With new universities in place, there are new issues, for example, undergraduates are now filling local part-time jobs. Wanting to feel good about yourself, having a sense of your place in Medway and the world, is manifested through teenage pregnancy and incidents of self-harm, through to obesity. Their view is earlier interventions – to find young people below the Connexions 'radar' and there is a need to address the emerging and growing, controlling behaviour, amongst teenagers, which does not feature in strategies. 'Worklessness' has become for some, a norm, as has poor parenting – and need to break these cycles of behaviour.

Drug use in affluent wards is based on disposable incomes, confident social young people etc whereas in other areas it becomes a real risk to the young people and communities through it's link to crime and antisocial behaviour, family breakdown etc. There are links therefore between being NEET and drug and alcohol use and their risks. Families need stability, work and accommodation.

A better future for young people in Medway must involve greater rooting within family and within the community. MYT's Strategic Plan promotes the concept of Community Champions who are also role models within the family and there is a need to build on this with young parents.

There is a transitional gap in services for young people aged 16-18 years in that someone aged 17 years and 300 days gets support, 68 days later they get nothing. Particularly important for young people with disabilities and learning difficulties.

There are four key opportunities that would add value to addressing the needs of young people:

- capturing young people's needs for the future.
- agencies need to engage deeper, to overcome what is seen as *'too much reasonably superficial participation'*
- enhance degrees of accountability to each other, not just co-location of services
- mining social returns and investing in family and community

We met the Prince's Trust Team, based at Connexions Medway and consulted six 'NEET' young people [five young women and one young man] who had started to attend a NEET group ten weeks earlier. The young man was also involved in MYP [Medway Youth Parliament].

The young man said one of the best things about Medway was *'Medway Youth Parliament, because the amount of things we get to put to council, because they involve us in their big decisions such as the cuts, city status'*. He added that he did *'enjoy meeting mates, on Saturdays, lot of youth centres around'*.

The others did not know about the MYP but might also feel more empowered and confident if they did, even if they continue to be NEET.

One of the young women said that 'Connexions' was the *'only way [she had] found out anything, from about September 2009'*. She added *'I wasn't doing anything just used to come down. It's all that information in one place. The Early Intervention Service was good because the support and stuff they do for you. They take you out on trips, help you meet people'*. She had been referred to Connexions by the advisors when she had left school.

They did not access youth centres and talked about the numbers of young people on the street – *'and they move us on, but there's nowhere to move on to. We got into so much trouble. We used to bombard Subway, McDonalds, and the corner shop. We used to hang outside'*.

They said what would help 'neet' young people is:

- *'Just somewhere to go; somewhere where you're not going to get restricted. Where we could be in a big group and sit together, not even do anything'*
- *'Public transport is too expensive. And the bus [was] always late and they stop running really early; they need to stop around 11 o'clock at night'*



- They said information about youth centres generally did not reach their attention. One said *‘But where are the youth centres?’* - information about the youth service *‘is not advertised, is it?’*
- One young person felt that what was needed was investment in [Medway’s] *‘areas I think, somewhere to be’*

They all had aspirations for work and careers – although *‘securing jobs was a worry’*. *‘Work experience’* had been *‘really hard to get, man’*. Another young person added that Connexions *‘help you but you have to find the work experience’*

Barriers were identified as:

‘not getting qualifications’, ‘not enough training’, ‘being worried about incurring thousands of pounds in tuition fees’; ‘money worries;’ the lack of *‘part-time jobs’*

It is clear young people across targeted work use Connexions, information in one place is seen to be good and most young people knew the ‘brand’.

7.3 Targeted Youth Support and Vulnerable Groups

7.3.1 Homelessness

7.3.1.1 Background

Youth homelessness places young people who are already vulnerable and often suffering multiple disadvantages at an even greater risk of poor outcomes including physical and mental health problems, drug misuse, offending, unemployment and poverty

7.3.1.2 National Context

A number of significant policy changes in the last decade have changed the way in which youth homelessness is addressed locally. Specifically:

- a greater emphasis on strategy and co-ordination – with the introduction of homelessness strategies³⁹
-
- a strengthening of homelessness legislation – the Homelessness Act 2002 extended the priority need categories significantly, most particularly by adding all 16–17 year olds to the ‘priority need’ groups. Young people who have previously been in the Child Care System were also defined as ‘priority need’, including people up to the age of 21 who have previously been “looked after”
- The coalition Government is focussing on the issue of homelessness, including young people. A cross-Government ministerial working group on homelessness has recently been established which brings together Ministers from eight government departments. The Ministerial Working Group is focussing on people living on the streets and in temporary or insecure accommodation, such as hostels, shelters and squats, who are at significant risk of rough sleeping
- The Government’s new Child Poverty strategy⁴⁰ published in April 2011 recognises that having a stable, good quality home to live is a basic necessity and that children in poor

³⁹ The Homelessness Act 2002 (which amended/extended the Housing Act 1996) introduced a new statutory requirement for all local authorities to undertake a review of homelessness in their districts, and to produce a homelessness strategy by July 2003.

⁴⁰ A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families Lives, Department for Work and Pensions, Department for Education, April 2011

living conditions are more likely to suffer from a range of poor outcomes. It also announced that the Homelessness Prevention Funding to Local Authorities and the voluntary sector will be maintained, providing £400m from 2011 to 2015

7.3.1.3 National Research Findings

National research⁴¹ on youth homelessness has consistently found that:

- young people who have experienced disruption or trauma during childhood and/or who are from poor socio-economic backgrounds are at increased risk of homelessness
- relationship breakdown (usually with parents or step-parents) is the main ‘trigger’ for homelessness among young people. For many homelessness is a consequence of long-term conflict within the home and often involves violence
- young homeless people have much poorer health than other young people. Depression and other mental health problems are prevalent, as are substance misuse issues. A significant minority of young homeless people have multiple needs
- homelessness compounds a number of the problems faced by young people. In particular, mental health problems and/or the onset (or exacerbation of existing) substance misuse problems
- homelessness impedes young people’s participation in employment, education or training, with many becoming NEET after leaving their last settled home

Recent research in the UK by the Joseph Rowntree Foundation⁴² highlighted the importance of early intervention at the local level to prevent youth homelessness and made a number of observations/recommendations:

- ensure early intervention by linking homelessness prevention into initiatives such as targeted youth support
- housing providers to be given a greater role (and training) in identifying children at risk of homelessness. Risk assessments should be given a greater priority within the development of preventative services
- a greater focus still on supporting family relationships and wider social networks of (potentially) homeless young people (for those who live at home and those who have left). Within this, policies also need to support young people in their roles as partners and parents (and be gender aware)

A number of recommendations are made in respect of addressing the needs of homeless young people, including:

- need for specialist emergency accommodation for young people accessible locally
- every young person at risk of homelessness allocated a case manager
- specialist support services should continue to be prioritised, particularly therapeutic mental health interventions and drug services able to respond to young people’s changing substance use patterns. The point of transition between children and adult services requires special attention

⁴¹ *Youth homelessness in the UK - A decade of progress?*, Quilgars, D., Johnsen, S., and Pleave, N., Joseph Rowntree Foundation, 2008

⁴² *ibid*

- The position of 18–24 year olds, particularly those who fall outside statutory responsibilities, has been neglected and requires a much greater policy focus
Local Context

7.3.1.4 Local Context

The IYSPG's Strategic Plan identified the need to better understand youth homelessness in Medway and to develop a dataset to help target preventative work. It is stated that 'work to identify young people who are known to a range of IYSS services so that targeted support can be offered to these high risk/vulnerable young people has begun'.

According to the *IYSS Delivery Plan 2010/11*, while the YOT has a specific target linked to suitable accommodation, other IYSS agencies provide a signposting service to specialist agencies for young people with accommodation issues. Specific provision includes:

- Dedicated housing workers within the YOT provide targeted support for vulnerable young people in partnership with housing organisations and often Social Care
- MYT provide twice-weekly housing drop in service in partnership with Medway Housing and with two organisations funded by MYT (Medway Mediation and Avante). The service helps engage young people, helping some to stay in their family home and supporting others to appropriate independent/supported accommodation
- Youth Service detached workers who come into contact with disengaged young people with accommodation issues can refer them to specialist Connexions PA's who will provide a more bespoke service

Medway Homelessness Strategy 2009-11 sets out the following action under 'Action Cluster: *Children/Families/Young persons*':

Action for 2010-11: To improve and extend homelessness prevention provision to children, young people and families:

- Bed and breakfast not used for 16/17 year olds from 2010
- Action plans for Domestic Abuse/Violence Policy, Domestic Abuse Advisors, Family Intervention Project implemented
- Sanctuary Scheme expanded (to include Hate Crime and Harassment and Mediation Services)

With the planned result [led by Housing] being:

- Annual curriculum campaign implemented in Medway schools [for year 9/10 pupils to raise awareness of the realities and risks of leaving home]
- 50 households assisted via Sanctuary Scheme annually
- 20% increase in prevention of homelessness due to mediation services, assisting 100 households per year

7.3.1.5 Current Position

In the first three quarters of 2010/2011 (April-Dec 2010) 41 young people aged 16-24 were accepted as eligible, unintentionally homeless and in priority need. This constitutes 34% of all eligible clients. Over the same period, one third of homeless approaches from persons

under 25 were given advice or assistance, which prevented homelessness. In total there were 133 approaches from young people under 25.

