

CHILD AND ADOLESCENT MENTAL HEALTH MULTI-AGENCY TRAINING AND DEVELOPMENT PROJECT.

A Multi-agency Training and Development Project Focusing on Service Providers Working with Children and Young People to Enable Them to Effectively Meet the Mental Health Needs of the Young People They Work With.

AIM OF THE PROJECT:

That service providers at all levels, who deal with children and adolescents, are taking responsibility for caring for children and adolescents' emotional well-being and are able to do so in an optimal and relevant way, appropriate to their level and role.

MISSION OF THE PROJECT:

To look at ways in which people can get to their optimum level of capability to deal with issues of children's and adolescents' emotional well-being. This needs to be done through training and development in issues related to child and adolescent mental health / well-being and mental health promotion that is integrated across a variety of levels and disciplines.

PERSPECTIVES GUIDING THE PROJECT:

This project is not aimed just at mental health services and mental health professionals (such as child and adolescent psychiatrists, nurses and therapists), but also at other health professionals (paediatricians, health visitors) and staff of social services, education, youth justice agencies and the voluntary sector. All of these agencies have a part to play and they are all vital to the joint endeavour to ensure the emotional well-being of children, young people, their families and carers. A core principle of this approach is that no sector or component of a sector should be absolved from playing its full part in child and adolescent mental health service provision.

The vision of this project is of child and adolescent mental health services which are effective and efficient and which unite all professions in putting the needs of children and young people at the heart of their approach to services. This project acknowledges that both mental health problems and disorders in children and adolescents are often symptoms of issues within the young persons social context and of a deeper malaise in society in general. Therefore this approach to child and adolescent mental health must take into account other government initiatives aimed at these underlying problems. However the focus must not only be on issues of problems and prevention but should focus on promotion of mental health and development of mental well-being in young people.

BACKGROUND TO THE PROJECT:

In 2002 several ideas and proposals to develop a multi-agency training and development programme for child and adolescent mental health were brought together. This extended proposal was jointly supported and drawn up by East Kent Joint Policy and Planning Board (with agreement from Education and Social Services), Invicta Trust in West Kent and the Kent, Surrey and Sussex Workforce Development Confederation. The project proposal had been discussed with Education

representatives within the University of Kent at Canterbury and Christ Church University College, Community, Primary and Secondary Care NHS CAMHS staff, Social Services Managers, senior personnel in Kent County Council Education Directorate.

The business case proposed a Kent-wide project to develop a coherent strategic multi-agency training approach for workforce development planning and a mental health promotion strategy for children, young people and their families. The proposal was for a project lead and a project assistant to identify competencies across the 4 tiers, look at training providers, identify training needs and develop a training and development strategy. It was anticipated that the project manager would develop sessional support time within the initial project design phase to address the different aspects of the project. It was proposed that a resource allocation be established to support this.

The project is now managed within Salomons' Centre for Applied Social and Psychological Development unit and is supported by a multi-agency steering committee and a stakeholder group which informs the development of the project to ensure inclusivity. The Project Manager is accountable to the Practice Consultancy Director within Salomons for the delivery and outcome of the project. The project is accountable to the steering committee. The membership of this steering committee is still in progress but ideally will include:

- Specialist Statutory Services,
- Representatives of Educational Providers
- Commissioning bodies
- Workforce Development Confederation
- Non Statutory Sector
- Representative of Salomons

Every second month the project manager produces a project progress reports for the steering committee.

Recruitment difficulties have meant that the project manager, Alex Hassett, was appointed in April 2003. The project, having been initiated and generated by a group of health professionals, now sees that it needs to seek the involvement of a broader group of stakeholders. Therefore one of the initial goals has been to clarify that the intention of the project is to develop joint training approaches with Social Services and Education, as well as the voluntary sector and cross cutting services such as Sure Start, Children's Fund and Connexions.

Strategic Rationale for the Project

Over the past few years strategies for developing high quality, integrated services in the NHS, Social Services and Education have been developing. With the advent of the National Service Framework for Mental Health and for Children there has been an increased focus on the mental health and well being of children and young people. Linked to this is the intention to develop a Mental Health Promotion Strategy to promote positive mental health and prevention of mental ill health. The modernisation drive has pushed for services being integrated, with different agencies working in partnership. This has resulted in new service developments and new approaches to

meeting mental health needs such as the development of Primary Mental Health Workers and Specialist Youth Offending Team Workers.

