

**SPECIALIST CHILDREN'S SERVICES POLICY  
OVERVIEW AND SCRUTINY COMMITTEE**

**Thursday, 17th November, 2011**

**10.00 am**

**Medway Room, Sessions House, County Hall,  
Maidstone**







## AGENDA

### SPECIALIST CHILDREN'S SERVICES POLICY OVERVIEW AND SCRUTINY COMMITTEE

**Thursday, 17 November 2011 at 10.00 am**  
**Medway Room, Sessions House, County**  
**Hall, Maidstone**

Ask for: **Theresa Grayell**  
Telephone: **(01622) 694277**

*Tea/Coffee will be available 15 minutes before the meeting*

#### **Membership (12)**

Conservative (11): Mrs A D Allen (Chairman), Mr M J Angell, Mrs P T Cole,  
Mr H J Craske, Mr T Gates, Mr J D Kirby, Mr S Manion,  
Mr M J Northey, Mr J M Ozog and Mr C T Wells

Liberal Democrat (1): Mr M J Vye (Vice-Chairman)

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#### **UNRESTRICTED ITEMS**

*(During these items the meeting is likely to be open to the public)*

#### **Item No**

##### **A. COMMITTEE BUSINESS**

- A1 Introduction/Webcasting
- A2 Substitutes
- A3 Declarations of Members' Interest relating to items on today's agenda
- A4 Minutes of the meeting of this Committee held on 28 September 2011, the Corporate Parenting Panel held on 7 October, and the Children's Services Improvement Panel held on 25 August and 20 September (Pages 1 - 22)
- A5 Chairman's Announcements
- A6 Oral Update by Cabinet Member

## **B. ITEMS FOR CONSIDERATION**

- B1 Draft Kent Early Intervention and Prevention Strategy and Commissioning Framework (Pages 23 - 68)
- B2 Kent Safeguarding Children Board - Overview Update Report (2011) (Pages 69 - 76)
- B3 Annual Unannounced Inspection of Contact, Referral and Assessment Arrangements in Children's Services (Pages 77 - 82)

## **C. ITEMS FOR NOTE AND COMMENT**

- C1 Specialist Children's Services Budget Forecast Report 2011/12 (Pages 83 - 86)
- C2 Revenue Budget 2012/13 and Medium Term Financial Plan 2012/13 to 2014/15 (Pages 87 - 96)

## **D. SELECT COMMITTEE UPDATE**

- D1 Update on Select Committee work (Pages 97 - 98)

### **EXEMPT ITEMS**

*(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)*

Peter Sass  
Head of Democratic Services  
(01622) 694002

**Wednesday, 9 November 2011**

*Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.*

**KENT COUNTY COUNCIL**

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**SPECIALIST CHILDREN'S SERVICES POLICY OVERVIEW AND  
SCRUTINY COMMITTEE**

MINUTES of a meeting of the Specialist Children's Services Policy Overview and Scrutiny Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 28 September 2011.

PRESENT: Mrs A D Allen (Chairman), Mr M J Vye (Vice-Chairman), Mr M J Angell, Mrs P T Cole, Mr H J Craske, Mr T Gates, Mrs E Green, Mr J D Kirby, Mr S Manion and Mr J M Ozog

ALSO PRESENT: Mr N J D Chard, Mr P W A Lake and Mrs J Whittle

IN ATTENDANCE: Mr M Newsam (Interim Corporate Director of Families and Social Care) and Miss T A Grayell (Democratic Services Officer)

**UNRESTRICTED ITEMS**

**15. Minutes of the meeting of this Committee held on 21 June 2011**

*(Item A4)*

1. RESOLVED that the Minutes of the POSC meeting held on 21 June 2011 are correctly recorded and they be signed by the Chairman.
2. The Minutes of the Corporate Parenting Panel meetings held on 21 June and 31 August, and the Children's Services Improvement Panel meetings held on 22 June and 13 July are attached for information only and are noted.

**16. Dates of Meetings in 2012**

*(Item A5)*

Members noted the dates reserved for the POSC's meetings in 2012, as follows:-

Thursday 19 January, 2.00 pm  
Thursday 22 March, 10.00 am  
Thursday 21 June, 10.00 am  
Friday 28 September, 10.00 am  
Friday 23 November, 10.00 am

All meetings will take place at County Hall and those starting in the morning may continue into the afternoon if the weight of business dictates.

**17. Oral Update by Cabinet Member**

*(Item A7)*

1. Mrs J Whittle gave an oral update on the following:-

*Children's Services Improvement Panel* – the Children's Services Improvement Panel is working well as a cross-party body and can tackle issues in depth, for example,

Performance Management and the Quality Assurance Framework, to build the service back up to being 'good' or 'outstanding'.

*Corporate Parenting Panel* – The Corporate Parenting Panel is also working well.

*Progress on Improvement Plan* – huge progress had been achieved since Mr Newsam had taken up his post, for example in addressing backlogs and assessment timetables. Part of the next phase of improvement will be to address the quality of casework.

*Independent Review of Adoption* - Martin Narey is shortly to complete his review of Kent's Adoption service. This has taken longer than envisaged due the size of Kent's Children's Services unit, which is the second largest in the UK. A report on this is to go to the Corporate Parenting Panel on 5 December and to County Council on 15 December.

*Foster Carer recruitment* – the county now has over 700 Foster Carers to look after its 1,200 LAC. As the number of LAC has increased, the KCC has also had to engage Foster Carers via IFAs. The issue of the number of LAC being placed in Thanet continues to appear in the media. The Chairman referred to an initiative to recruit new Foster Carers via schools, which was being trialled in Dartford, and former employees of Pfizer have also been approached about becoming Foster Carers. Kent's unit costs for its Fostering service are lower than the national average due to the number of in-house Foster Carers.

*Assisted Boarding Scheme* – a meeting with Head Teachers is to take place shortly. Some places on a scheme could be free or subsidised, and the Royal National Children's Foundation is able/has offered to sponsor some places.

*Short Breaks statement* – this will be made on 1 October and relates to short breaks for disabled children and their parents.

*CAMHS services for LAC placed by other Local Authorities* – work is in progress to recover the money spent by Kent on providing these services. *A further report will be made to the November meeting of the POSC.*

*Costs of care to Unaccompanied Asylum Seeking Children and Young People awaiting repatriation* – discussions with the Home Office are going on around allowing for more funding in the KCC's base budget to cover this.

*Social Workers in Schools scheme* – it is planned to pilot a scheme to place Social Workers in schools, as this is a vital tool in helping to prevent children becoming LAC and/or having a Child Protection Plan. *A further report will be made to the November meeting of the POSC.*

*Corporate Parenting training* – training sessions are going well, and a feedback report will be considered by the CPP on 7 October.

*Early Intervention and Preventative Strategy (EIPS)* - A further report will be made to the November meeting of the POSC.

2. Arising from comments and questions from Members, the following points were highlighted:-

- data could identify some London Boroughs as sending more LAC to Kent, and Mrs Whittle undertook to advise Members outside the meeting of those Boroughs sending the most. It would then be possible to press the Minister Tim Lawton to write to these authorities about reducing the number they send;
- LAC placed away from their home county are not supposed to be placed more than 20 miles away from their home, and although this is a best practice convention it is not enforceable by law. Mrs Whittle undertook to advise Members of how many LAC placements adhere to this rule;
- the excessive amount of paperwork issued to Adoption Panels, on which many KCC Members serve, has been identified both by Members and by Martin Narey in his review of the service. Although paperwork must be thorough and complete, there is scope to look at streamlining what is provided to Adoption Panels;
- Foster Carers in Kent appreciate and praise the support they receive from the KCC's Adoption service. Existing Foster Carers around the county could play a part in recruiting more Foster Carers. Mrs Whittle undertook to advise Members of the percentage of KCC in-house Foster Carers who have joined the service recently;
- The number and distribution of LAC around the county shapes the number of Foster Carers required in any one area, and Mrs Whittle undertook to advise Members of where in the county Kent's own LAC are placed.

3. RESOLVED that the information given in the update and in response to comments and questions be noted, with thanks.

## **18. Children's Services Improvement Plan - Quarterly Update** (Item B1)

1. Mrs Whittle introduced the report and thanked Mr Newsam, the District Managers and Social Work teams for all the work they had put in to turn round the service, and the rigour that had been applied to improving performance management. For example, it is now possible to do assessments so much faster than had been possible one year ago.

2. Mr Newsam highlighted the three key elements which had contributed to the rapid progress made. These are strong leadership, driven by the Leader and Cabinet Member, and supported by all Members, a whole Council approach involving all the Corporate Management Team, and thirdly the unremitting focus on fixing the most important things first. This approach had delivered rapid improvement but needs to be sustained in Phase 2. The report set out the 7 key points of Phase 2.