In a recent report for the Homelessness Forum it was stated that *'Due to the increased demand from young persons we are currently reviewing alternative prevention options to meet their current housing and support needs'* (Homeless Forum Performance Matters Dec 2010)

The most recent housing figures available reveal that from April-December 2010:

- 120 clients in priority need (April –Dec2010), 2 were 16/17 year olds, 4 young people in care (age 18-20) and 2 were in care.
- Of the reasons given for homelessness, 20 out of 120 were due to 'parents no longer willing', 8 were due to 'relative no longer willing'.
- A quarter (26%) of all those in living in temporary accommodation (TA) were aged 16-24. On average 115 households were living in temporary accommodation in the period from April-Dec 2010, of those on average 30 were clients age 16-24.

According to the Homelessness Forum Performance Matters report (Jan 2011) there is a Homeless profile data report being undertaken in Medway, which will provide comparisons over the last 4 years to help understand the causes of homelessness for the prevention strategy.

7.3.1.6 Young offenders and homelessness

The YOT has a target that 95% of young offenders have suitable accommodation. Predicted figures for 2010 reveal that for the first time since 2007/08 this target will be met. Actual figures reveal that the number of young offenders not in suitable accommodation is relatively small across all the years.

Youth homelessness has recently been highlighted by Medway's Homelessness Forum, as an issue requiring particular attention due to increased demand from young people. As a result alternative prevention options are being reviewed to meet their housing and support needs. Recent figures from Medway Housing reveal that around one third of accepted eligible homeless clients in priority need were young people. In the first three quarters of 2010/11 (Apr-Dec 2010) there were 133 young people under 25 approaching the local authority as homeless. Although one third of these were given advice or assistance that prevented homelessness, 41 were accepted as eligible. Temporary accommodation has been shown, by research, to be particularly unsuitable for young people but despite this, a quarter of all those in temporary accommodation in Medway (April-Dec2010) were aged 16-24 years.

Predicted figures for 2010/11 suggest that the YOT has exceeded its target that 95% of young offenders have suitable accommodation although the number of young offenders not in suitable accommodation is relatively small, constituting 11 young offenders in 2010/11.

7.3.1.7 The Consultation

From the discussions we had with adults supporting young people, it appears there are far greater numbers of young people who are homeless and ‘sofa hopping’ – sleeping on friends sofas and floors than appear in the data. Young people talked about unhappy family circumstances and a fear of having to leave home. Family breakdown is a major cause of young people having to leave their parents home and we heard examples where young people with problematic behaviours had been told to leave their home and placing them in greater risk of ill health and problem behaviours. An in depth study of the circumstances and numbers of youth homelessness needs to be carried out together with an in-depth review of current support available

7.3.2 Young People with additional needs and their parents

7.3.2.1 We spoke to 5 parents of [autistic] young people and a group of young people from the MAGIC group. The main points made by parents were:

The parents felt that *‘not knowing’* what help was available was the greatest difficulty. One parent said that *‘nobody volunteers any information’*

They spoke about the difficulty of obtaining a ‘diagnosis’, the lack of funding available and a real fear about the children getting older with such little help available including respite

They spoke about the distress they felt and one person in particular said she *‘nearly took my[own] life year before last, because I could not cope with it any more’*.

The parents said there was a need for more dedicated programmes, within active environments, such as those delivered by the MAGIC group – which all the parents appreciated. The parents said their children were bullied and gave many examples. They said the attitudes of some adults including professionals was very negative and attributed this to lack of knowledge and experience. One parent expressed the frustration of everyone: *‘This is a problem and you can talk till you’re blue in the face and it doesn’t change.’* The parents said they wanted to be treated as ‘partners’ in the support of their children. ‘Not meeting the criteria to access a service was a real frustration – one parent said that CAMHS had told her that her child *‘did not meet the criteria’* for their service despite her having found him *‘hanging from a bunk bed’* [and had to *‘resuscitate him’*].

Staff at the Magic group had received training to support young people with autism and manage behaviours and were therefore confident and supportive. Some parents had also been trained as volunteers and had gained a lot from this experience. They felt it would be more cost effective if all practitioners were encouraged to work with them [the parents] to develop an appreciative understanding of autism spectrum disorder and there should be disability forums in all schools.

Parents expressed concern about the financial expense of trying to provide their youngsters with enjoyment opportunities in settings that sometimes also had emotional costs. One parent said that it was expensive to take her daughter to different places so she can join in socially but after a while the daughter asks to go to the lavatory and asks *‘when are we going home... when are we going home?’* This is when she is not coping and the lavatory is

brief respite, which she hopes will be followed by a return to home. The parents felt their children needed the right environment to be able to relax and socialise especially when they are teenagers.

One parent described her youngster as '*a runner, [who] runs off all the time*'. The parent talked about when she parked her car in Medway and received a parking ticket, tried to appeal and received an increased bill and bailiffs letter and only then found she could have applied for a parking permit due to her sons disability. It demonstrates the need for good advice and information including the very practical things that can help

The young people from the magic group said they liked having fun and some kept in touch with friends using their mobile phones. They spend a lot of time on their own and use computers.

They said a lot of people do not take teenagers seriously and that is 'unfair'. They only attend the MAGIC group although their parents do take them to parks and leisure activities.

They enjoyed going to arcades – they said it is where young people on the autism spectrum can go with a friend and not be seen as 'different' and where people are not 'suspicious' of them. It appears as a 'natural' environment. By this they were talking about being able to undertake activities which are fairly independent of other people but in an environment where there are other people. The tasks are the same as other people and so they are presumed not to have additional needs and feel themselves to be able to cope in a busy environment, being focused on the game.

This links to the concerns of the parents that their personal and life skills are not attended to even if they are attaining reasonable results at school.

7.3.3 Teenage Pregnancy

7.3.3.1 Background

The evidence is clear that teenage parenthood results in poor health, under-achievement and low earnings for both the mother and her baby⁴³. Babies born to teenage mothers have a 60% higher infant mortality rate and a 63% increased risk of being born into poverty compared with babies born to older mothers (DoH, 2007⁴⁴). Children born to teenage mothers do less well at school, disengage early from learning and sometimes well before they have finished compulsory education. Daughters of teenage mothers are twice as likely to become teenage mothers themselves as daughters born to older mothers. Similar disadvantages affect young fathers (DfES, 2006⁴⁵).

⁴³ TEENAGE PREGNANCY INDEPENDENT ADVISORY GROUP FINAL REPORT, *Teenage pregnancy : Past successes - future challenges*, December 2010 Teenage Pregnancy Independent Advisory Group, London

⁴⁴ Cited in Medway Teenage Pregnancy Annual Report 2009/10

⁴⁵ *ibid*

7.3.3.2 National Context

It was announced in March 2011⁴⁶ that the coalition government is to launch a strategy on young people's sexual health that will be backed by a youth policy document. Teenage pregnancy will in future sit within the Sexual Health Strategy.

Speaking at the charity Brook's annual conference, Anne Milton, Minister for Public Health announced that the Department of Health is working closely with the Department for Education on sexual health and young people, and that the DfE's youth policy document (to be produced later in 2011) is likely to outline how sex and relationships education (SRE) should be delivered in schools.

The previous Government's national strategy for reducing teenage pregnancy set out the 10-year PSA target to reduce the under-18 conception rate by 50 per cent by 2010. According to the Teenage Pregnancy Independent Advisory Group (which oversaw the national strategy until last year), *'Data confirms that the strategy has worked. The rate of under-18 conceptions in England has fallen by 13 per cent from the 1998 base line to 2008.'* In 2010 the Dcsf and DH published *'Teenage Pregnancy Strategy: Beyond 2011*

Whilst there is no national target it is included as an impact indicator in the Department for Education's business plan and the public health outcomes framework.