Even more recently the green paper on Children's Services¹ has proposed an integration of key services for young people under the director of children's services as part of children's trusts, bringing together children's social services, local authority education, health and Connexions. These services will be based in and around schools and children's centres. The Green Paper also proposes a workforce strategy that will improve the skills of childcare professionals and offer more rewards to help recruit and retain staff. This will include more flexible training routes into social work, such as work-based training for graduates. The chief nursing officer will assess what more health visitors, nurses and midwives can do to protect children at risk. There will be common occupational standards and training for all staff who work with children and families. Calls have been made that all professionals working with children and young people should develop mental health skills to give them a better understanding of children's mental health, and how to prevent problems.

The need for the project is identified across a range of strategic plans and initiatives:

- The joint CAMHS Strategies in East and West Kent identify the need for training for Tier I interventions and that funding for this is not addressed through funding streams;
- A Stakeholder Conference for Mental Health Promotion in East Kent held in September 2001 identified training as a key element to raise awareness and provide specific interventions, which combine mental health promotion, anti-discrimination and suicide prevention;
- 'Together We Stand'² highlights the need to develop primary prevention programmes and interventions to meet the increasing demands on secondary mental health services for children and young people;
- The National Healthy Schools Standard, Emotional Health and Well-being targets, need to be delivered in all schools who highlight this aspect as a need;
- Sure Start, The Children's Fund and Connexions cross cutting initiatives aimed at 0-4 year old, 5-13 year olds, and 13-19 year olds respectively all acknowledge the importance of good mental health in and for our children and young people. These initiatives need to be supported by an effective mental health training strategy;
- 'Promoting Children's Mental Health Within Early Years and School Settings'³ the DfEE Guidance of June 2001, further provides evidence of the need for early intervention to enable children to develop into healthy, coping adults;

¹ Every Child Matters (Sept 2003)

² Health Advisory Service 1994

³ DfEE 0121/2001

- CAMHS Services in Kent have been identified as a high-risk area in the Local Modernisation Review. (NHS Plan Implementation)
- The emerging findings from the National Service Framework for Children⁴ emphasise the importance of training and development in creating a workforce that can deliver a comprehensive child and adolescent mental health service

These factors, linked with the broader changes at a policy and strategic level and have highlighted the importance of training and education to facilitate the development of a well-trained and skilled workforce to meet the mental health needs of children and adolescents across all agencies.

The current position in Kent and Medway:

1. Geographically Kent and Medway cover a vast area further complicated by a complex weave of statutory body boundaries. Statutory body divisions do not match across the county. The Health Authorities are not only divided between East and West but they also function in very different ways, not only in service provision but also in terms of delivery of training and development. Social Services are divided into three areas, each with their own Children's Services Units. They have a central training division which deals with the vast amount core post-qualification social workers need to undertake. Education has recently undergone a huge restructuring into clusters within the districts. Medway is a unitary authority in terms of education and social services. Although it has its own Primary Care Trust it has many overlaps in terms of health with West Kent.
2. Currently training is provided on an individual agency basis i.e. training departments in Health, Social Services and Education run separate in-service training courses. Other than Child Protection there is no shared agenda of planning of such training courses.
3. There is variation of what is included in professional training across all agencies relating to mental health of children and families.
4. There is no localised training for Specialist Mental Health Practitioners. The ENB 603 has all but ceased and there are now only 1 or 2 centres in the country offering the equivalence of this course.
5. A greater number of people will be need to be recruited to work specifically with mental health needs i.e. PMHW⁵ (Tier 1 & 2) and there are already recruitment difficulties.
6. Specialist NHS CAMHS Teams (Tier 3) already face an overwhelming demand from agencies especially at Tier 1 to provide training. It is crucial not to compromise these specialist teams.