3. Mrs Whittle and Mr Newsam responded to comments and questions from Members. The following points were highlighted:-

- a) the 7 steps listed give a good framework for future scrutiny. For example, Members could check the preventative services available in their own local area;
  - b) it is important to take a balanced view of both the number and complexity of cases, rather than just look at numbers. However, the number of Child Protection Plans has doubled since the Baby Peter case, and once a child has a Plan it is difficult to move them away from it. Thresholds need to be clear and consistent, and direction and monitoring need to be robust. Each case must be judged individually and sensitively;
  - c) domestic abuse has an impact on the number of children having a Child Protection plan and coming into care, and services to address domestic abuse need to be streamlined and supported;
  - d) some of the cases recorded as not having been allocated a social worker have been assessed as not needing a specialist worker but needing only some support now and then, eg for respite. However, once they have been registered on the case database they are counted as part of the caseload;
  - e) social work staff, like all other KCC staff, can address any concerns they might have about the improvement programme with senior managers via the 'Talk to the Top' initiative, and this contact can be anonymous if wished; and
  - f) the social work recruitment issue had been addressed by focussing on three issues:- to seek to fund recruitment properly, to be more energetic about recruitment, and to address terms and conditions so they are no longer a handicap to recruiting good quality staff.
4. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and that Members' congratulations on the progress achieved be passed on to the staff concerned.

## **19. Child and Adolescent Mental Health Services (CAMHS) - a progress report on the development of the service**

*(Item B2)*

*Ms H Jones, Head of Commissioning, Specialist Children's Services, and Ms K Sharp, Assistant Director of Child Health Commissioning, NHS Kent and Medway, were in attendance for this item.*

1. Ms Jones and Ms Sharp introduced the report and explained that the KCC and NHS are working together to address the failings in the CAMHS service which were identified by the Care Quality Commission. Kent had also undertaken some of its own investigation and had identified that, at worst, some young people had been waiting up to 102 weeks for an appointment, agencies were working in silos, making services difficult to navigate, and Kent lagged behind other authorities in the model of service provision it was using. The conclusion was that Kent's services needed to be

re-designed. The new model, set out in the report, had been formulated by clinicians, and a major part of it is a new procurement process.

2. Ms Jones and Ms Sharp responded to comments and questions from Members, and the following points were highlighted:-

- a) Members welcomed news of the progress which had been made, as CAMHS had been of great concern for a long time;
- b) a major part of a the new protocol is to improve the transition process from children's and adolescents' to adult services by engaging with young people earlier, at 17 rather than 18;
- c) the improvements need not necessarily require more funding; practical and organisational changes could be made to improve the way services link and work together;
- d) an explanation was given of the Tiers of service provision, as follows:-
  - Tier 1 – Universal services, which could be delivered by GPs and via schools,
  - Tier 2 – Targeted services, for young people who need support with a breakdown or depression
  - Tier 3 – Specialist services, ie psychiatric interventions
  - Tier 4 – Residential services, ie inpatient
- e) the service works very closely with GPs as they are the first port of call for most young people with anxieties. Support to GPs will be strengthened in the new model, with a single point of access;
- f) using the new model, waiting times will be reduced from 102 to 18 weeks. Other local authorities in the South East who use the new model have achieved this impressive reduction; and
- g) KCC's role in the new service delivery will be in early intervention. *A report on the early intervention and prevention strategy is planned for the POSC's November meeting.*

3. RESOLVED that:-

- a) the information set out in the report and given in response to comments and questions be noted, with thanks;
- b) the POSC receive regular update reports on the progress of the new model and on the new processes, starting with a report on the early intervention and prevention strategy to the November meeting; and
- c) a copy of the report be sent to Members of the Health Overview and Scrutiny Committee (HOSC) for their information.

**20. Specialist Children's Services Budget Forecast Report 2011/12**  
(Item C1)

*Miss M Goldsmith, Families and Social Care Finance Business Partner, was in attendance for this item.*

1. Miss Goldsmith introduced the report and responded to comments and questions from Members. The following points were highlighted:-

- a) as in past years, an Informal Member Group had been established to look in detail at the budget, and the views of the Group will be reported to the POSC's November meeting;
- b) Mrs Whittle pointed out that the Specialist Children's Services budget was facing several pressures:- the increase in LAC, filling social worker vacancies, improvements to social worker pay and conditions, and the financial impact of judgments such as the Southwark judgement. This investment is necessary to improve the service and re-shape the workforce, and Mrs Whittle stated her aim to have these increased costs built into the base budget; and
- c) work is being done to identify the potential impacts if the SCS budget were to be asked to absorb a hypothetical £1m cut, a £5m cut, etc.;

2. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks.

**21. Connecting with Communities - 2010/11 Annual Report on Consultation, Engagement and Involvement Activity**  
*(Item C2)*

*Mr N Warren, Consumer Monitoring Manager, was in attendance for this item.*

1. Mr Warren introduced the item and explained that, since drafting the report, the Community Engagement Management team had increased from 7 to 12 posts. He responded to comments and questions from Members, and the following points were highlighted:-

- a) the Children In Care Council is a valuable working partner for the KCC and should be included in the list of consultees; and
- b) the POSC would need to be able to identify all voluntary sector organisations with which it might be able to partner in future commissioning, and Members requested a future report to set out this information.

2. RESOLVED that:-

- a) the information set out in the report and given in response to comments and questions be noted, with thanks; and
- b) a report be made to a future meeting of the POSC to list all the voluntary sector organisations which might be able to partner the KCC in future commissioning.

## **22. Complaints 2010/11**

*(Item C3)*

*Mrs A Kitto, Customer Care Manager, was in attendance for this item.*

1. Mrs Kitto introduced the report and explained that complaints had increased, both for Children's and Adults' services, but this a national trend and is not confined to Kent. Most complaints are resolved early, and fewer than previously proceed to stage 3. Kent's social care services have always viewed complaints as a useful indicator of shortcomings and have used them as a learning tool to improve aspects of service delivery, staff training, etc;

2. RESOLVED that the information set out in the report be noted, with thanks

## **23. Update on Select Committee work**

*(Item D1)*

RESOLVED that the information set out in the report be noted, with thanks, and the proposal for a Select Committee review of Domestic Abuse be welcomed.

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## CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Darent Room, Sessions House, County Hall, Maidstone on Friday, 7 October 2011.

PRESENT: Mrs A D Allen (Chairman), Mr R E Brookbank, Mrs T Carpenter, Mrs P T Cole, Mr G Cooke, Mr A Duncan, Mrs E Green, Mr S Griffiths, Mr P W A Lake, Mr G Razey, Mr L B Ridings, MBE, Mr M J Vye and Mrs J Whittle

IN ATTENDANCE: Ms K Kerswell (Managing Director), Mr A Pettigrew (Interim Director, Specialist Children's Services), Mr N Baker (Head of Kent Youth Service), Mr P Brightwell (Policy & Standards Manager - Looked After Children), Mr T Doran (Head Teacher of Looked After Children - VSK) and Miss T A Grayell (Democratic Services Officer)

### UNRESTRICTED ITEMS

#### **28. Minutes of the meeting held on 31 August 2011** (Item A2)

RESOLVED that the minutes of the Panel's meeting held on 31 August are correctly recorded and they be signed by the Chairman.

#### **Matters Arising**

In response to a question, Mr Brightwell explained that it was not yet clear when the Sentencing and Punishment of Offenders Bill will become legislation. Lobbying is currently going on regarding the financial impact of this upon authorities. Mrs Whittle added that more amendments are being made or are likely to be made. Mr Brightwell and Mrs Whittle both undertook to update Panel Members on the progress of the Bill.

#### **29. Chairman's and Cabinet Member's oral updates** (Item A3)

1. Mrs Whittle gave an oral update on the following issues:-

*LAC placed by other local authorities* – meeting with Children's Minister Tim Loughton, who wrote to authorities in July 2010 and has promised to write again, addressing the issue of increasing Foster Carer availability in London to cover the needs of London LAC.

*Recruitment of Foster Carers* – Members living in North East Kent had reported seeing recruitment advertisements for London Foster Carers on buses in Kent. Mrs Whittle said she would keep a watching brief on this issue.

*Assisted Boarding Scheme* – a package of bursaries and support is available from boarding schools in Kent, and the children most at risk of coming into care will be first to be considered for places on the new assisted boarding scheme.

*Martin Narey's review of the Adoption service* – a report of Mr Narey's review will be made to the Panel's 5 December meeting, to which all County Members will be invited.

*Children's Commissioning Board* – a report was considered by Cabinet in September. Members should meet young people at first hand and seek their views, as the Children's Champions Board had done.

2. Mrs Whittle, Ms Kerswell, Mr Pettigrew, Mr Doran and Mr Brightwell responded to comments and questions from Members, and the following points were highlighted:-

- a) although the number of LAC placed in Thanet from elsewhere in Kent has been a matter of much discussion, concern was expressed that moving them from Thanet should not simply spread the problem elsewhere. Figures show that the number of Kent LAC placed in to Thanet is not as high as often perceived, as LAC placed in Thanet from elsewhere in Kent currently occupy only 11 places in Thanet schools;
- b) Ms Kerswell commented that the issue of LAC placed in Kent by other local authorities was likely to take some time longer to resolve, and she suggested raising the issue of a cumulative levy to penalise authorities which continue to place their LAC in Kent. Monies raised by this levy could be channelled towards health and education services used by these LAC. A report to Cabinet in 2010 had set out the costs of providing health and education services, and this could be updated and used to support the levy idea;
- c) in discussing and promoting the levy idea, it is important to present a balanced view. The administration and costs of accommodating vulnerable children must not be seen to outweigh the importance of caring for them in a secure and supportive placement, as many find themselves far from home;
- d) the sufficiency duty requires all local authorities to have sufficient Foster Care places to accommodate their own LAC, and discussion between London Boroughs (the Pan London Group) had set out three aims:- to set clear targets for Foster placement provision, to share their residential provision with neighbouring Boroughs to make optimum use of any spare capacity, and to check the accuracy of data;
- e) Members requested data on the age breakdown of the LAC in Kent, and *a briefing paper will be prepared for the Panel's next meeting;*
- f) having a large number of LAC in one school can have a detrimental effect on the academic performance of LAC and other children;
- g) a report prepared on the placement costs levied by London Boroughs, compared to those levied by Kent, could be updated and re-used to help address the issue again. *This report will be updated and brought to the Panel's December meeting; and*

- h) when asking other authorities to reduce the number of LAC they place in Kent, it is important to remember that Kent places 10% of its own LAC out of county, and it should be prepared to 'put its own house in order first'. Data prepared for budget monitoring at the POSC had shown that 99% of Kent's out of county placements are made for one of three reasons:- to place a child with relatives, or to access medical facilities or specialist services not available within Kent. Members asked to be told where these placements are made.
3. RESOLVED that the information given in the update and in response to comments and questions be noted, with thanks.