7.3.3.3 National Research Findings

In its final report the Teenage Pregnancy Independent Advisory Group (TIPAG) highlighted a number of immediate challenges, which must be addressed if progress is to be sustained and improved upon locally:

- **Public spending cuts** - The challenge for local areas is to maintain the current downward trend in teenage pregnancy during major reorganisation in the NHS, the removal of targets and at a time of reduced public spending. Local areas may reduce the leadership and co-ordination of teenage pregnancy. *'It is truly shocking to hear about the current level of disinvestment, the loss of posts and projects and closure of CASH services.'*
- **Cost effective contraception** - Health providers should be offering a full range of contraception and TPIAG is very concerned that there is still a lack of 'young people friendly' CASH services. Clinics must be open at times convenient for young people and in places they can easily reach by public transport. Local areas must also realise the cost benefits of reducing teenage pregnancy: *'Every £1 invested in contraception saves the NHS £11 plus additional welfare costs, which is a powerful economic argument for maintaining contraceptive services. If local areas stop investing in teenage pregnancy prevention they will face much bigger costs within the same financial year'*
- **Improving Sex and Relationships Education (SRE)** - There is overwhelming consensus of support amongst teachers, health professionals, school governors, parents and young people that SRE should be part of the national curriculum. Good SRE taught

⁴⁶ See <http://www.cypnow.co.uk/news/1058245/Anne-Milton-reveals-plans-sexual-health-strategy/>

by trained professionals gives children and young people the knowledge and life skills to resist peer, partner and media pressures and to understand issues such as sexual consent and responsibility

- **Improving support for young mothers and fathers** – Teenage parents continue to be some of the most excluded young people in society and should be included in targeted support for young people and disadvantaged families

7.3.3.4 Local Context

Reducing Teenage Pregnancy was until recently a PSA for Medway Local Strategic Partnership, and the strategy sets out to:

- Halve the under 18-conception rate by 2010, from the 1998 baseline, and establish a firm downward trend in the under-16 rate.
- Increase the number of teenage mothers (aged 16-19 years) in education, training or employment to 60% by 2010, to reduce their risk of long-term social exclusion.

In 2010 Medway Teenage Pregnancy Unit published a report examining risk factors associated with teenage pregnancy related to local young people:

‘Medway’s pattern of teenage pregnancy follows what we know about the risk factors for conceiving under the age of 18. The services already developed to prevent teenage pregnancy have an overall presence but it is not clear if they are reaching the people who need them the most. It should be recognised that although interventions in the teenage years are important to prevent pregnancy, other broader interventions including those to improve the early years experience, reducing material deprivation and enabling young people to attain educationally are also vitally important to reducing the rate in the future.’

The IYSPG Action Plan highlights the need to gain a better understanding of why Medway young women get pregnant; whether education is appropriate, and whether the sexually active have sufficient access to sexual health services. It also cites recent research by DIVA that demonstrates locally there is a lack of information and Contraception and Sexual Health (CASH) services. Under the priority to reduce teenage conceptions the IYSS Service Plan 2010-11 details 18 actions to be undertaken, lead either by the Youth Service, Teenage Pregnancy Team, Extended Services or Medway Youth Trust

Current Position

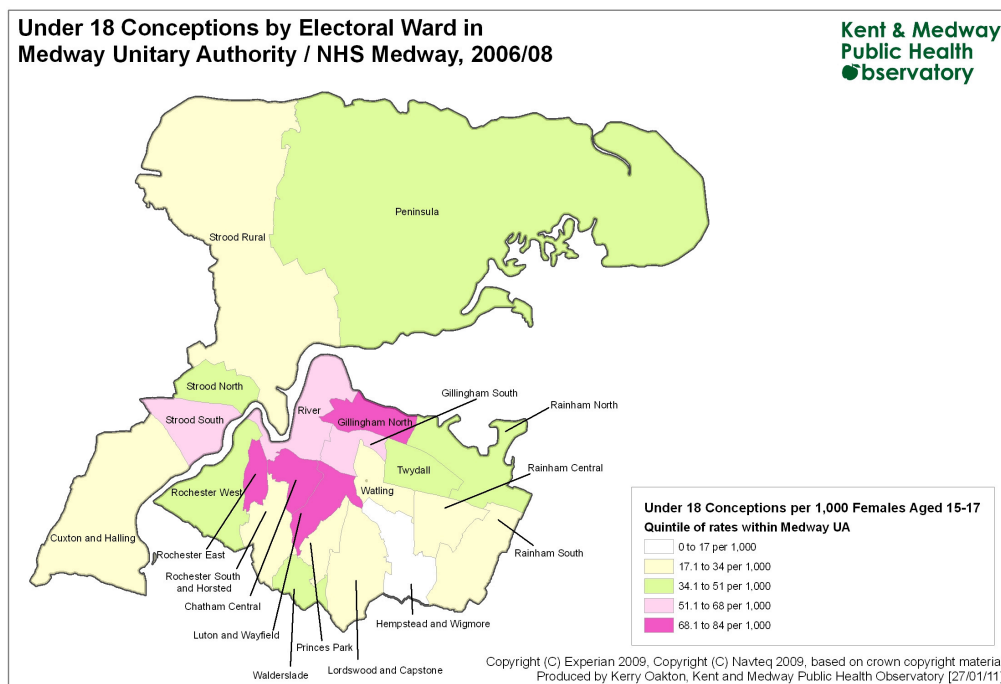
The most recent figures available for the rate of teenage pregnancy are provisional figures for 2009 provided by the Office for National Statistics and DfE. Medway’s rate of teenage pregnancy at 43 per 1000 female population aged 15-17 is currently higher than the average for England and Wales (38.3) and that of the South East region (30.1).⁴⁷ In the ten years from 1998 to 2008, Medway saw a 4.4% decrease in the rate of teenage conceptions, while the South East region saw a 13 % decrease and England a 13.3% decrease. Medway has had a consistently higher rate of conceptions than the South East region. This is likely to be the result of a greater concentration of risk factors, notably higher deprivation than other areas

⁴⁷ Health Intelligence Review, Under 18s Conceptions Statistics for Local Authorities and PCTs of Kent and Medway Data to 2009, March 2011

in the region. The rate is also higher in Medway than England as a whole in all years apart from in 2003 and 2004⁴⁸.

Figures by electoral ward show that there are wide variations in rates of teenage conception between wards, with Gillingham North having the highest rate at 83.4 per 1000 females aged 15-17 years old, closely followed by Chatham Central (76.7) and Luton and Wayfield (75.2). The pattern correlates generally with levels of social deprivation.

The map below presents figures for the quintile of wards with highest under-18 conception rate in Kent and Medway, 2006/08 (aggregated):



Figures from the Step Forward Programme – which offers young parents peer support, information and advice, and helps them engage with ETE, show from September 2009 – 2010 there were 802 attendances from across Medway. Despite the fact that the Step4ward Programme is available to both young mothers and fathers the significant majority of attendances are from young mothers.⁴⁹

In conclusion, Medway’s rate of teenage pregnancy at 43 per 1000 female population aged 15-17 is currently higher than the national average and that of the South East region. In Medway, high rates of teenage conceptions correlate clearly with high levels of social deprivation with the highest rates falling within the three most deprived wards. The next three wards with rates above the Medway average were Gillingham South, Rochester East and Stood South.

Clearly IYSS partners have developed a range of initiatives to reduce teenage conceptions and improve sexual health though generic work in schools and more targeted work with at

⁴⁸ Teenage Pregnancy Risk Factor Analysis 2010

⁴⁹ Step Forward Evaluation Sept 2010

risk groups. Nevertheless recent local research suggests it is not clear whether services are currently reaching those that need them most.

7.3.3.5 The Consultation

We spoke to three young mothers at the Troy Town Children's Centre. They are aware of the changes being made due to reduced funding of services and talked about the loss of specialist TP Midwives and Health Visitors as they had found their support invaluable as was that of the Children's Centre ['a god send'] and the Young Parents group.

They said they felt defined by 'being young parents' and talked of the negative remarks thrown at them in the street and on buses even by other older parents. With few opportunities to socialise they relied on the group and the advantage of meeting other parents at the Messy Play events, where they appreciate being able to talk to and be advised by older parents.

They spoke of barriers for their progress as including:

- Expense of childcare and unable to return to learning [care 2 learn goes up to 18 yrs]
- Difficult to find information that's useful although Connexions has been useful
- Interested in apprenticeships
- Step4ward to Learning – they have completed and found really useful
- One young person is going to become a volunteer at the centre
- Support until the young parent is 25 years would help
- Do not attend youth clubs or activities – would if appropriate for the children too

They feel intimidated by adults even in shopping centres and having to [discreetly] breast feed in public attracts unwanted attention and rude comments.

7.3.4 Drugs and Alcohol

7.3.4.1 Background

*'Each year around 24,000 young people access specialist support for substance misuse, 90% because of cannabis or alcohol. It is important that young people's services are configured and resourced to respond to these particular needs and to offer the right support as early as possible.'*⁵⁰

Substance misuse by young people is strongly linked with involvement in crime or anti-social behaviour, increased risk of failing at school and damage to both mental and physical health. Substance misuse includes the use of illegal drugs, alcohol and volatile substances such as glue, gas or solvents.