⁴ Getting the right start: National Service Framework for Children – Emerging Findings (April, 2003)

⁵ Primary Mental Healthcare Worker

7. This training is 'ad hoc', and the demand to meet this need detracts from clinical practice.
8. There is no system of accreditation or recognition of this experience.
9. There are no 'in-between' courses – existing courses are either very specialised at national Centres of Excellence or very costly both in terms of fees, travelling & time away from service. Therefore no training at the various levels or opportunities for interested practitioners to 'test the water'
10. The mental health and mental well being of children has acquired a higher status on the political agenda and there are greater numbers of people involved in addressing children's mental health needs.

PROJECT SCOPE:

1. This Business Case proposes a Kent and Medway-wide project to develop a coherent strategic multi-agency education, training and development strategy for meeting the education and training needs of all staff involved in meeting the mental health needs of children and families across a four-tiered spectrum of need.⁶ The original business case suggested that funding should be allocated for a three-year project to develop this strategy.
2. The project is focused on Kent and Medway, addressing the education, training and development needs in:
 - Specialist NHS CAMHS,
 - Primary and secondary NHS staff involved in the care of children and young people and their families,
 - Education,
 - Social Services (including foster carers),
 - Youth and Community / Youth Offender Teams,
 - Drug & Alcohol workers
 - Non-statutory providers.
3. The project will also work in partnership with existing training providers at all levels including higher education institutions.

Five Components of the Project:

1. Development of a tool for reflecting on the competencies needed by the workforce in order to work effectively with children and with adolescents around issues of mental health.
2. Identify current training and education needs across the service sectors, including non-statutory and voluntary groups
3. Identify the current training and education provision and access. Explore gaps in provision.
4. To consider and recommend innovative training and development approaches in order to effect implementation

⁶ See Appendix 1

5. Ensure implementation strategies and plans fully take account of participation, engagement and access to training.

The project will initiate early collaborative training programmes in response to priority needs.

Benefits of the project:

- A workforce skilled to deliver the National and Local Agenda – mental health promotion, early identification and intervention of problems, quicker treatment for clients, more accessible and streamlined specialist services
- Reduction in training costs, travelling costs and clinical time away from service
- Accessible contact between provider services and educational establishments for support and feedback on progress
- Local recognition and understanding of level of skill obtained
- Less divide between professionals – common understanding and shared base skills
- Professional networking

OBJECTIVES OF THE PROJECT:

Due to the present climate of rapid change within the three statutory bodies and with the possible introduction of children's trusts it is felt that short-term objectives make more sense as a way of attempting to reach the project's overarching aim. Each of the project components will be presented with the relevant objectives and project activities below.

1. Development of a tool for reflecting on the competencies/capabilities needed by the workforce in order to work effectively with children and with adolescents around issues of mental health.

Underlying Perspective:

Although it is acknowledged that it is important for those people working with children and adolescents to have an understanding of child and adolescent mental health and skills for dealing with issues around mental health it is also important to emphasise the different roles and perspectives different professions and groups bring. Thus in order to avoid a checklist approach to the issue of core competencies relating to child and adolescent mental health a guidance document that people can use to reflect on their own competencies in the area will be developed. This document will look at the competencies/capabilities needed to work with issues relating to mental health and emotional well-being for children and adolescents. It will differentiate between working with different age groups of young people as the skills required by someone working with adolescents will be very different from those working with pre-school or primary school children. It will also attempt to reflect the fact that certain competencies will be required at different levels, for different professionals. Specific core competencies/capabilities which may be unique to various categories of mental health workers / professionals will be further delineated in order to facilitate relevant and appropriate training and development in child and adolescent mental health. It is hoped that in this way some of the complexity of the issues will not be lost and that practitioners will be able to engage with the document as a tool for reflection rather than as a checklist.

PROJECT ACTIVITY	TIME-SCALES
1. Look at the documents from the various statutory bodies relating to competencies for the workforce, with a particular focus on those competencies relating to the mental health of children and young people.	Nov 2003
2. Look at documents on the needs of children and young people with regards to services relating to their mental health both in terms of promotion, prevention and intervention.	Nov 2003
3. Link these with Occupational Standards and other relevant documents.	Dec 2003
4. Draw up a set of guidelines/ a tool for reflection relating to competencies/capabilities needed for working with children and adolescents.	Feb 2004
5. Consult with the various stakeholders to get agreement on the issue of competencies/capabilities.	By end March 2004

2. Identify current training and education needs across the service sectors, including non-statutory and voluntary groups

Underlying Perspective:

This process will not be a mapping exercise but rather an attempt to gain an understanding of the education, training and development needs of the practitioners as well as issues relating delivery of training. A variety of methods will be used to collect this data, interviews, focus groups, previous needs assessment etc. An underlying theme here will be to try and access this data in a manner that is meaningful both to the project and the people the data is being collected from.