**30. Update regarding the work of the Head Teacher of Virtual School Kent (VSK)**  
(Item B1)

1. Mr Doran introduced the report and set out the key points in the development of the service since last reporting to the Panel, and next planned steps. A first Achievement Ceremony had recently been held at the University of Kent, for LAC and their Foster Carers. The service had three aims for its immediate future;
- to raise and enhance its profile,
  - to improve service delivery by co-locating with other agencies and improving the ratio of staff to LAC from 1:750 to 1:30 – 50, and
  - to improve quality assurance and accountability with six raising attainment plans based on Kent Challenge models and by co-ordinating the use of the pupil premium via Personal Education Plans (PEPs).
2. Mr Doran responded to comments and questions from Members, and the following points were highlighted:-
- a) good links and relationships with school staff are key to the success of VSK, and the aim is to upskill designated teachers within a school and develop a sustainable locality model which will help schools to solve any problems themselves. Upskilling teaching staff will benefit all pupils, not just LAC;
  - b) Head Teachers welcome VSK as it helps them to support more LAC, but its presence puts pressure on other services. The aim is to achieve unified and integrated services to address this;
  - c) VSK cannot hold schools to account for the way in which the pupil premium (currently £435 per LAC per annum) is used, as it is not ring-fenced. Ofsted looks at the service from the point of view of information sharing via the PEP. The electronic PEP includes the pupil premium, so this can be addressed in the future;
  - d) the national target for LAC school attendance is 80%, and Kent just beats this but should strive to better this by setting its own target of 90-95%. As Corporate Parents, KCC Members should set challenging targets for VSK and ask for future reports to measure attendance against a 95% target. Mr Doran explained that VSK is obliged to report

attendance against the national target of 80% but also measures higher ratings and will report these to Members;

- e) one key action for VSK is to improve the stability of placements and minimise moves, as these two elements have a huge impact on a LAC's schooling;
- f) some VSK staff are on duty and available every day, including school holidays, and others work in term time only;
- g) VSK works with academies in the same way as it works with other schools, working on the basis of co-operation and transparency;
- h) National Indicator data shows that LAC placed by other local authorities perform better at school than Kent's own LAC, although the latter are catching up;
- i) VSK has finite resources and is simply unable to work with LAC once they leave full-time education, but much goes on outside school, linked to the work of VSK, to support young people who are leaving or preparing to leave care; and
- j) Kent's aim is to place its LAC in the best possible schools, and the new Admissions Code for schools will incentivise good schools to take on a pupil who brings with them a pupil premium.

3. RESOLVED that:-

- a) the information given in the report and in response to comments and questions be noted, with thanks; and
- b) the VSK team and its partners in schools be congratulated on the progress achieved.

### **31. Corporate Parenting Training - Feedback from previous training** (Item B2)

1. Mr Doran introduced the report and he and Mr Brightwell responded to comments and questions from Members. The following points were highlighted:-

- a) Corporate Parenting sessions held so far had been appreciated and rated 'good' and 'outstanding' by those Members who had attended, and feedback had been good in helping to shape future sessions;
- b) the sessions allow good discussion around the role of Corporate Parents, but this would be more useful if more Members attended and took part. Mrs Whittle undertook to write to all Members to encourage their participation in future sessions;
- c) the next three sessions will concentrate on the more intensive Level 2 role, and will link to the quality assurance framework; and

- d) it is still hoped that Corporate Parenting training will be included in the induction training for all newly-elected Members, with refresher sessions at regular intervals thereafter.
2. RESOLVED that the information given in the report and in response to comments and questions be noted, with thanks, and more Members be encouraged to attend future training sessions.

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**Minutes of the Children's Service Improvement Panel**  
**Meeting Held: 25 August 2011 11:00 Swale 3**

**Present:**

Mrs Whittle (Chair)  
Mr Christie  
Mr Cubitt  
Mr Ferrin  
Miss Hohler  
Mr Koowaree  
Mr Lake  
Mr Smith  
Mrs Waters  
Mr Wells

**Officers:**

Malcolm Newsam  
Debra Exall  
Eileen McKibben  
Jennifer Maiden-Brooks  
Fiona Maycock (Clerk)  
Karen Ray  
Rob Semens

**Apologies:**

Mrs Allen  
Mrs Dean

**1. Previous Minutes**

1.1 Malcolm Newsam confirmed that the data relating to the recruitment and retention work of Core Task 7 had not been sent directly to Members but would be included in item 3a on the agenda.

1.2 The minutes were agreed as an accurate record of the last meeting.

**2. "Stock Take" Report**

2.1 Malcolm Newsam introduced the report. The first wave of Improvement Targets have been achieved, and the foundations are being laid to deliver future improvements.

2.2 Mr Lake asked whether there is any risk that new targets will be set for Kent now that Ofsted can see these have been achieved. Malcolm Newsam confirmed this was unlikely. Targets were set to span a two year period; this initial phase was a clean up exercise to begin to gain good management grip and judgement, and there were further challenging targets to be achieved.

2.3 Malcolm Newsam stated that phase two will focus more on sustainability, providing value for money and improving quality of practice and outcomes for children. Mr Ferrin questioned whether we are truly out of phase one because further groundwork is still required. It is important that resources are sustained to ensure continued progress. Mrs Whittle agreed that staff can not afford to become complacent, and resources will be made available to deliver the improvements, however it is critical to ensure the most appropriate return for this investment.

2.4 Mrs Whittle asked for the Early Intervention and Prevention Strategy to come to a future meeting.

2.5 Mr Christie expressed concern that progress and quality will be compromised when the peripatetic team is disbanded. Malcolm Newsam reassured Members that staff are currently developing a plan to manage the ending of the project.

2.6 Miss Hohler said that the performance reports should be maintained even after improvement targets have been met; new targets should be set, as appropriate, so staff are challenged and a grip on current position is maintained. Mr Cubitt commented that the excellent performance management and quality assurance frameworks will undoubtedly set the standard for improving quality.

2.7 Malcolm Newsam informed Members that a new Improvement Plan will be created which will focus, amongst other things, on a fit for purpose restructure, staff training, supporting managers, and retaining and recruiting experienced staff.

2.8 Mr Ferrin suggested it may be beneficial to undertake a mock inspection by bringing in an independent inspector. Malcolm Newsam confirmed that the one year unannounced inspection is now due, and reported that he had already brought in an independent children's social care expert, Beverley Clarke, to complete an inspection of the DIAT teams. She had found that six were inspection ready, two were almost ready and four needed supporting to improve further. **A presentation of these results will be brought to a future meeting.**

2.9 Mr Christie commented that the high level of referrals is a significant factor in ensuring sustainability within districts. **A report on this will be brought to a future meeting.**

### **3. Recruitment, Retention and Establishment**

3.1 Karen Ray stated that the market premia payments have been made; Rob Semens confirmed that eligibility in this case refers to the relevant group of employees. In future eligibility will be based on performance and guidelines to support this will be issued shortly.

3.2 Factors contributing to the number and length of service of agency workers in Kent was discussed and Malcolm Newsam confirmed that it is the intention for agency staff to be replaced by full time employees through the recruitment programme. It was suggested that with other authorities reducing their numbers of social workers, there would be a wider pool of permanent staff to recruit to Kent.

3.4 Karen Ray informed Members a Staff Survey will be implemented in September following a series of focus groups. A discussion was had around

the appropriateness of surveys compared to the value of having feedback in other formats.

3.5 Eileen McKibben explained the establishment modelling process and emphasised its three dimensional approach using a variety of contributing factors.

#### 4. Data Reports

4.1 Malcolm Newsam confirmed that considerable progress has been made since the reports were published in July.

#### 5. Improvement Plan Highlight and Exception Reports

5.1 Jennifer Maiden-Brooks explained that the exceptions within the report are minor and will not affect delivery of other actions on the plan.

5.2 The County Duty Team has now expanded to 27 staff and from September will be taking on all child contacts.

5.3 The future restructure of Specialist Children's Services will be linked in with Andrew Ireland taking up his post in November.

5.4 Mr Christie asked who is being consulted on the changes to the Children's Trust. Malcolm Newsam replied that all Members directly involved with the Kent Children's Trust had been consulted, and a report will be going to Cabinet on 19 September.