⁵⁰ ⁵⁰ DRUG STRATEGY 2010 Reducing Demand, Restricting Supply, Building Recovery : Supporting People to Live a Drug Free Life, Home Office 2010

National Context

Tackling drugs and alcohol substance misuse has been a priority for local partners and government for more than a decade. Through drugs and alcohol action teams, councils, police, health services and other partners have been working across their boundaries to reduce drug and alcohol misuse.

In December 2010 the Government introduced its new drug strategy, 'Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug-Free Life'. The strategy includes a strong focus on young people in respect of the need for prevention, early intervention and intensive support where necessary. The new strategy aims to:

- break inter-generational paths to dependency by supporting vulnerable families
- provide good quality education and advice so that young people and their parents are provided with credible information to actively resist substance misuse
- intervene early with young people and young adults
- provide intensive support for young people misusing substances

Specific reference is made to the vulnerable groups of young people who face increased risks of developing problems with drugs or alcohol (e.g. those truanting or excluded from school, looked after children, young offenders and those at risk of involvement in crime and anti-social behaviour, those with mental ill health, or those whose parents misuse drugs or alcohol) and the need to provide targeted support to prevent drug or alcohol misuse or early intervention when problems first arise. It is anticipated that the new single Early Intervention Grant, worth around £2 billion by 2014–15 will be drawn on locally to address prevention and intervention:

'[The Early Intervention Grant] will draw together a range of funding streams for prevention and early intervention services, allowing local government the flexibility to plan an approach to reach vulnerable groups most effectively. Sitting alongside the Public Health Grant, this will allow local areas to take a strategic approach to tackling drug and alcohol misuse as part of wider support to vulnerable young people and families'.⁵¹

⁵¹ DRUG STRATEGY 2010 Reducing Demand, Restricting Supply, Building Recovery : Supporting People to Live a Drug Free Life, Home Office, 2010

7.3.4.2 National Research Findings

Research has identified a number of ‘at risk’ groups of young people who are particularly vulnerable to substance misuse⁵²:

At risk group	Evidence and key considerations
Children of problem drug users	Hidden Harm, the report issued by the Advisory Council on the Misuse of Drugs, estimated that between 200,000 and 300,000 children in England and Wales have one or both parents with serious drug problems. A third of the adult treatment (drug or alcohol) population have parental responsibility for a child ⁵³ . Parental drug problems are associated with a range of poor outcomes for children and young people, including early drug misuse. Adult drug services and early support services, such as Sure Start, play a key role
Persistent truants and school excludees	There are higher rates of drug misuse among persistent truants and excludees. Drug misuse assessments and appropriate interventions should be conducted with school excludees in all alternative provision settings including those attending pupil referral units. Similarly, systems should be put in place so that all persistent truants have a full assessment of need, including drug misuse problems, and receive appropriate support with the aim of returning them to mainstream education
Looked after children	It is vital that all looked after children with substance misuse problems are identified early through their health assessment, looked after children reviews and care planning processes and receive support and appropriate interventions as a result
Young people in contact with the criminal justice system	Young people’s substance misuse and offending are often related and share some of the same causes, with 41% of the young people seeking support for drug or alcohol misuse also being within the youth justice system ⁵⁴ . Each stage of the youth justice system provides an opportunity to identify children and young people who have, or are at risk of developing, drug misuse problems; assessing their needs; and directing them to and supporting them through appropriate support and treatment services. Youth Offending Teams and Juvenile Custodial units already have systems in place
Other groups	Other children and young people at risk include: homeless young people, young people abused through prostitution, teenage mothers and young people not in education, employment or training. Many of those at risk live in our most deprived communities

In addressing youth substance misuse research shows that targeting vulnerable young people should encompass access to specialist treatment. In preventing problematic drug use among young people, the involvement of parents, carers and families has been identified as key to success. Research show that young people are more likely to delay or avoid drug taking when they talk openly with their parents. Where young people do develop serious problems

⁵² Source: Every Child Matters: Change for Children Young People and Drugs, DfES, 2005

⁵³ Cited in DRUG STRATEGY 2010 Reducing Demand, Restricting Supply, Building Recovery : Supporting People to Live a Drug Free Life, Home Office, 2010

⁵⁴ *ibid*

with drugs, the involvement and support of parents and families can contribute greatly to improved outcomes.⁵⁵

7.3.4.3 Local Context

The IYSS Service Plan for 2010/11 details 14 actions set out under the priority ‘Reduce Substance Misuse by Young People’ (linked to the old NI 115). Actions are detailed under two key service objectives:

- *‘Children and young people choose not to take illegal drugs’ – 6 actions are detailed, led by the DAAT, YOT or Youth Service including improving access and engagement of young people in drug treatment, increased awareness among vulnerable young people of dangers of drug misuse, and increased screening of vulnerable young people for substance misuse*
- *‘promote healthy lifestyles’ – 8 actions are detailed, led by the Youth Service, MYT and Extended Schools. Actions include 1-1 support for vulnerable young people, confidential access to drug and alcohol information and advice and confidential counselling services*

The IYSS SMQ Report (2009/2010) presented progress against targets for 2009/10, highlighting that the delivery of NI 115 has been primarily the responsibility of the YOT and Youth Service. It reported that 70% of the referrals to specialist drug and alcohol support groups in Medway come from the YOT. It highlighted that universal IYSS service staff having the skills to screen young people and make appropriate referrals at the time of the report this was not taking place.

The relatively new multi-agency Medway Drug and Alcohol Team (DAAT) took over the commissioning of drug services from the Kent wide DAAT in April 2009. The DAAT sits with the Community Safety Partnership. Related strategies include the Medway Alcohol Strategy 2009/11, under which one of the priorities is ‘to protect children and young people from alcohol related harm’.

7.3.4.4 Current Position

Alcohol

A recent survey⁵⁶ of young people in Medway provides an indication of the number of local young people who drink alcohol, including how often and how much. Tellus 4 survey findings for 2009/10 reveal that the majority of young people did not drink regularly:

- Two thirds of young people (67%) surveyed had never had an alcoholic drink
- A further 6% said they had never been drunk
- 15% of young people said they had been drunk (by their own assessment) in the previous four weeks (comprising of 6% who had been drunk once, 5% twice and 4% who had been drunk three or more times)

⁵⁵ Source: Every Child Matters: Change for Children Young People and Drugs, DfES, 2005

⁵⁶ Source: Tellus4 Survey, National Foundation for Educational Research 2010

The table below presents the survey findings for Medway along with national and statistical neighbour comparators⁵⁷

	Medway	National	Statistical Neighbours
None/never had an alcoholic drink	67%	68%	66%
Once	6%	6%	7%
Twice	5%	4%	4%
Three or more times	4%	5%	5%
Don't want to say	9%	8%	8%
Don't know/can't remember	3%	2%	2%
I have never been drunk	6%	6%	7%

The frequency with which respondents have been drunk in the last 4 weeks increases with age, i.e. year group. The table below provides the number of times respondents to the Tellus4 Survey have drunk in the last 4 weeks by age⁵⁸.

	Year 6	Year 8	Year 10
None/never had an alcoholic drink	77%	68%	52%
Once	2%	5%	10%
Twice	1%	4%	9%
Three or more times	2%	2%	8%
Don't want to say	12%	9%	5%
Don't know/can't remember	1%	2%	4%
I have never been drunk	4%	7%	7%

The recent ECM Needs Assessment 2010 cited data linked to alcohol related hospital admissions for young people:

- The rate of admissions to hospital for under 18-year-olds with alcohol specific conditions is 53.3 per 100,000 population for 2005/06-2007/08.
- Medway ranks 129th out of 326 local authority areas where the measure is calculated.
- Medway has a lower rate than the South East (60.6) and England as a whole (72.3). The difference between Medway and England as a whole is statistically significant.

⁵⁷ ibid

⁵⁸ ibid

Drugs and illegal substances

Findings of the Tellus4 Survey 2009/10⁵⁹ also reveal the extent to which young people in Years 8 and 10 had taken drugs. The vast majority of young people surveyed said they ‘had not ever taken drugs’. Nevertheless almost one in ten young people surveyed (9%) said they had taken drugs in the last four weeks⁶⁰. These proportions stayed constant from 2008/9 survey findings. Overall, there was a small percentage who often used cannabis and an even smaller percentage who used solvents or other drugs.

Among those who said that they **had** used drugs, cannabis or skunk was more common than solvents or other drugs. This was also the most frequently used drug. The table below presents percentages of those

Type of drug	Never in the last 4 weeks	Once	Twice	Three or more times	Prefer not to say	Don't know / can't remember
Cannabis or skunk	45%	15%	5%	17%	10%	6%
Solvents, glue or gas (to inhale or sniff)	57%	10%	1%	9%	8%	16%
Other drugs ⁶¹	53%	7%	2%	12%	13%	13%

Analysis of the survey findings reveals a relationship between whether young people had received advice about drugs and whether they said that they used drugs:

- While 9% of young people in Years 8 and 10 had used drugs overall, the proportion was greater (12%) among those who received advice which they said was not helpful.
- Among young people in Year 10, drug use was higher amongst those who had not received information on drugs. 18% of those who did not find the advice they received helpful had used drugs and 26% of those who said that they had not received advice had used drugs.
- In contrast, 89% of those who said they had received helpful advice had not taken drugs.