PROJECT ACTIVITY	TIME-SCALES
1. Access information already collected from a variety of sources. Much work has already been done to map the services available and to identify current training needs.	Ongoing until April 2004
2. Access information that is being collected over the project period.	Ongoing until April 2004
3. Locate who the targeted groups are from all levels. Look at the tiers and identify groups within each tier. (see Appendix 2)	February 2004
4. Data collection in a variety of forms. Interviews with key stakeholders will be undertaken. Focused discussions with various groups will be undertaken.	Underway until April 2004
5. Making use of the guidance / tool for reflection an audit tool will be developed in order to assess the education, training and development needs of service providers.	March 2004
6. Survey data will be collected	April 2004
7. Linking with other needs assessments being undertaken. There is a strong possibility of connecting with the child protection training and development needs assessment. In this way there could be a more integrated approach to the child protection / mental health training.	Ongoing until April 2004
8. Feed in evaluation data from pilot projects (see 4.6.)	May 2004
9. Needs assessment data analysed	May 2004
10. Needs assessment written up	June 2004

3. Identify the current training and education provision and access. Explore gaps in provision.

PROJECT ACTIVITY	TIME-SCALES
1. Identify what is being offered in terms of training at the university / college level.	End September 2003
2. Identify what is being offered in terms of training and development by the statutory bodies.	End January 2004
3. Identify what is on offer in terms of CAMH training by the voluntary sector across Kent and outside of Kent.	Ongoing until March 2004
4. Identify other training programmes for people working with children and adolescents e.g. Family liaison officer training.	Ongoing
5. Identify any local pockets of training being offered	Ongoing until June 2004

PROJECT ACTIVITY	TIME-SCALES
6. Identify models of good practice and existing joint approaches to CAMHS training within the Kent area and other comparable areas in the country e.g. Minerva Centre in Essex.	Ongoing until June 2004
7. Link this information with strategy and approaches to be recommended.	Aug 2004
8. Identify how gaps in the provision of CAMH training and development can be identified.	Sept 2004
9. Identify strategy and/or approaches for filling these gaps	Oct 2004

4. To consider and recommend innovative training and development approaches in order to effect implementation

It is quite clear from the breadth of the project brief, the geographical size of Kent and Medway the complexity of the links between the three statutory agencies, not to mention the interface with the voluntary sector and the complexity and diversity of the county's communities that no one strategy for education, training and development will be able to be developed.

Underlying Perspective:

The focus here will be to work with regional education and training groups/consortia and higher education providers to develop sustainable local training programmes. This will not only focus on the provision and development of recognised education and training in child and adolescent mental health it will also look at ways in which child and adolescent mental health can be integrated into already existing programmes. The integration of child and adolescent mental health will require strategic and gradual approaches. Good practice models will undoubtedly be helpful (with appropriate adaptations to local needs). It does seem that much will depend on seizing windows of opportunity within existing institutional capacity and with the presence of potential innovators who can become advocates for change. Supportive (and available) people will need to be identified and enlisted. Child and adolescent mental health policies and strategies and programmes will need to be communicated/disseminated, as this will provide official recognition of the need and the necessity of change.

This will not be done in a broad stroke but will rather target specific areas. This project needs to be seen as part of an ongoing process to find ways of introducing child and adolescent mental health and development into pre-registration education and training and continuing education, training and development of mental health, health professional and allied disciplines/professions throughout the Kent region.