#### 6. Any Other Business

6.1 Nothing was discussed.

#### Dates of future meetings

Agenda Setting*	Time	Meeting	Time	Venue
12 April	4 pm	26 April 2011	12.30	Waterton Lee
3 May	11 am	17 May	4 pm	Swale 3
7 June	4 pm	22 June	9 am	Medway
6 July	3.30 pm	13 July	3 pm	Swale 3
27 July	10 am	25 August	11 am	Swale 3
<b>31 August</b>	<b>2 pm</b>	<b>20 September</b>	<b>2 pm</b>	<b>Medway</b>
12 October	10.30am	24 October	2.30 pm	Cabinet Room
15 November	11am	1 December	3pm	Cabinet Room

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**Minutes of the Children's Service Improvement Panel**  
**Meeting Held: 20 September 2011 14:00 Medway**

**Present:**

Mrs Whittle (Chair)  
Mrs Allen  
Mr Christie  
Mr Cubitt  
Miss Hohler  
Mr Lake  
Mr Smith  
Mr Vye  
Mrs Waters

**Officers:**

Malcolm Newsam  
Jean Imray  
Donna Shkalla  
Jennifer Maiden-Brooks  
Fiona Maycock (Clerk)  
Beverley Clarke  
Lorraine Goodsell  
Andrew Coombe

**Apologies:**

Mr Ferrin  
Mrs Dean (Mr Vye substituted)  
Mr Wells

**1. Previous Minutes**

1.1 The minutes were agreed as an accurate record of the last meeting.

**2. Progress Report**

2.1 Malcolm Newsam indicated that focus is now shifting towards improved throughput, increased managerial grip and other services available to children and families.

2.2 Confirmation was given that the adoption report will be presented at the County Council meeting on 20<sup>th</sup> October 2011.

2.3 Malcolm Newsam confirmed that Members can be proud of the current numbers of children being fostered within Kent, however the number of children being fostered is linked to the number of Looked After Children (LAC). The Phase 2 Improvement Plan focuses on reducing the number of LAC and increasing the number of foster carers.

2.4 Mrs Whittle stated the purpose of Martin Narey's review is to highlight the obstacles to adoption which have an evidence base and to eliminate unsubstantiated anecdotal theories.

2.5 Mr Lake asked who decides when a child should be adopted. Jean Imray stated that ultimately the decision resides with the court; there are variances in the time it takes, and some children are harder to place than others. In some instances it can take up to 5 years for a child to be adopted.

KCC needs to ensure managerial grip retains accountability and that approaches are consistent.

2.6 Mrs Whittle reported about her recent visit to Lincolnshire with Malcolm Newsam; they were an inadequate authority in 2006 and have since been rated outstanding by Ofsted in 2010. This is a four year journey which can be accomplished by Kent.

### **3. DIAT Inspections Presentation**

3.1 Beverley Clarke gave a presentation on her Inspections of each of the District Duty and Initial Assessment Teams.

3.2 There were 8 cases across the whole county which were flagged as being of serious concern. In some of these cases, the concern was attributed to a lack of recording onto ICS. The child was seen as a matter of urgency if the concern was justified.

3.3 Of the positive things to have come from the mock inspections was the fact that all cases have now been allocated and staff have a stronger focus on the throughput of cases.

3.4 Beverley Clarke reported the common factors of poor outcomes as being weak management, poor supervisory grip, ineffective administration and slow throughput.

3.5 There was some concern that in certain districts thinking around assessment timescales was beginning to slip.

3.6 Beverley Clarke and Malcolm Newsam assured Members that work had been commissioned urgently to rectify the conditions at the Shepway office; an additional visit has been arranged to check on the progress of this work. This indicates strongly that performance is no longer due to resource and accommodation issues.

3.6 Beverley Clarke emphasised the idea that embedding good quality social work practice does not happen overnight; intensive additional support has been given to those districts that required it and follow-up mock inspections will be carried out at a later date.

### **4. Audit of CDT Referrals Report**

4.1 Lorraine Goodsell outlined the findings of the audit on referrals into the Central Duty Team (CDT), highlighting that the Police had the highest overall referral figures and Health had the lowest. Performance will be picked up in the Quality and Effectiveness subgroup.

4.2 Lorraine Goodsell confirmed that the referrals are not only related to cases held by CAMHS but also by the work of the preventative services. The staff within the CDT are working with preventative services managers to step down as many cases as is appropriate.

4.3 Health colleagues have now started to ensure that LAC have priority in being seen, especially within CAMHS, to ensure a solid and comprehensive service.

### **Joint KCC/Health CAF Report**

4.4 More work is needed to fully embed the CAF process into the Health Service, although Lorraine Goodsell confirmed that this difficulty is not unique to Kent. 33 CAF's have been completed between April and August compared to 28 completed over the same period in 2010 – 2011.

4.5 This should be an area for buffering the number of referrals coming into children's services; more focus on the action plan will ensure the process is embedded within the health service.

## **5. Data Reports**

5.1 The number of CAF's coming into the service is increasing. However, the majority are still from Education.

5.2 Referrals are continuing to reduce; this report is the first month the effect of the CDT can be seen on referrals and initial assessments. The progress of core assessments can be better seen in the weekly report.

5.3 Progress towards the adoption target will be brought to a future meeting of this panel.

## **6. Improvement Plan Highlight and Exception Reports**

6.1 No questions were raised.

## **7. Any Other Business**

7.1 Nothing to discuss.

### Dates of future meetings

<b>Agenda Setting*</b>	<b>Time</b>	<b>Meeting</b>	<b>Time</b>	<b>Venue</b>
12 April	4 pm	26 April 2011	12.30	Waterton Lee
3 May	11 am	17 May	4 pm	Swale 3
7 June	4 pm	22 June	9 am	Medway
6 July	3.30 pm	13 July	3 pm	Swale 3
27 July	10 am	25 August	11 am	Swale 3
31 August	2 pm	20 September	2 pm	Medway
<b>12 October</b>	<b>10.30am</b>	<b>24 October</b>	<b>2.30 pm</b>	<b>Cabinet Room</b>
15 November	11am	1 December	3pm	Cabinet Room

By: Jenny Whittle - Cabinet Member for Specialist Children's Services  
 Malcolm Newsam - Interim Director, Families and Social Care

To: Specialist Children's Services Policy Overview and Scrutiny  
 Committee – 17 November 2011

Subject: **DRAFT KENT EARLY INTERVENTION AND PREVENTION  
 STRATEGY AND COMMISSIONING FRAMEWORK**

Classification: Unrestricted

Summary:	This report summarises the main aspects of the attached draft strategy, including the priority areas for action; outlines our current position with regard to commissioning for early intervention and prevention and sets out the next steps to secure a robust implementation plan and ensure cross agency support
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**Background**

1. (1) The need to have a clear Early Intervention and Prevention strategy for Kent that identifies priority areas for action based on a clear evidence base and that is supported by a commissioning framework and resourced delivery plan was identified in the Phase 1 Improvement Plan, action 4.3.1.

(2) This draft strategy has been developed in parallel with work on Kent's Early Intervention and Prevention Commissioning Framework and the development of outcome specifications for specific preventative services to address the priority areas for action. All of these work streams have been informed by the same key information, data and analysis provided through a range of agencies and services.

(3) The draft strategy takes account of a range of national and government commissioned research and reports such as the C4EO research into early intervention; "Grasping the Nettle", Graham Allan's report: Early Intervention: The Next Steps and Eileen Munro's review of child protection.

(4) The strategy development has been lead by KCC working with key partners to agree the priority areas for action and ensure synergy with other key strategies and plans that are focused on improving outcomes for Kent's vulnerable children, young people and their families.

## **The draft strategy**

2. (1) The aim of this strategy is to ensure that we are identifying and responding to children and young people's needs at the earliest stage in order to improve outcomes and ensure, wherever possible, that their needs are met within universal services and are not allowed to entrench or escalate thereby requiring specialist intervention.

(2) This is a two and a half year strategy intended to take Kent to 2014. It identifies the priority areas for action as:

- Safeguarding
- High Need Families
- Early Years
- Vulnerable Adolescents
- Emotional Health and Wellbeing, and
- Disabled children, young people and their families

(3) Each priority area sets out the outcomes we want to achieve, the needs and issues relating to the area and the priorities for action. These are summarised in appendix one of the strategy.

(4) This strategy has been informed by key information and data available from a wide range of services and agencies. It is, however, acknowledged that further analysis in some areas is required. Key work which is currently taking place to enable this includes:

- Analysis of Common Assessment Framework referrals, team around the child responses and investigation of outcomes, to provide further information about need; and
- Analysis of Children in Need cases and support arrangements when transferring cases to preventative services

(5) There is also a need to develop and revise existing procedures and practice that cut across all priority areas in the strategy, in particular:

- Quality assurance and performance management
- Workforce planning and development
- Partnership protocols and arrangements
- Communication of the strategy and priority areas for action
- Joint commissioning arrangements; and
- Stakeholder engagement

## **Early Intervention and Prevention Commissioning Framework**

3. (1) The Commissioning Unit is developing a multiple-supplier framework agreement for early intervention and prevention services. A competitive procurement process has taken place and an invitation to express an interest was advertised on the South East Business portal, for organisations to tender to become a potential supplier.