Findings indicate that providing appropriate advice to young people may reduce the likelihood of their using drugs. The survey also highlights the need to establish what advice young people find ‘helpful’ and what advice is considered ‘not helpful’.

Profile of young people misusing substances

Young people who are more likely to misuse substances in Medway are White, male and aged between 15 and 17 years old. Looked After young people, those who are NEET and those known to the Youth Offending Team (YOT) are also at greater risk of drug misuse.⁶²

⁵⁹ Tellus4 Survey, National Foundation for Educational Research 2010

⁶⁰ 3% of respondents stated ‘prefer not to say’

⁶¹ The questionnaire stated ‘like cocaine, LSD, ecstasy, heroin, crack, speed, magic mushrooms, etc.’ (Year 8 and 10 only)

⁶² Drug and Alcohol Team (DAAT) Needs Assessment, November 2009

The most recent data available from the DAAT⁶³ shows that in the six months period April-Sept 2010 there were:

- 42 young people in treatment (36 of whom under 18 years old)
- 24 were new presentations in quarter 1 (15 in Q1 April-June, 9 in Q2 July-Sept)
- 61% of those in treatment were male, 81% were White British
- 21 of the young people used cannabis as the primary drug (16 had alcohol as a secondary drug⁶⁴)
- 8 of the young people used alcohol as the primary drug (7 used cannabis as a secondary drug)
- 1 young person used solvents
- 6 young people used heroin, of those:
 - 3 female, 3 male
 - 1 young person was aged 15, 3 were aged 16 and 2 were aged 17
 - 5 self referred, 1 referred from adult treatment provider
 - 4 young people were of Eastern European ethnic origin (all live in ME4) and 2 White British (ME7 and ME2)

The majority of referrals to treatment came from Criminal Justice Services (40%) followed by Children Looked After, Children & Family Services, Alternative Education (20%), Family, Friends and Self (20%) and Universal Education, Targeted Youth Support, Outreach (12%), Health and Mental Health Services (4%) and Substance Misuse Services (4%)

The 2009 DAAT Needs Assessment reported that:

- *Referrals from the children and family services are low and LAC numbers in treatment are also low. Therefore, it is recognised that screening for this cohort of young people needs to be improved. The NTA specify that in 2010-11 'at least 20% of referrals to specialist substance misuse treatment should be from children and families services' (Safeguarding and Looked After Children only). Further work is required with Children's Services staff to enable substance misuse screening to take place routinely within the Safeguarding and Looked After Children's Teams*
- *A high proportion of NEET young people have accessed substance misuse information and advice services and good links have been developed with services that work with NEET young people*
- *At the time the report was produced, the planned discharge rate for young people was 64% this fell short of the NTA target of 80%, suggesting that more investigation could be done into the question of what is done to follow up with young people, and what can be changed to improve rate?*
- *Fairbridge's (organisation work with NEET young people) Monitoring and Evaluation electronic database tells us that a steady 25% of young people aged 13-16 using their services have alcohol or drug misuse as a 'presenting need'*

In conclusion, the Youth survey data reveals that use of alcohol and illicit substance is an issue for some young people in Medway. 15% of young people (in Years 6,8 & 10) reported being drunk in the last four weeks, while 9% of young people (in Years 8&10) said that they had taken drugs. Cannabis or skunk being the most commonly used drug.

⁶³ Medway DAAT, Emotional Well Being Group & Young People's Joint Commissioning Group, Performance Report, February 2011

⁶⁴ NB: Secondary use may mean it was tried once or may not be current use – may have used in the past

Young people who are more likely to misuse substances in Medway are White, male and aged between 15 and 17 years old. Looked After young people, those who are NEET and those known to the Youth Offending Team (YOT) are also at greater risk of drug misuse.

Data for 2010 reveals that in a six-month period, there were 42 young people in treatment (the majority under 18) for drug or alcohol related problems. Half using cannabis as the primary drug, although alcohol is a secondary drug. Similarly the majority of young people in treatment for alcohol misuse also used cannabis. Such findings highlight the fact that young people presenting most commonly do not use just one type of substance.

The majority of young people treated for drug/alcohol related issues are referred by criminal justice agencies.

7.3.4.5 The Consultation

We spoke to two members of the West Kent and Medway KCA Young Persons' Service and a young woman who is one of their clients. She was concerned that she will be unable to get a job – and said that although still lives at home with parents, she needs a job so she has some money. She described the 'revolving door' of having no work and therefore no money so can't be independent. She felt she needed support because she takes drugs but also said she felt she has mental health needs. She did 'not get on' at CAMHS and said she was hoping to start make some changes now. She said everyone needs money for whatever they want to do but what she used to do and really likes is dance. She said she had put on weight and put this down to 'getting the munchies' because of her drug taking. She would like to create a studio of her own.

She has not heard of the Medway Youth Parliament and didn't think youth services such as youth clubs were interesting.

In talking about the kind of person she needs to support her, she said that she needed someone who understood that she needs 'time to chill' if she gets 'pissed off' and to be left alone when needs her own space [see workforce development]

Two members of the team described their work and in particular shared drop-in sessions with SHIP – the sexual health improvement programme - run by Public Health and a good working relationship with the sexual health team located in Connexions. The young people know the law and understand drugs are illegal substances and so their aim in the service is to reduce the risk of harm. Peer Education work in schools worked well but is no longer funded and schools [especially the new Academies] are hesitant about drug programmes. Their view is that young people do not understand the full impact on their bodies of taking different drugs.

7.3.6 Looked After Young People

7.3.6.1 In October 2010 a Needs Assessment of Looked After Young People in Transition in Medway was commissioned with the result that 31 recommendations were made including:

- The need to raise aspirations and expectations
- Consider monitoring health related needs including pregnancy
- Review what improvements are needed for young people to access services including mental health and drug and alcohol services

7.3.6.1 The Consultation

In the deliberative events, the group discussed self-confidence – and the importance of opportunities to develop confidence. This supports the [above] report, which highlighted the need to raise aspirations for which you need confidence. They said they did not know about participation opportunities but they would like to be able to get involved but where this which also have a clear pathway to aid their development and which led somewhere [ie things changed because of their input].

They also talked about needing help with decision-making in their own lives – how to do take good decisions. These are things, which they felt would help them but are not the remit of targeted support, more universal services, which they did not access. There were examples of going to bingo halls where it is safe and warm and a positive example of participation when they chaired their case reviews. They all felt Connexions was relevant and provided good information but they felt they need more practical help – for example finding out how to get an apprenticeship ‘because having a job was good for you’.

7.3.7 Young Offenders

7.3.7.1 Background

Preventing young people from getting into trouble in the first place is one of the best and most cost-effective ways to reduce youth crime. According to the Audit Commission report, *Youth Justice 2004: A Review of the Reformed Youth Justice System*, early intervention to prevent young people offending could save public services more than £80 million a year.

Problems that may lead to a young person's troublesome behaviour include a lack of education, poor family relationships, having family members or peers who have offended, and misuse of substances.⁶⁵ Clearly risk factors associated with youth offending cut across all other priority areas of IYSS.

7.3.7.2 National Context

Reducing the number and rate of first time entrants to the criminal justice system aged 10-17 was, until recently, an indicator under PSA 14⁶⁶ and a national indicator (NI 111). While NI 111 was a directional indicator, the *Youth Crime Action Plan*, published in 2008, articulated a goal to reduce, by 2020, the number of first time entrants by one fifth.⁶⁷

Previously direction was set out in the Youth Crime Action Plan (2008) under the priority ‘intervening early’ which set out how young people [particularly vulnerable and those at greater risk of offending] might be better identified and helped. It highlighted the aim to⁶⁸:

- Ensure universal services such as Sure Start are better targeted at families that need them most
- Significantly expand the reach of intensive family interventions
- Make permanent exclusion from school an automatic trigger to a comprehensive assessment of needs
- Improve support in schools through Safer Schools partnerships

⁶⁵ <http://www.yjb.gov.uk/en-gb/yjs/Prevention/>

⁶⁶ PSA 14: increase the number of children and young people on the path to success. Success in reducing first-time entrants also supported the delivery of Safer Communities PSA 23: to tackle anti-social behaviour.