4.1. University / College:

To ensure there is a joint strategy for education and training relating to Child and adolescent mental health between the three Higher Education Institutions (Canterbury Christchurch University College, Greenwich University, Kent University) in Kent

PROJECT ACTIVITY	TIME-SCALES
1. Workshop with the HEIs, WFDC, statutory training bodies and commissioners.	29 Sept 2003
2. Write up discussion document	End Oct 2003

PROJECT ACTIVITY	TIME-SCALES
3. Circulate document for discussion	End Jan 2004
4. Develop a strategic plan for the provision of child and adolescent mental health education and training. This will focus on formal qualifications and Continuing Professional Development offered by these institutions. It will also focus on ensuring that the issue of child and adolescent mental health is covered in an integrated manner in pre-registration training.	August 2004
5. Implement strategy	Sept 2004
6. Review implementation	March 2005

4.2. Statutory Training Bodies:

To look at ways in which the training units of the statutory bodies can deliver joint training and development

To explore the possibility of NVQ accredited child and adolescent mental health modules being offered

This may also have to do with encouraging or influencing these bodies to spend their money differently and to put child and adolescent mental health on their agendas.

PROJECT ACTIVITY	TIME-SCALES
1. Link with existing joint strategies e.g. child protection and look at ways of integrating mental health	Ongoing until February 2004
2. Identify what training relating to CAMH is being offered by these bodies	By end Feb 2004
3. Explore the option of a joint workshop between the statutory training providers to look at the possibilities of an integrated, joint approach to the training and development.	To be decided
4. Explore the way in which the NVQ route can be linked with the HEI developments.	To be decided

4.3. Other Training Programmes:

To explore the possibilities of joint up training between training programmes for different service providers

To encourage and influence the inclusion of CAMHS component in other training programmes.

PROJECT ACTIVITY	TIME-SCALES
1. Identification of training programmes in which a child and adolescent mental health component would be useful e.g. Connexions, Youth and Community etc.	Ongoing
2. Exploration of what a basic CAMH module would look like (see below 4.6 as this pilot information will be useful here).	July 2004
3. Looking at ways of integrating this component into the existing training.	Ongoing

4.4. Voluntary Sector Training:

To explore the possibilities joint education, training and development strategies between the voluntary sector and other sectors

PROJECT ACTIVITY	TIME-SCALES
1. Identify examples of good practice	Ongoing until June 2004
2. Identify who the main players in the voluntary sector are in Kent in terms of training around issues of child and adolescent mental health.	Ongoing until June 2004
3. Look at ways of integrating the services offered by the voluntary sector with the statutory bodies.	To be decided
4. Look at ways of integrating the services offered by the voluntary sector with the Higher Education Institutions e.g. Young Minds, City and HEIs in Kent around MSc in CAMHS and use of Place2B for placements of trainee counsellors and therapists.	These will potentially become individual objectives as the project progresses
5. Explore the issue of accreditation of training offered by the voluntary sector and considered how this could be linked with NVQ and HEI initiatives.	

4.5. Exploring training strategy for those working in schools and other community centres so as to promote the emotional well-being of the children they work with

PROJECT ACTIVITY	TIME-SCALES
1. Explore what the possibilities are for training in schools around issues of mental health and emotional well-being.	Ongoing
2. Identify models of good practice	Ongoing
3. Needs assessment with teachers through the Emotional Well-being Conference.	24 Nov 2003
4. Identify key players in offering provision in terms of mental health / emotional well-being to schools.	Ongoing
5. Identification of good practice in terms of co-ordination of activities within schools.	Ongoing

4.6. To initiate early collaborative training programmes in response to priority needs.

Will attempt, where possible to do it in a joint interagency way. Evaluation of the training will provide input about the efficacy of such a base training programme. This in turn will provide input into the development of some basic training programmes in mental health primarily for Tier 1 and 2 workers.

PROJECT ACTIVITY	TIME-SCALES
1. Identify groups who need input	Ongoing basis
2. Make the projects presence felt so people can approach it regarding training.	Ongoing
3. Family Liaison Officers Training – pilot and evaluation	Sept 2003 - 2004
4. Connexions Personal Advisor Training – pilot and evaluation	To be confirmed
5. Will attempt to develop, based on the guidance / reflection tool, basic training programme for Tier 1 and Tier 2 worker.	June 2004

It is anticipated that local strategies will need to be developed for the provision of training and development. However, what these will look like and how they will be developed will only begin to emerge once a clearer picture has been gained of the context and provision. It will also depend on the outcomes of other objectives. Several other objectives are being considered in order for the project to meet its targets these include:

1. Exploring the issue of a Kite Marking standard for training offered relating to child and adolescent mental health
2. Exploring the issue of selection and recruitment of people who work with children and adolescents
3. The role of the CAMHS units in providing joint up training in the area of mental health of children and young people.