This has resulted in huge interest from the voluntary and community sector, particularly organisations that are Kent based. In October, the Commissioning Unit held two events so that potential providers could meet commissioners to understand the process, the changes in commissioning and share their experience and knowledge of working with vulnerable children and young people in Kent. Over 150 organisations have attended and this has provided invaluable information to inform the process. The Commissioning Unit is currently evaluating all organisations that have tendered. Evaluation criteria include capability, safeguarding, health and safety, financial viability and other quality criteria. Those organisations that meet the required standards will be invited onto the framework and although this is not a guarantee of work will result in them being invited to tender for call off contracts when mini competition invitations to tender are advertised. This first part of the process will reduce the bureaucracy of what they will have to submit and mean that KCC will be able to have shorter timescales for tendering.

(2) The first phase of services to be tendered in line with the Early Intervention and Prevention Strategy will include:

- Integrated Family Support Services
- Adolescent Support Service
- Domestic Abuse Service
- Emotional Wellbeing Service
- Support for Young Carers

#### **Next Steps:**

4. (1) The draft strategy will be taken through KCC and partner governance and sign off processes and communicated widely. An implementation plan will support the delivery of the strategy and will be overseen by the Children and Young people's Joint Commissioning Board.

(2) A report on the draft Early Intervention and Prevention Strategy and the Early Intervention and Prevention Commissioning Plan will be taken to Cabinet in late November along with a report on the outcome of the first phase of the evaluation of the organisations that have tendered for the multi-supplier framework.

#### **Recommendations:**

5. Members of the Specialist Children's Services Policy Overview and Scrutiny Committee are asked to:

- NOTE and COMMENT ON the draft strategy, priority areas for action, progress on the commission framework and next steps.

Officer names and contact information:

For further information on the draft strategy, please contact:

Marisa White  
Business Strategy Manager – Children’s Services  
01622 696583  
[marisa.white@kent.gov.uk](mailto:marisa.white@kent.gov.uk)

For information on the commissioning framework, please contact:

Helen Jones  
Head of Commissioning – Families and Social Care  
01622 696682  
[helen.jones@kent.gov.uk](mailto:helen.jones@kent.gov.uk)

*Background documents:* None

# **Draft Kent Early Intervention and Prevention Strategy**

**2011 - 2014**

**12/09/11**

**DRAFT**

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# Introduction

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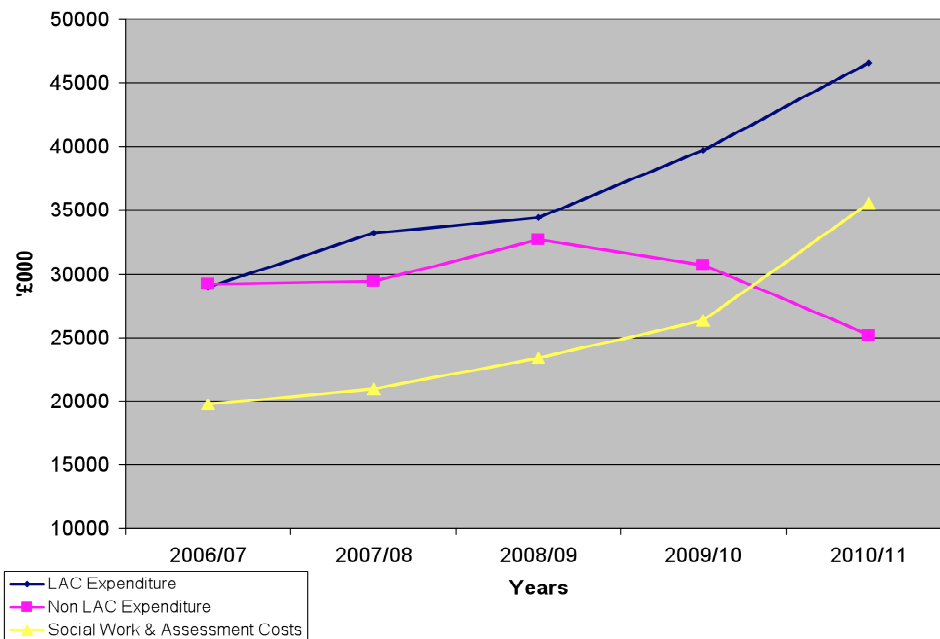
This strategy has been led and developed by Kent County Council in partnership with statutory and voluntary sector partners. It has been informed by a series of workshops and consultation with a range of partners, including children, young people and their families, which have taken place over the last year. It draws upon and informs the prevention and early intervention priorities reflected in a number of other key strategies and plans. (See **Appendix II** for a summary table of linked strategies and plans).

The Strategy provides a vision for early intervention and prevention for vulnerable children, young people and families living in Kent. It details our partnership model of early intervention and prevention, identifies priority areas and provides an overview of the action we propose to take over the next three years to deliver improved outcomes. The implementation of this Strategy will be delivered through a series of annual implementation plans.

In Kent we are committed to improving outcomes for all children and young people. We recognise that a vital element of this is to ensure that children's needs are met at the earliest opportunity and families get the support they need quickly. We know that currently we have high rates of referrals to Children's Social Care and other specialist services and have had an unprecedented increase in the numbers of children coming into the care system over the last three years. This has placed considerable pressure on our specialist services; it is not cost effective and can mean that those most in need of support are not able to access it when they most need it.

Financial analysis shows that expenditure on Looked After Children's services, assessments and associated costs has increased exponentially over the last 5 years. This correlates to a significant reduction in expenditure in early intervention and preventative, (see chart below). If we are to address needs earlier and prevent problems escalating and thus requiring specialist services, there is an urgent need to re-focus the current financial model and use an invest-to-save approach.

## Growth in Expenditure 2006-11



For these reasons our strategy prioritises targeted intervention at Tier 2.5 and above. Our intention is not to detract from the vital role of universal and other preventative services that support the lower level of need of children and their families, but to address the specific issues faced by Kent at this time.

### Definition of Early Intervention and Prevention

This strategy adopts the following definition of prevention and early intervention:

**Prevention** is seeking to prevent something from happening or getting worse

**Early intervention** is intervening early and as soon as possible to tackle problems as they emerge for children, young people and their families or with a population most at risk of developing problems. Effective intervention may occur at any point in a child or young person's life. <sup>1</sup>

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<sup>1</sup> C4EO for the sector from the sector Early Intervention Desk Study August 2010

The continuum of early intervention and prevention can be described as follows:

- **early in life;** and
- **early in the development of a problem** – whatever the age of a child.

## **National Context**

National and international research highlights the cost of failing to intervene early with children and young people. Without adequate help children and young people's difficulties are likely to increase and entrench. When children and young people's difficulties are not resolved early, costs - direct and indirect - spiral and specialist services may be diverted from focusing on supporting children and young people who have an identified higher level of need. To mitigate against this, Graham Allen in his recent report "Early Intervention: The Next Steps", recommends the development of an early intervention culture across all agencies, underpinned by a primary intervention strategy that places early intervention at the heart of all strategies aiming to raise attainment and employability, reduce crime, tackle poverty, support parents and improve health and wellbeing.

Professor Eileen Munro in her review of child protection describes 5 levels of early intervention and prevention.<sup>2</sup> Her analysis identifies a continuum of preventative activity and emphasises that preventative measures are relevant to even the most vulnerable of children and young people.

This approach is particularly helpful as it identifies both the continuum of preventative activity and the importance of recognising that preventative measures are relevant to the most vulnerable of children and young people. Central to this concept of prevention is the acknowledgement that the assessment of a child's needs will change over time as difficulties resolve and for some children and young people new ones emerge. Children may therefore have needs that require support "higher up or lower down" at various times during their lives. The aim of any early intervention or prevention activity is to stop need escalating.

This strategy recognises Munro's approach but adopts the four tier model used in Kent to describe the levels of intervention related to children's needs. (See page 9). In this model Tier 1 represents universal

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services (for all children and young people) and tier 4 the highest level of need, where intervention or highly specialist support is required. Over recent years there has been a focus on the span of support required for children and young people in Tier 2, recognising that at the higher end of that tier, children and young people's needs are more complex. Some refer to this as Tier 2.5. Munro's model recognises Tier 2.5 as a distinct tier of prevention which thereby leads to the five tiers of early intervention and prevention.

## **Kent Context**

Kent has a population in excess of 1.4million: the general population is growing at a rate significantly in excess of regional and national average. The child population is currently 350,000<sup>3</sup>, although there is forecast to be a slight drop (between two and three thousand) over the life of this strategy with the child population rising again after 2014. This masks some considerable changes to the child population figures across Kent's twelve districts over this period, with some districts seeing falls and a number seeing considerable increases. Within this changing population, in common with national trends, the proportion of children with disabilities, particularly profound and complex needs, is rising, bringing commensurate increases in demands for services. The most deprived areas of the county are the coastal fringes of Thanet, Dover/Deal, Shepway and Swale in the East, but also Dartford and Gravesend. There are some 53,000 children (17% of the child population) who live in poverty<sup>4</sup> in Kent.

During 2010 an Ofsted Inspection of Safeguarding and Looked After Children judged Kent to be inadequate in its provision of safeguarding and Looked After Children services. It highlighted a number of weaknesses in the way services were organised, managed and supported. Ofsted judged there to be limited development of preventative and early intervention services across the partnership, and a lack of consistent understanding of thresholds and eligibility for specialist social work services, with limited implementation of the Common Assessment Framework (CAF) and the Team Around the Child (TAC) approach. It found that agencies did not ensure that their referrals contained accurate and sufficient information to enable informed responses to be made. In relation to Looked After Children it found that educational achievement needed to improve, school exclusions reduced and attendance improved. At the same time, the inspection by the Care Quality Commission (CQC) found that Health providers and commissioners needed to secure health assessments for Looked After Children; screen for substance misuse; and improve

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<sup>3</sup> Mid- Year 2010 0–19 years

<sup>4</sup> Children aged 0-15 years HMRC

CAMHS support, particularly for young people aged between 16 and 18.