⁶⁷ Youth Crime Action Plan 2008, HM Government found at <http://www.justice.gov.uk/publications/docs/youth-crime-action-plan.pdf>

⁶⁸ *ibid*

- Increase the take up of parenting support and explore better ways to engage them in the youth justice system
- Invest in the capacity of the third sector to reduce youth crime
- Expand the provision of Family Nurse partnerships

Although the number of entrants to the criminal justice system is no longer a national indicator it will remain a clear measure of the effectiveness of efforts to prevent youth offending locally.

7.3.7.3 Local Context

The IYSPG Strategic Action Plan highlights the needs ‘to be clear about what makes the difference to a) offending rates and b) re offending rates, in order to plan future programmes’. The IYSS Service Plan 2010-11 details 18 actions under the priority ‘safe from crime; and ASB in and out of school’. Actions are lead by Medway Youth Trust, YOT, YISP and Youth Service. Work includes an anti-bully policy in youth centres, detached youth work, ETE support for young offenders, family intervention project, targeted resources in high risk wards, parenting programmes, positive activities to young people referred through YISP, support and positive activities for YOT clients and their families and confidential counselling services.

7.3.7.4 Current Position

The number of first time entrants into the youth justice system continues to decline: in 2008/9 Medway Youth Offending Team recorded 480 and 428 in 2009/10. Predicted figures for 2010/11 indicate that this downward trend is continuing, see table below.

NI 111. First time entrants into the Criminal Justice System aged 10-17:

	2007/08	2008/09	2009/10	2010/11 Predicted*
No of first time entrants to the CJS	446	480	426	
Rate per 100,000 of first time entrants to the CJS	1588	1733	1546	1197
Target by rate per 100,000		1877	1856	1810

Source: YOS data provided 03/2011. *2010/11 figures are predicted based on actual figures for Q1-3 (Apr-Dec 2010)

Analysis indicates that most first time entrants to the YJS come from priority wards Gillingham North, Chatham Central and Luton & Wayfield. As a result YISP/TYS prevention activity is now targeted in those wards, including parenting support work. Additional parenting groups are planned and expansion of the Smart Thinking group work programme will be taken directly to schools in the target wards. [IYSPG Action Strategic Plan 2010/11 p4]

The Youth Inclusion and Support Programme (YISP) works to prevent offending and reduce anti-social behaviour (ASB) by offering voluntary support services to at risk 8 to 13 year-olds and their families. Medway YISP is currently supporting young people and their families in all areas of Medway, with a targeted approach to three wards which show the

highest incidence of ASB and crime reports: Gillingham North, Chatham Central, and Luton and Wayfield.

Monitoring data for the YISP from October 2010 – March 2011 reveals that of the 100 young people receiving services:

- 53% were aged 12-16 years olds, 45% were 5-11 years old,
- 95% were White British
- 73% were male
- Over a quarter (27%) had a disability
- 8% were SEN
- Young people receiving support came from right across Medway. The five [of 19] wards with the highest number of young people receiving support from the YISP were: Gillingham North (11%), Chatham Central (10%), Strood South (9%), Luton & Wayfield (8%) and Rochester East (7%).

From Nov 2009-October 2010 there were 133 referrals with the majority from schools (58%); 17% from Social Services and the remaining 17% came from a diverse range of sources including individuals/relatives, police, parenting practitioner and CAMHS.

Wards with the highest school referral rates (Nov 2009-Oct 2010) were:

- Rochester South (11 referrals)
- Chatham Central (10 referrals)
- Princes Park (9 referrals)
- Watling (9 referrals)

Prevention Service

There were 124 referrals to the Prevention Service in 2010/11, 40% from the YISP, 29% from Targeted Youth Support and 31% from the Prevention Service itself.

The Clever Thinking [6-8 week] Programme, to develop young people's consequential thinking, was delivered to 99 young people in 2010/11. Schools and young people involved were:

Ward	Number of Schools	Number of young people completing
Chatham Central	4	31
Princes Park	2	23
Watling	2	15
Luton & Wayfield	1	13
River	2	13
Strood South	1	4
Total	12	99

The Medway TYS Team have now consolidated the delivery of their 'Clever Thinking' programme at three primary and three secondary schools, targeting vulnerable and at risk young people in the Gillingham, Luton and Wayfield and Chatham Central areas. Monitoring is demonstrating improvements across all outcomes and attaining a 96% success rate through this intervention.'⁶⁹

Incredible Years

22 parents completed Parenting sessions run by Prevention Service, the majority were group based with over half delivered in the target area of Luton and Wayfield.

In conclusion, the number of first time entrants into the youth justice system has declined for a number of years and predicted figures for 2010/11 suggest this trend is continuing. YOT analysis has identified that the highest proportions of first time entrants to the YJS come from the three most deprived wards Gillingham North, Chatham Central and Luton & Wayfield. As such prevention activity of the YISP and TYS will be targeted in these wards in the future.

Analysis reveals that to date (2010/11) YISP prevention work has benefited young people from across the 19 wards in Medway. High numbers have come from the three most deprived wards which will be the focus of future work, however 70% of YISP clients came from other wards in Medway. It is not clear what support young people outside the priority wards will receive in the future. Support for young people in wards such as Strood South and Rochester East, where in 2010/11 9% and 7% of YISP clients came from respectively, should be of particular concern and consideration.

7.3.7.4 The Consultation

We consulted five young men from the Youth Offending Team. They talked about the easy availability of illegal drugs, alcohol and prostitution in Medway. Their attitude was that this was how it was but in discussing what was good and poor about Medway it appeared the same things were why they thought little of it.

They talked about the fact they liked to be self-sufficient and needed to be on their own sometimes. They accepted they had broken the law and one person said this had been whilst under the influence of alcohol, which he now controls. Whilst agreeing that money was the main problem they need to face they were appreciative of the support from the YOT and all wanted a better future. One had asked for continued support once the Court Order expires. They did not attend youth clubs but some had used the music studio which they thought was excellent.

Besides money, other barriers to them making progress, they identified as coming up against someone intend on creating trouble for them [which included the police] and they were unsure if they would be able to walk away from all situations.

Having a mentor who was local to where they lived and who could focus on helping them with coping and social skills could be a great benefit to them.

⁶⁹ Medway Children's Trust Board Report, 11 January 2011, Integrated Youth Support Partnership Group

7.4 Participation

7.4.1 Youth Participation

Existing participation opportunities were described favourably by young people and Medway staff. The Medway Youth Parliament is an excellent example of how young people's involvement can add real value to decision making in the Council. At the same time, participation supports young people and increases self-confidence and resilience and this includes those with additional needs. See Journey mapping exercise in Appendix 3.

Young people are engaged in the Medway Youth Parliament [MYP], the relatively recently established Youth AiG [advising the police], the Young Commissioners and the Young Inspectors. All sit outside the Youth Service in the Children's Trust. There are plans to create an overarching strategy. This should also have links into the community and schools.

School Councils are encouraged in schools including special needs schools but 'stand alone' from other similar activities.

The participation opportunities must continue to be supported but also developed through the overarching Youth Participation Strategy

School Councils need links to the school neighbourhood clubs and projects and back to the MYP. Young people should be enabled to celebrate their achievements.

Young people in Medway also need to understand exactly what they can expect from their participation and a good example of providing this is the charter for looked after young people, recently reviewed by young people.

Young people do not connect directly with the Partnership Board and could be involved through a shadow board so long as decisions need to be ratified by both.

7.4.2 Parent Participation

Three groups of parents were consulted, young parents who are supported through a Children's Centre, the Medway Parents Forum and a group of parents from the MAGIC youth club [for young people who are autistic]. The parent's forum said they were pleased to be invited to form the forum to provide their views and help shape services and said they would welcome further opportunities to become involved. The parents of the MAGIC young people voiced frustration and concern about the attitudes of professionals and educators as well as adults and other young people they come into contact with. The young parents said they found it hard to find out about support services, options for continuing learning and didn't see the relevance of universal services whilst the parents of autistic young people said they too found it hard to find information relevant to their circumstances.

Parents from the Forum said they would like to be further involved and move to a position where they and the Council were taking joint decisions about services, which affect families in Medway. They said too that they would be prepared to volunteer to be active in their communities

Parents can be encouraged to become further involved but need to understand IYS services better and be in positions to genuinely influence decisions, such as through the IYS Partnership Board. Parents said they currently take their own and friends children and

young people to the park and play games and they have discovered a loan scheme for equipment

7.4.3 Participation as Active Citizens [community cohesion]

Medway is becoming more culturally diverse. Economic migrants from Europe are stereotyped as an economic threat and this is echoed by the young people we spoke to, particularly from the YOT and DaT, with a reduction in job opportunities being ‘blamed’ on the incoming communities. There are few opportunities for young people to genuinely mix except whilst at school. One young woman talked to us about the racist intimidation and bullying she faced because she was from a ‘European background’. Another young person from the BME forum talked about the bullying he encountered, particularly at school because of racism. They both said it was difficult to find support and one that interventions made things worse because of reprisals. Bullying was a key feature of discussions with other young people.