5. Ensure implementation strategies and plans fully take account of participation, engagement and access to training.

Underlying Perspective:

At present the language adopted by the project tends to have a health bias. The lack of common CAMHS language or shared terminology has created particular inter-agency difficulties. In part this reflects the differences of conceptual approach, models of care, intervention and practice that have been adopted over the years by different agencies and professions within them. When harnessed positively this diversity of approach can have enormous benefits for children and adolescents. However, this richness can give way to tensions between agencies and their staff. Recent research shows how differing expectations and misunderstandings between agencies may flow from:

- *Assumptions*
- *Lack of familiarity*
- *Different organisational and professional cultures*
- *Lack of agreement about how competing pressures are handled so that each child does not pass serially from waiting list to waiting list.*
- *Different perceptions of role and priority.*

Inevitably in these situations it is children, adolescents and families who fail to receive the best from our service and staff feel exposed and unsupported. It is important that we do not diminish the problems and challenges of partnerships and the continuing work required to secure it. However, it is important that we begin to move in this new direction.

5.1. To ensure that the project proposal, plans and structures reflects the workforce being targeted

PROJECT ACTIVITY	TIME-SCALES
1. Engage with different sectors both statutory and non-statutory – sharing information about the project.	Ongoing
2. Engaging with strategic decision makers in each sector, initially in the statutory but eventually including the voluntary sectors, to get their support for and buy in to the project.	Statutory Bodies by end of Oct.
3. Accessing information concerning local groups and the support, which may be needed at local level from a variety of stakeholders.	Ongoing
4. Developing a shared / common language for the project and around issues of mental health promotion, intervention, prevention.	Ongoing
5. Develop a shared sense of the competencies/capabilities needed to work with children and adolescents around issues of mental health.	March 2004
6. Organise a joint workshop between the various stakeholders to develop a shared vision and language around issues of mental health / emotional well-being.	January 2004
7. Develop a shared understanding of the roles and functions of the steering and stakeholder groups.	January 2004

5.2. To ensure that the project has a presence in the community and that people are aware of it:

PROJECT ACTIVITY	TIME-SCALES
1. Development of a database of stakeholders in the community.	Ongoing
2. Develop a Web site for the project – CAMHS.org	End Dec 2003
3. Ongoing communication with both steering and stakeholder group through meetings, reporting, e-mail and paper consultations.	Ongoing
4. Keeping people up to date on any new training or conferences/workshops and seminars relating to child and adolescent mental health / children's services.	Ongoing
5. Media campaign to launch the project	February 2004
6. Attendance and presentation at a variety of exhibitions, conferences and forums.	Ongoing
7. Ongoing information sharing about the project through newsletters and bulletins put out by the different statutory and non-statutory bodies.	Ongoing

5.3. To ensure that the project is linked to broader strategic forums around joint up working

In order for any education, training and development strategy to work it will need to be informed by and inform other broader debates around joint up working between the agencies.

PROJECT ACTIVITY	TIME-SCALES
1. To become aware of the broader policy documents around joint working (planning, commissioning, service provision as well as training and development).	Ongoing
2. To be aware of the joint working fora already established in the field.	Ongoing
3. To explore the best possible ways in which this project can impact on these broader debates, plans and ensure that education, training and development is on the agenda.	January 2004
4. Explore the link between the current project and broader planning forums such as the District Children's and Young People's Planning Forums.	Ongoing