The Ofsted findings, combined with our needs assessment<sup>5</sup> has highlighted key groups of individuals or stages in the lives of children and young people where the need for prevention and early intervention is particularly acute. This Strategy is focussed on those priority areas:

- Safeguarding;
- High need Families;
- Early years;
- Vulnerable adolescents;
- Emotional health and wellbeing; and
- Disabled children & young people and their families.

## **Vision**

In Kent our vision for early intervention and prevention is that:

**Children and young people's needs are identified and responded to at the earliest stage possible to increase the potential for them to achieve their life chances<sup>6</sup>.**

Our vision supports Kent's three strategic ambitions, in particular ambition two which sets out the county's commitment to tackling disadvantage.

No single agency working alone can fully deliver this strategy. It is dependent on strong cross-agency partnership and cooperation at a Kent-wide and a local level, based on a shared assessment of need, agreement of priorities and responsibility for delivery.

The voice of children, young people and their families is central to our strategy. We will, therefore, use our partnership arrangements for children and young people and other arrangements for specific groups to secure the participation of children, young people and

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<sup>5</sup> JSNA, CYPP root cause analysis

<sup>6</sup> *Putting Children First KCC Safeguarding and Looked After Children Improvement Plan February 2011*

families in the delivery and review of this strategy and subsequent implementation plans.

## Objectives

In order to realise our vision, this strategy has the following objectives.

- To improve outcomes for children and young people in need of early intervention and prevention.
- To meet children's needs at the earliest stage to prevent them from entrenching or escalating and requiring support from more specialist services.
- To build resilience and confidence in children and young people to give them the skills to make informed choices, reducing negative influences on their development and increasing their engagement in positive activities.
- To narrow the gap in health, wellbeing and educational outcomes between the majority of children and young people and those who are more vulnerable to poor outcomes.<sup>7</sup>
- To develop a common understanding of early intervention and prevention across all children's and family services and establish this as a way of working for all agencies – whether they are commissioned or directly delivered.
- To commission high quality, effective, evidence based, evaluated and timely services.
- To use valuable resources more effectively and efficiently.
- To work in partnership in order to deliver cohesive services which result in improved outcomes for children and young people living in Kent.

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<sup>7</sup> Healthy Child Programme, CAMHS Action Plan, Raising Aspiration, Supporting Achievement ( narrowing the Gap)

# Early Intervention and Prevention Model

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Kent and Medway Safeguarding Children Board Inter-Agency Threshold Criteria for Children in Need states that:

"The key principle underpinning the delivery of services to children in Kent is that additional needs should be identified as early as possible and intervention should focus on working with children and parents/ carers in order to provide early intervention and prevent the need for specialist services<sup>8</sup>"

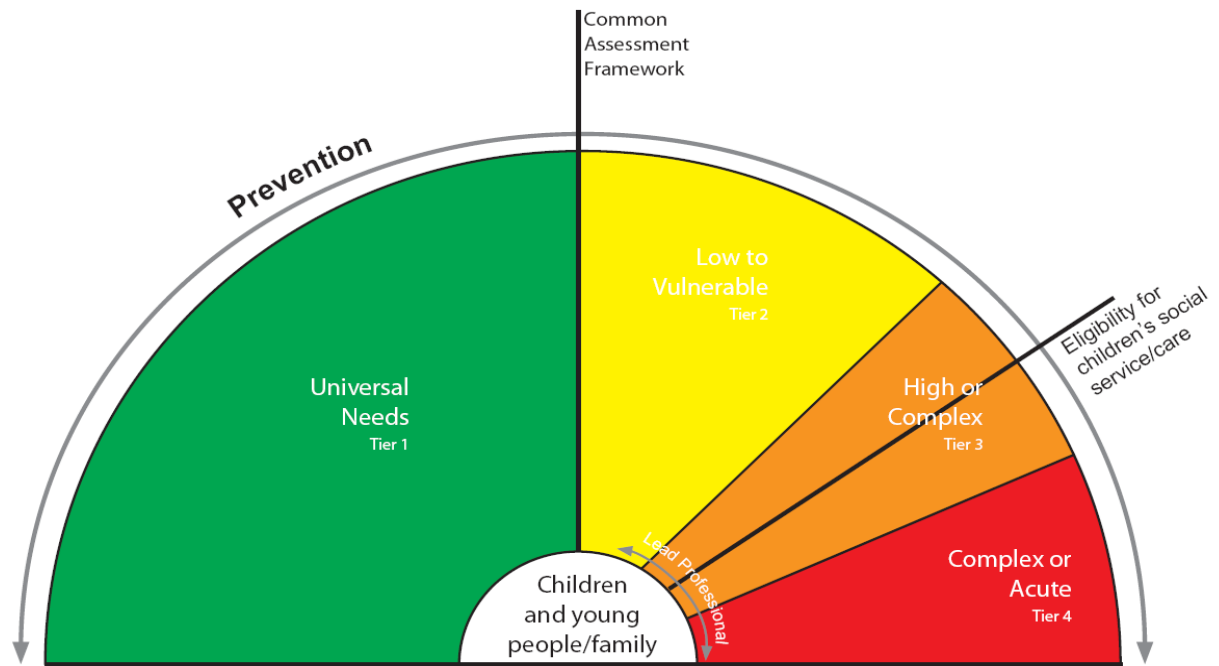
This strategy adopts the Board's approach to describing the level of need and intervention that may be required by children and young people.

The following diagram is used in Kent to illustrate Threshold Criteria and is essential to the understanding of all practitioners in meeting the needs of children and young people.

The diagram illustrates the continuum of children's needs and the interventions relevant to each element of need. Needs in the third element are differentiated by the line denoting eligibility for children's social care.

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<sup>8</sup> Kent and Medway Safeguarding Children Board:  
Kent and Medway Inter-agency Threshold Criteria for Children in Need Kent Safeguarding Children Board P4.  
[http://www.clusterweb.org.uk/UserFiles/KSCB/File/Policies/KM\\_Eligibility\\_and\\_Access\\_FIN\\_AL\\_Electronic\\_March\\_2011.pdf](http://www.clusterweb.org.uk/UserFiles/KSCB/File/Policies/KM_Eligibility_and_Access_FIN_AL_Electronic_March_2011.pdf)



## Universal Needs

Data shows that there are approximately 350,000 children and young people in Kent. These children receive a range of services, which are available to all, such as education, health provision and play services. Universal services are provided to all children as a right. Where additional needs are identified, these are supplementary to the universal services provided and it is important that those working in universal services, are able to identify needs, access the support required and deliver a preventative service to those at risk of additional needs. This is known as the principle of progressive universalism. In order to do this effectively it is essential that universal services develop good relationships with both families and those services providing more targeted support in order to ensure early identification of need and early support where required.

## Low to vulnerable needs

Approximately 18%<sup>9</sup> of children and young people are identified as vulnerable with low needs. These children and young people can be defined as needing some additional support, without which they would be at risk of not meeting their full potential. Many of these children will have received an assessment through the common assessment framework (CAF). They may have a variety of professionals working with them through a Team Around the Child (TAC) approach and may

<sup>9</sup> Ref

be receiving support from a variety of services such as children's centres, voluntary and community services, information services, Child and Adolescent Mental Health services (CAMHS), educational psychology, educational welfare and specialist play services. For those children with a TAC, there will be a named lead professional to coordinate support and the focus will be on addressing the child's needs and reducing their vulnerability so that their needs can continue to be met by universal services.

### **High or complex needs**

Approximately 1.4%<sup>9</sup> of children and young people in Kent have been identified as having high or complex needs. These children are likely to require specialist support because they are highly vulnerable or experiencing the greatest level of adversity. Again most of these children and young people will have been assessed through the CAF process, which is often used to support a referral to specialist / targeted services. These services might include: specialist children's services, education support services, specialist health or disability services, the youth offending service, targeted drug and alcohol services or specialist CAMHS. For the majority of children this support will be short term and intensive reducing their level of need and enabling their needs to be met through universal services in the long term. For some children with multiple problems, support may be longer term with ongoing monitoring.

### **Complex or acute needs**

Approximately 0.5%<sup>9</sup> of children and young people have complex or acute needs which typically include those experiencing or at risk of significant harm for a variety of reasons. The services they require are usually statutory and might include: children's social care, in-patient CAMHS services, specialist disability services, targeted drug and alcohol services and the youth offending services. A small number of these children may require ongoing services at this level, for example those who become looked after. However for the majority the emphasis will be on working with the child and family to reduce the level of risk and ultimately the need for statutory intervention.

### **Ensuring the right services**

There are a range of services that address the needs of children across this continuum. They aim to reduce need and prevent the escalation

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<sup>9</sup> Ref

of problems, supporting children and young people wherever possible within their family and community.

Currently commissioning services for children and their families is under review and a wide-ranging process of re-specification and re-tendering is underway. This process will result in services focused on the specific need of children and their families as specified by this Strategy, namely focussing on preventing the need for specialist service intervention and ensuring that where possible children receive support through universal provision.