Ofsted states that ‘Involvement in a youth work project can provide young people with an increased sense of community’ and there needs to be an element to the Youth Participation Strategy for developing active young citizens. This end of the participation spectrum is as if not more important than the decision making within the Council.

One example of good practice is from Tower Hamlets in London [much more diverse] where there is nationally recognised work in community cohesion. The Islam and Citizenship Education (ICE) project engaged young people to use their religious knowledge and belief to strengthen their understanding of integrated Islamic and British values

7.5 Workforce Development

The adults we met through the consultations with young people and the staff and partner organisations were genuinely caring and supportive of the young people and it was obvious the young people had excellent relationships with them.

In discussing with young people the barriers to progress, the main topic was money – linked to a lack of job opportunity, college fees and accommodation. The young consultants described it as going around in a circle – unable to move on. When we discussed money matters with young people it was obvious few if any knew much at all about savings, loans, credit, banking etc. Of the 134 bricks, each representing a barrier to progress, 84 related to money. Programmes need to be available to young people to inform and assist them in making good choices about money. They need alternative ideas to consider such as apprenticeships. Workers will need to be informed themselves not only about the subject but about how to put across financial information in a tried and tested format.

Young peoples behaviours were of concern to staff who had to deal both with consequences of challenging behaviour and find a way to work with it themselves. Adults across the IYS need training and support in dealing with challenging behaviour and to better understand autism and other syndromes. The parents of young people attending the MAGIC group would be prepared to help with this.

8 [Young People's] Consultation Summary

8.1 Young people enjoyed being consulted but adult supporters were keen that they received some feedback from the process. Many of the young people said they valued being listened to and parents and young people said they would like to be more involved as 'partners' to help deliver services. The LAYP said they would be interested in participation and decision-making but only if it led to change.

8.2 It is always easier to focus on what is not going well than identify what is, but it was clear that all the services we included in the assessment were appreciated by parents and young people, but the picture is much broader for young people than adults. Travel and money were the things the young people said they were concerned about and wanted help with. Money pushed open doors and the lack of it meant you went around and around feeling that you were getting nowhere. Young people did not understand the difference between store and credit cards or interest rates or banking and savings in general. Buses are not within the remit of the IYS but the need for them can be negated if the need is reduced by ensuring services and activities they want and need are locally accessible.

8.3 Peer pressure and the need for emotional support, good advice and information were important particularly to the more vulnerable young people we spoke to. Connexions is well used by young people across other IYS services and the branding is well known.

8.4 Having adult supporters who are friendly, understanding and approachable were important features for the young people but for many [more vulnerable young people] being able to contact them [by mobile 'phone] when they needed to was of equal importance. Adults they can trust and rely on is what young people said they wanted.

8.5 Where vulnerability or disability isolated young people or made them feel they could be identified as different, they sought places and things to do which were 'normal' but these activities did not provide the personal and social development opportunities they need so badly. Many of the more vulnerable young people did not access youth centres, projects or parks and relied on mixing with similar young people who did not offer them constructive challenges.

8.6 The young people said they were influenced greatly by their peers and yet those engaged as volunteers were involved in participation activities or helping at a youth club. We were unable to find peer mentors for example.

8.7 Police and Community Police Support Officers were identified as unhelpful and some young people talked about them being petty. Others described them as 'moving young people on ... but to where?'

8.8 The young parents were a positive group who still had hopes to re-engage in learning but didn't know whether or how it would happen. All had ambition for themselves and their children. They were appreciative of the support they received but were aware that there is less available as they get older. They did not access youth clubs although we understand some do who we did not speak to.

8.9 Connexions was discussed positively but young people [and all the parents] said they did not know how to access good advice, information and guidance on a wide range of

topics, services and benefits. They had not heard of the Family Information Service and some said how difficult it was to navigate official websites. The young people said they use social networking to share information and stay in touch.

8.10 Young people were very aware how the environment can affect peoples feelings about an area, especially where they live. They were concerned about graffiti, dirty streets and poor behaviour including bullying and intimidation.

9 Key Recommendations

9.1 Commission services, which reflect the need to support and develop the voluntary sector [civic life] by building community capacity. Do this through the training and support mentors and peer educators [in schools and the community] to deliver [low level] targeted support.

9.2 Commission universal services [places to go and things to do] across the voluntary sector whilst retaining strategic responsibilities [including development and youth participation]. To do this mindful of the need for local accessibility across Medway. This will allow the local authority to focus on the most vulnerable and those in need.

Create a post for a positive activities coordinator within the Youth Offending Team, to ensure young people have access to universal services on leaving the support available to them by the YOT

9.3 Create commissioning opportunities for new groups such as parents who have understanding and experience of issues such as autism to complement professional training.

9.4 Commission a 'best practice' or 'what works' in Medway manual of work with young people [across the IYSS] and do this in partnership with the voluntary sector.

9.5 Develop a more inclusive approach to commissioning by working closely with the Voluntary Sector and Partnership Forum to review and agree information collection procedures, outcomes [including soft outcomes] and targets.

9.6 Build closer ties with Children's Centres to ensure young people are continuously supported, particularly at transitional stages. Currently Centres end their relationship with children at age 5 and the IYS begins working with young people at age 8, hence missing a critical period in children's lives including their first school transfer.

9.7 Commission an in-depth study into youth homelessness and current support available. To do this, taking into consideration additional vulnerabilities and barriers such as homophobia and racism.

9.8 Develop participation opportunities and promote links to school councils and the voluntary sector. Promote a 'youth action' approach to provide more youth leadership and create a young peoples shadow IYSS Board [where both boards need to be decision makers]. Create an e-participation post to advertise and promote social interaction including using social networking and involvement in decision-making [with MYP].



- 9.9 Commission and promote activity, which is positive and inclusive to address stereotyping of people from incoming European Union communities including public documents. encouraging active youth citizenship through political education and campaign work, and ‘positive ticketing’.
- 9.10 Improve the advice, information and guidance available on positive activities.
 - 9.10.1 Re-launch the Family Information Service to include positive activities but also develop as resource for parents and young people with disabilities and additional needs. Utilise more young people friendly communication methods such as social media.
 - 9.10.2 Create opportunities for young people to take positive messages and information out to other young people in their localities – particularly rural areas through detached work as ‘Walkie-talkies’.
 - 9.10.3 Engage Community Support Officers to be involved in marketing local events for young people thus providing opportunities for positive engagement and improving community cohesion.
- 9.11 Commission ‘money matters’ programmes of work across the IYS but ensuring vulnerable groups are targeted early.
- 9.12 Create opportunities for young people to be active citizens to address intimidation and create cleaner, safer environments
 - 9.12.1 To make links with local businesses and services to provide safe places for young mothers to breastfeed and create ‘safe houses’ or ‘safe harbours’ for young people to escape intimidation, bullying and threats
- 9.13 Consider how the newly structured Trust and its Boards of existing and new partners might provide a comprehensive programme which develops and promotes economic well being for young people through improved information and access to apprenticeships, self employment and cooperatives.

10 Appendices

10.1 Appendix: Data Sources

Medway documents

- Medway Children and Young People's Plan 2009-2011
- Medway Integrated Youth Support Service Delivery Plan 2010-11
- Medway Integrated Youth Support Partnership Group Action Plan 2010-11
- Medway Children's Trust Board Report, 11 January 2011, Integrated Youth Support Partnership Group
- Medway Every Child Matters Needs Assessment 2010
- NCCIS Data Bulletin, Medway Youth Trust Feb 2011
- NCCIS Data Bulletin, Medway Youth Trust Nov 2010
- Medway Teenage Pregnancy Annual Report 2009/10
- Medway Teenage Pregnancy Risk Factor Analysis 2010
- Step Forward Evaluation Sept 2010
- Tellus4 Survey, National Foundation for Educational Research 2010
- Drug and Alcohol Team (DAAT) Needs Assessment, November 2009
- Medway DAAT, Emotional Well Being Group & Young People's Joint Commissioning Group, Performance Report, February 2011
- Draft Positive Activities Index – Baseline Summary, Inclusion Division, March 2011.
- Medway Child and Adolescent Mental Health Strategy 2009 to 2011
- Medway Child And Adolescent Mental Health Service Needs Assessment 2009
- Medway Youth Offending Team Strategic Plan 2010/2011,
- Medway NEET Prevention and Reduction Strategy 2009-2014
- Medway Carers Strategy 2009 – 2014
- Special Educational Needs - An Inclusive Policy And Strategy For Medway 2009 To 2014
- Aiming High for Disabled Children in Medway, Strategy 2009
- Medway Multi-Agency Transition Strategy for Young People with Disabilities 2010-12, Sept 2010
- Spring 2010 Pupil Level Annual School Census, Management Information Team
- Medway Area Profiles Summary Report, Development Plans and Research, May 2010
- Medway National and Regional Comparative Profile, Development Plans and Research, May 2010