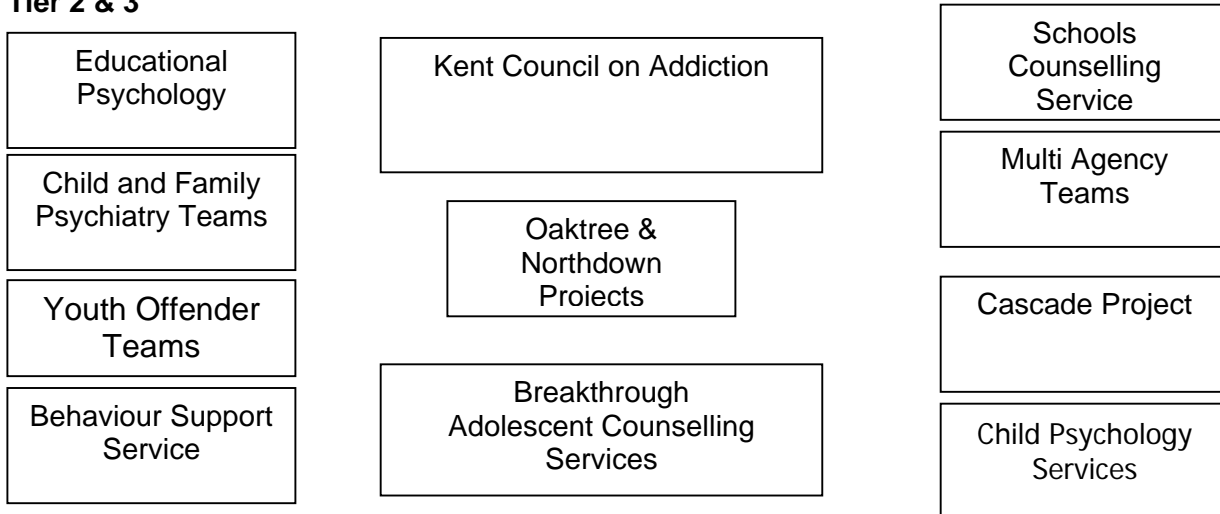
Appendix 1

STRATEGIC OVERVIEW OF CURRENT MULTI AGENCY SERVICE IN PROVISION IN TIERS ONE TO FOUR⁷

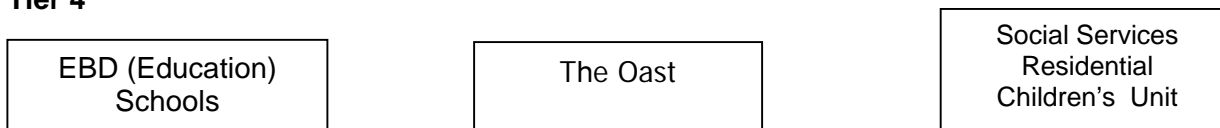
Tier 1

Teachers	Health Visitors	School Nurses	Portage Team
Community Medical Team	General Practitioners	Voluntary Groups	Health Promotion
Youth Workers	Education Welfare Officers	Sure Start Programmes	Sensory Loss Service
Safe Schools Project	Healthy Schools Project Workers	Early Years Co-ordinators	Family Liaison Officers
Fostering S.W. Team	16+ S.W. Team	Child & Family S.W. Teams	Family Support Workers

Tier 2 & 3



Tier 4



Out of Area Residential Provision :



⁷ Using the framework of a Four Tier model of care proposed in 'Together We Stand' Report HAS 1994 (service examples)

Appendix 2 TARGET GROUPS FOR NEED ASSESSMENT:

- Educators (teachers)
- General Practitioners
- Health visitors
- Primary mental health workers
- Family liaison officers
- School nurses
- Health promotion teams
- Sure start programmes
- Connexions Personal Advisors
- Family Support workers
- Healthy schools project workers
- Safe Schools Project
- Youth and Community
- Education Welfare Officers
- Fostering Social Work Team
- 16+ Team
- Child and family Social work teams
- Disability teams (Social services and health)
- Portage Teams
- Community medical teams
- Early Years Teams
- Community psychiatric nurses
- Psychiatrists
- Clinical psychologists
- Educational psychologists
- Psychotherapists
- Occupational therapists
- Youth Offender Teams
- Behaviour Support Services
- School counselling services
- Multi-agency teams e.g. CAMHS, Thanet Multi-agency Centre, PIP, BESTeam
- Cascade Project
- Kent Council on Addiction
- Oaktree and Northdown Projects
- Breakthrough Adolescent Counselling Service
- EBD (Education) Schools
- The Oast – Inpatient care
- Social services residential children's Units
- Voluntary and non-profit organisations e.g. Homestart, Place2B, Relate, 121 Youth Befriending