This approach will be underpinned by the development of a common understanding across all children's and family services of early intervention and prevention and establishing this as a way of working for all agencies. As part of this we will ensure that practitioners respect the resourcefulness of families and individuals, treat them with respect and work with them in partnership to improve outcomes for them, their children and their communities.

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# Priority Areas

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As set out in the introduction, Kent's needs analysis, particularly in the context of the rising number of children being referred into specialist services, has identified the priority areas for early intervention and prevention as:

- **Safeguarding** children from harm and preventing problems escalating;
- Focusing services on **High need Families**;
- Meeting the needs of **vulnerable adolescents**;
- Ensuring support for **early years**;
- Improving the **emotional health and wellbeing** of children and young people; and
- Ensuring early support for **disabled children, young people and their families**.

None of these priorities can be seen in isolation as children and their families may have a range of needs that span a number of these priority areas.

# Safeguarding

## Outcome

*We want children and young people to be nurtured and protected in their families and to be safe at school and in their communities.<sup>10</sup>*

Safeguarding children and young people is fundamental to all we do. Key to this is ensuring that:

- all agencies work together with families and communities to keep children safe;
- all children in need of safeguarding and protection receive appropriate services as and when they most require them; and
- children are appropriately referred to specialist children's services when required

## **Addressing needs and issues in Kent**

The Kent Safeguarding Children Board (KSCB) has a key role to play in ensuring that all children are safeguarded. The Board been restructured following an independent review, and now has a strong and streamlined executive group and sub-groups which are focused on the strategic priorities. The KSCB highlights:

- the need to ensure an outcomes-based approach to safeguarding children which focuses on improved outcomes for children and builds on what works;
- that children are part of families and that a coordinated approach to working in partnership with families is required to address need and wider issues impacting on children's safety;
- the need to strengthen partnership relationships and ensure that staff have the skills and support to manage risk; and
- the need to further develop robust quality assurance systems.

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<sup>10</sup> Priority 1 CYPP 2011-12

Kent has higher rates of referrals to children's social care than comparator authorities (742 per 10,000 population in 2010/11 compared to our statistical neighbour average of 533 in 2009/10) and this figure has been rising since 2009. Whilst the proportion of children with Child Protection (CP) Plans has remained fairly constant since 2009/10, Kent still has a higher proportion of children with a CP Plan, than comparator authorities, a greater proportion of whom are subject to the child protection process for long periods. This clearly raises a number of questions about the early identification of safeguarding issues, the level of effectiveness of services in meeting low need, preventing problems escalating and the ability to reduce the need for intervention through protracted child protection processes.

We believe that the effective implementation of the common assessment framework (CAF) is an essential part of addressing some of these issues. Use of the CAF in Kent has increased since it was first implemented. Between April 2010 and the end of March 2011, 1467 common assessments were completed - an increase of 55%. This information, together with analysis from other sources is informing the current re-commissioning of early intervention and prevention services and will help ensure that safeguarding issues are identified early and new services are developed to meet need, preventing the requirement for more targeted and specialist provision.

Another key element in addressing some of these issues is to ensure that assessments are of a high quality and lead to appropriate action and support. New Performance Management and Quality Assurance frameworks have been adopted by Specialist Children's Services. A quality assurance tool went live in August 2011 which requires every social work manager from the Corporate Director to front-line supervisors to audit a file a month. An implementation programme to improve the timeliness, quality and consistency of assessments in the Duty and Initial Assessment Teams will also be completed by end October 2011. Work has also begun to develop a coordinated commissioning approach to parenting capacity assessments and to review those children who have been subject to child protection plans for in excess of 18 months.

### **Young Offenders**

There is a small number of young people who offend in Kent and safeguarding is a key feature. The recent Youth Offending Services (YOS) inspection found that substantial improvements were needed in safeguarding. As a consequence an action plan is now in place.

## **Priorities for Action**

- To further develop and improve the CAF and TAC approach, and ensure we are commissioning appropriate services to address unmet need and improve outcomes. This will be based on the current analysis of CAF and TAC plans to date.
- To develop the planned Central Referral Unit so that it is able to respond to initial contacts and referrals quickly and effectively to ensure a responsive service at the most appropriate level.
- To work in partnership to ensure that there is early identification of safeguarding issues and the provision of appropriate support for children and their families, thus preventing problems escalating and the need for targeted intervention. This will include: a more robust and evidence based approach to the commissioning of prevention and early intervention services; the provision of targeted evidence based parenting programmes; and strategic commissioning of parenting capacity assessments, resulting in greater efficiency and value for money.
- To ensure that Child Protection Plans lead to lasting improved child safety and wellbeing. Action will be informed by the current analysis of those children and young people who are subject to CP Plans in excess of 18 months.
- To agree the YOS Improvement Plan with the County Youth Justice Board in order to implement the improvements required, and to ensure there is an early intervention and prevention focus.

## High need families

### **Outcome**

*We want all children and young people to be supported by their families to achieve their full potential.*

Key to this is that:

- all children and young people are supported by and have positive relationships with their parents and family;
- parents and carers are able to provide good parenting;
- children, young people and families feel positive about learning and actively seek ways to learn together; and
- coordinated support for families in greatest need is provided at the earliest point in order to prevent crisis situations.

### **Addressing needs and issues in Kent**

High need families are those who are more likely to experience multiple difficulties and thus require more targeted/ specialist support. Identifying these issues early and providing co-ordinated support at an early stage helps ensure that children's problems do not escalate.

Analysis of referrals and re-referrals to specialist children's services in Kent indicates that these families are more likely to be those who experience:

- poverty;
- domestic violence;
- housing difficulties including homelessness;
- parental disability, illness or mental health problems; and
- parental substance misuse.

We know that those families with the greatest needs are likely to have a complexity of difficulties and that there are frequently a number of services involved with the family. The cost of these services can often be high and crucial to success is good planning and coordination to

address the needs of the whole family. We are therefore proposing to introduce a Family CAF and a Team Around the Family (TAF) approach to working with these families.

Whilst there are a range of services addressing the needs of high need families, they are currently insufficiently integrated and co-ordinated around families. Furthermore the majority of services appear to be focused on vulnerable and low need families rather than targeting those with high and complex need. As a result there is limited capacity to respond quickly to those families in crisis and children on the edge of care.

## **Poverty**

Poverty is a key factor in identifying high need families. In 2008, 17% of children in Kent were living in poverty; this equates to 52,865 children, and is an increase on the previous year. The districts with the highest levels of child poverty in Kent are Thanet (26%), Swale (22%), and Shepway (21%). It is therefore essential that services in those areas reflect the high level of likely need.

74.9% of children in poverty in Kent live in households claiming Income Support (IS) or Job Seekers Allowance (JSA). The majority of these children live in lone parent households. However, the largest increase in child poverty has been amongst children living in couple households where at least one adult is in work. This is in line with national figures.<sup>11</sup>

Tackling low income and poverty is therefore an integral part of improving life chances for all children and reducing the number of high need families. A family poverty strategy is therefore currently being developed.

## **Parenting**

Parents clearly play the most important part in their children's development and establishing services to address parenting needs across the continuum has been essential over recent years<sup>12</sup>. Kent has developed 97 children's centres in the county.<sup>13</sup> Children's Centres provide an integrated early years and family support service with partners in health, job-centre plus, early years, adult and family education. In 2009/10, 40,016 parents were supported through children centres or Family Liaison Officers, a figure that has doubled in the past 2 years. Other services have included:

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<sup>11</sup>[Kent Child Poverty data - an analysis of the 2007 figures](#) (undertaken in 2010)

<sup>12</sup> Kent Children's Trust Strategy for supporting parents in Kent: Think Family, 2008

<sup>13</sup> Review of Children's Centre in Kent, June 2011

- providing a 'one-stop' Childcare Information Service for parents and carers.
- widening access to Family Group Conferencing approaches through schools to help families drive solutions to their own and their children's problems; and
- delivering a range of parenting programmes aimed at those in greatest need.

We now wish to build upon this work by commissioning improved family support services. We know from feedback from families<sup>14</sup> that crucial to this will be:

- increased out of hours access to services; and
- a coordinated approach across agencies.

### **Domestic Abuse**

A high proportion of Specialist Children's Services referrals are as a result of concerns about domestic violence where children are living in the household.

As part of the Kent and Medway Community Safety Partnership, a domestic abuse strategy has been developed. This includes a detailed action plan to:

- reduce domestic abuse and change attitudes;
- provide support to victims of domestic abuse;
- protect victims of domestic abuse; and
- improve multi-agency working arrangements.

### **Community budgets**

In order to ensure a co-ordinated approach to working with families, Kent has introduced a Community Budgets programme which aims to produce a real change in outcomes for families with complex needs to encourage them to become more resilient, independent and successful, thereby becoming less dependent on public services in the

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<sup>14</sup> Survey of 1,211 parents and carers in 2008 – See Kent's Children's Trust Strategy for supporting parents in Kent.

future. This will be achieved by service redesign that will change the way we deliver frontline services collectively, rather than simply layering initiatives. Through this approach we aim to reduce spend by public services on those families within Community Budgets, including cost savings from pooling funding and reprioritising resources, whilst also demonstrating a reduction in future costs.