National Reference Material

- 'Against The Odds - Re-Engaging Young People In Education, Employment Or Training, Audit Commission, 2010
- 'Increasing Participation: Understanding Young People who do not Participate in Education or Training at 16 and 17', Spielhofer, T., Benton, T., Evans, K., Featherstone, G., Golden, S. Nelson, J., Smith, P., Research Report No DCSF-RR072, National Foundation for Educational Research 2009, ISBN 978 1 84775 339 7
- 'Teenage Pregnancy Independent Advisory Group Final Report, Teenage Pregnancy :Past Successes - Future Challenges', December 2010 Teenage Pregnancy Independent Advisory Group, London
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- ‘Suitable, Sustainable, Supported: A Strategy To Ensure Provision Of Accommodation For Children And Young People Who Offend’, Youth Justice Board for England and Wales, 2006
- ‘Youth Homelessness In The UK - A Decade Of Progress?’, Quilgars, D., Johnsen, S., and Pleace, N., Joseph Rowntree Foundation, 2008
- ‘Drug Strategy 2010 Reducing Demand, Restricting Supply, Building Recovery : Supporting People to Live a Drug Free Life’, Home Office 2010
- Every Child Matters: Change for Children Young People and Drugs, DfES, 2005
- ‘Aiming High For Young People: A Ten Year Strategy For Positive Activities’, Department for Children Schools and Families, 2007
- ‘Targeted Support – A Guide’, Department for Education and Skills, 2007
- ‘Targeted Youth Support Pathfinders Evaluation - Final Report’, Department for Children Schools and Families, 2009
- Mid-2009 Population Estimates, Office for National Statistics: Crown Copyright
- HM Revenue and Customs Child Poverty Statistics 2007 - Snapshot as at 31st August 2007
- ‘The English Indices of Deprivation 2010’, Department for Communities and Local Government © Crown Copyright, 2011

A number of web references were used including:

- <http://www.yjb.gov.uk/en-gb/yjs/Prevention/>
- <http://www.education.gov.uk/16to19/participation/neet/a0064101/strategies-for-16-to-18-year-olds-not-in-education-employment-or-training-neet>
- BBC News, 26 February 2010, <http://news.bbc.co.uk/1/hi/education/8539244.stm>
- <http://www.education.gov.uk/consultations/downloadableDocs/Statutory%20Guidance%20on%20Positive%20Activities.doc>

10.2 Appendix: Consultation and Acknowledgements

Young people

Four deliberative events were held over two Saturdays [19th and 26th March] when invited groups of young people came together to take part in activities and discussions about the IYS. The groups of young people were supported by adults who they knew well and they worked together in their groups, on tables. These events took place at Gun Wharf.

The activities were organised so that young people would be engaged in different ways throughout each of the half days. The events were planned to be as entertaining and engaging as possible. The activities were:

- On sheets of paper they were asked to identify good and bad things for young people in Medway – these were all grouped together on a wall and then using stickers, the young people voted for the ones they agreed with most
- Using ‘flash cards’ we asked the young people whether they had heard of the IYSS and the services for young people [and what were their perceptions of them]
- BOD: they drew a picture / representation of someone who supports young people and does it really well – we asked them to note what made them good at this. This



gave us some idea around workforce development and their expectations of adult supporters

- We asked the young people to consider what they feel might be the barriers to progress over the next 1-2 years. They wrote these onto paper ‘bricks’ to create a wall representing all the barriers. We then discussed some of the ways they thought they might be helped to break through the barriers

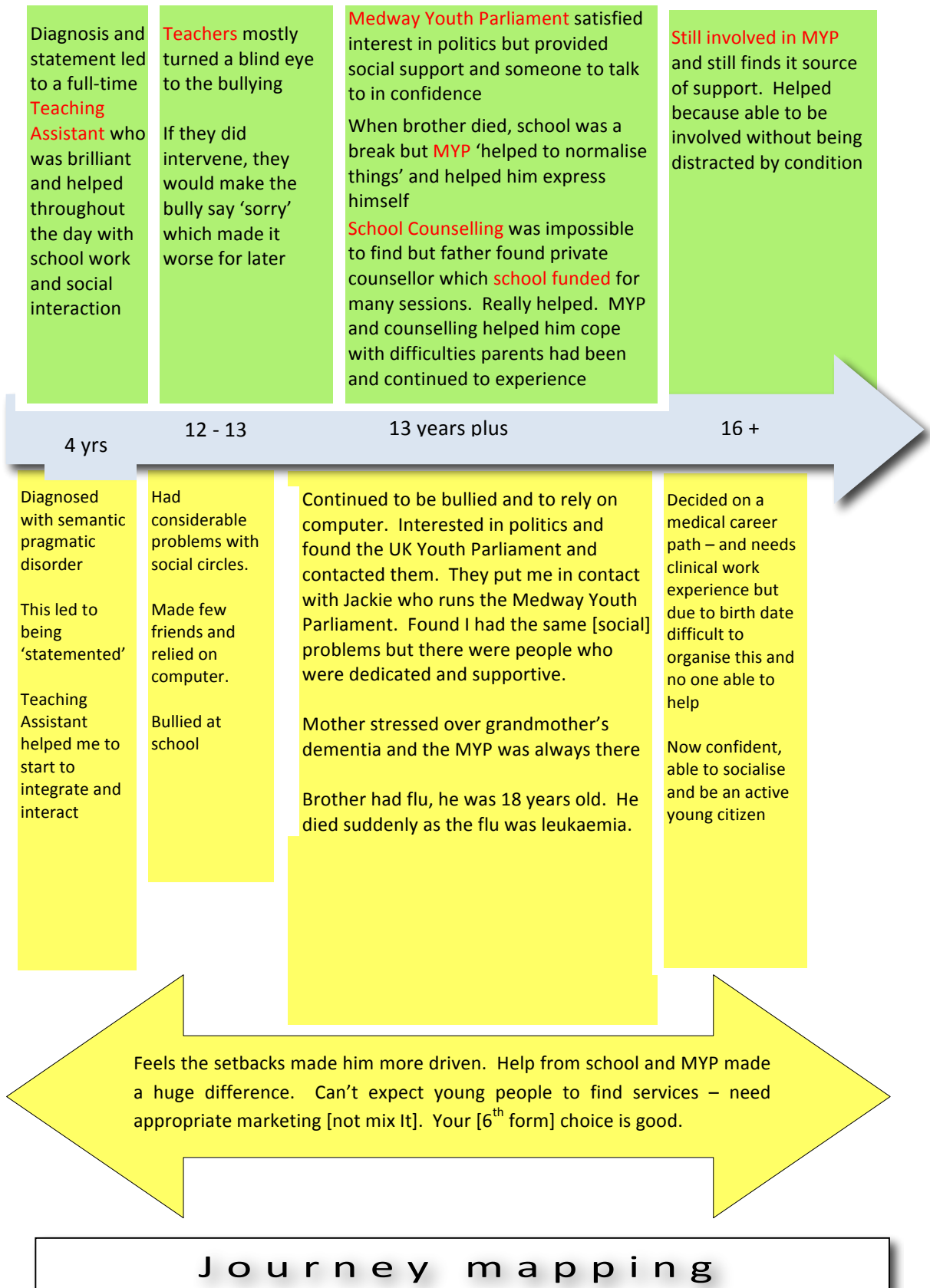
We used similar approaches with individuals and groups who had not been able to attend the events including young people supported by the youth offending service and KCA, neet young people, young people with additional needs and young parents. In all we consulted 60 young people and in addition two further parents groups and staff from the voluntary and statutory sectors.

We would like to thank all those who took part in the consultations and to the three ‘young consultants’ who supported the events and put together the DVD:

- *The Young Consultants, Sajidah Valera, Jessica Frost and Sahara Ali*
- *The Drug Action Team*
- *The Youth Offending Team*
- *Troy Town Community Centre and the Young Parents Group*
- *Medway Youth Trust*
- *The Princes Trust at Medway Connexions*
- *The [Medway Council] Young Inspectors*
- *The Young Carers*
- *The Looked After Young People and their Mentor*
- *Young people from the MAGIC youth club*
- *Parents of the Magic young people*
- *The Young Lives Foundation*
- *The [Medway Council] Parents Forum*
- *Medway BME Youth Forum*
- *Members of the Medway [Council] Youth Parliament*
- *Medway [Council] Young Commissioners*
- *The Voluntary Sector and Partnership Forum*
- *West Kent & Medway, KCA Young Person’s Service*
- *Medway Council IYSS Managers and TYS Team*
- *Medway Council Commissioning Team*



10.3 Appendix: Journey Mapping



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