The roll-out of Community Budgets in Kent is divided into three phases. The first phase consists of high-need families in Swale, Thanet and the three 'quasi-control' areas of Maidstone, Tunbridge Wells and Tonbridge & Malling, and is taking place from April 2011 until December 2011. The second phase will see a further three districts 'go live' following evaluation of the first phase. The third and final phase will bring the remaining four districts into the programme in Autumn 2012. All districts will be involved and evaluated by April 2013.

### **Priorities for Action**

- To commission integrated high level family support services which include a rapid response element, use of peripatetic staff and also utilise evidence-based parenting programmes.
- To develop and implement a Family CAF and Team Around the Family (TAF) approach with adult services and other agencies. In the short term we will pool partner resources to identify high cost/high need families and put in place a team around the family with an identified lead professional.
- To learn from our current work with families with complex needs (Community Budgets) to inform our overall approach to supporting high need families.
- To revise commissioning of Children's Centres through a new outcomes framework which will focus on targeted parenting and family support.
- To ensure that new Early Intervention and Prevention commissioned services focus on support for potential high families.

# Early years

## Outcome

*We want infants to be born healthy and to receive the best start in life during their early years.*

Key to this is ensuring that:

- there is clear access to universal services;
- new parents receive the information, help and support they need to make informed decisions;
- children entering school are ready to learn and have sufficiently developed social and emotional skills for their age group; and
- families most in need of support receive early help.

## **Addressing needs and issues in Kent**

Good health in the early years is a key factor to improving outcomes for all children. Needs analysis in Kent shows that smoking during pregnancy has increased, with 17% of mothers in Kent smoking at the time of delivery; this rate is above the national figure, and means that nearly 3,000 children are being born each year in Kent with increased risk of a variety of negative health outcomes. Only 40% of mothers in 2009/10 were breastfeeding at 6-8 weeks from birth, (compared to a national average of 45%). This means that over 8,000 babies a year are not receiving the health advantages this confers. We also recognise that there is a need to increase universal immunisation for all pre-school children across Kent to 95%.

The proportion of children classified as obese in reception and year six in Kent has slightly increased in line with the national trend. However, obesity in both the reception year and year six has remained slightly below the national average for the last 3 years.<sup>15</sup> Focused work in school has resulted in over 90% of pupils are now participating in two hours of high quality PE and school sport per week compared to 64% four years ago.

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<sup>15</sup> CYPP 2008-11 end of plan review

In order to improve early years health a Healthy Child Programme is in place. Kent's midwifery services are involved with children and families pre-birth and throughout pregnancy and have a significant role to play in supporting improved outcomes in the early years of a child's life. Commissioning of midwifery services is being realigned under the Director for Child Health Commissioning, thereby strengthening our ability to ensure a holistic approach to supporting children and families. The new national health visiting model is being implemented<sup>16</sup> and the Family Nurse Partnership programme is also underway in order to support vulnerable young first time parents and improve outcomes for their children during early years.

Whilst Kent continues to see improving results in the Early Years Foundation Stage we also acknowledge that poor outcomes at this stage directly correlate to communities where deprivation is higher, and are also more likely where pupils are looked after by the local authority or have special educational needs. It is important to maintain a preventative approach in early years learning as we know from our data at Key Stage 2 that the attainment gap continues to widen as children progress.

Integrated early years support has been provided by the 97 children's centres across the county and targeted work has begun in both the pre-schools and schools serving our more deprived areas. This work has included work with parents of young children utilising programmes such as "Parents as Partners in Early Learning". It has resulted in a significant improvement in attainment in the early years for all children in Kent, and most specifically those living in the 30 % most deprived areas

### **Priorities for Action**

- To implement the Children's Centre commissioning framework in order to address the needs of children and their families and to target support to those in greatest need.
- To improve the health of babies and young children aged 0-5 through delivery of the Healthy Child Programme.
- To ensure effective roll out of Family Nurse Partnerships, building on the initial work undertaken in Thanet and Swale, which addresses the needs of the most vulnerable first time young parents, many of whom are currently receiving targeted and specialist support.

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<sup>16</sup> Health visiting Implementation Plan – A call for action. DoH (2011)

# Vulnerable Adolescents

## Outcome

*We want all young people to be valued, engaged and to realise their full potential.*

Key to this is ensuring that adolescents:

- have access to and are engaged in learning, recreational and social activities in welcoming settings;
- are viewed positively in their communities where they have the opportunity to play full and active part;
- have the opportunity to build their knowledge of education, training and employment opportunities, emotional health, risk taking and relationships.
- are supported in accessing specialist services when they experience difficulties;
- access support if they become parents to ensure that they are able to meet the needs of their children and continue to aspire and achieve;
- have the opportunity to influence the delivery of services; and
- parents and carers have the skills and information to best support in their adolescents in the transition into adulthood.

## ***Addressing needs and issues in Kent***

Outcomes for adolescents can be understood through risks and protective factors which increase positive outcomes<sup>17</sup> including individual attributes and their experiences at school, in their family and community. When protective factors fail, it increases the chances of risk-taking behaviours and other negative outcomes for adolescents.

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<sup>17</sup> Young,blade et al ( 2007) ' Risk and protective factors I the Family , School and Community: A contextual model of Positive Youth Development in Adolescence' Pediatrics 119 547-553

Although it is not possible to attribute certain risk factors to particular outcomes, adolescent services can usefully build protective factors in order to mitigate the likelihood that young people will be negatively affected by risk. Identifying risk factors is a useful way to target services to those young people who need them most and for whom future prognosis is poor. Key groups of adolescents who are particularly vulnerable include:

- young people who are looked after;
- young offenders;
- young people who are affected by parental substance misuse and mental ill health;
- young people who are disengaged from school and training; and
- Young people who are in need and homeless.

### **Education, employment and training**

Analysis shows that there is a need to improve outcomes for all pupils. However there is a gap in attainment between some young people who may be vulnerable (including looked after children) and their peers. The achievement gap at GCSE widens further and we know that persistent absence rates are often higher for these vulnerable groups of young people.<sup>18</sup> Despite improvement for five consecutive years to 4.6%, the *persistent absence* rate in Kent secondary schools is still higher than the average of our statistical neighbours (4.0%) and the national average (4.2%). In order to address these issues Kent County Council is developing a new strategy: 'Raising Aspiration, Supporting Progress, Ensuring Achievement'. This strategy aims to ensure early identification and targeted support for all children and young people who may be vulnerable either short term or long term to not aspiring, progressing and achieving their full potential.

The proportion of young people Not in Education, Employment or Training (NEET) has remained consistently better than the national average. In 2009/10 4.9% of 16-18 year olds were NEET in Kent, compared to 6.4% nationally. Despite pressures from the downturn in the economy, NEET performance for Kent continued to improve during the first quarter of 2011. However falling employment levels have

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<sup>18</sup> CYPP 2008-11 end of plan review, March 2011

impacted on 17 and 18 year olds which now make-up nearly half of the total (47.5% and 46.1%) NEET cohort in Kent, followed by 16 year olds (6.4%). As a consequence, we have commissioned Connexions to provide targeted integrated packages of support to these young people.

### **Positive Activities and Youth work**

Personal relationships with peers, resilience and self esteem can all be built through engagement in positive activities. Approximately two thirds of young people in Kent participate in positive activities. This is slightly lower than found nationally or among statistical neighbours. In Kent we know that we need to ensure greater engagement in positive activities of girls, young people over 14 years, those with SEN, disabilities or who are from low income families.

The vision for youth work in Kent is to support young people through adolescence as they make the transition from childhood to adulthood. A new delivery model is being developed which retains a strong universal service, supplemented by more targeted youth work. The model moves Kent from predominantly in-house provision to one that combines significantly reduced direct delivery by the County Council with extensive commissioning via a range of external providers.

### **Adolescents displaying risk taking behaviours<sup>19</sup>**

#### **Teenage Pregnancy**

Over 1,000 Kent teenagers aged under 18 still become pregnant each year. Following the successful implementation of the Teenage Pregnancy Strategy<sup>20</sup> the most recent under 18 conception data has shown a reduction in Kent's teenage conception rates.

The percentage of young people who report that they receive enough information about how to access advice on relationships has also increased, however we recognise that further preventative work is needed in this area.

#### **Substance misuse**

Analysis<sup>21</sup> indicates that young people who use alcohol are more likely to report poor mental and emotional wellbeing and high levels of disengagement.

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<sup>19</sup> CYPP needs assessment and root causes analysis 2010

<sup>20</sup> Ref

<sup>21</sup> The Children and Young People of Kent Survey

Substance misuse has a strong correlation with age with use amongst older young people being higher. High risk of drug taking is associated with young people who:

- experience family problems;
- feel socially excluded; and
- have a negative relationship with school.

Increasing attention is also being paid to the relationship between ADHD, conduct disorders and other psychological disorders and drug use among young people.

Identifying those young people who are most likely to misuse drugs and alcohol and enabling them to be assessed and access interventions from a range of integrated services is therefore crucial.

Many parents also reported the need for more in-depth information and education on the effects of substance misuse, to discourage more young people from becoming involved and to help parents identify signs in their children that could indicate risk-taking behaviour.

### **Looked After Young People**

The proportion of children that are looked after by KCC has continued to increase.<sup>22</sup> And the proportion of 14 to 15 years olds entering care has significantly increased. 40% of LAC are teenagers, 21% are 13 to 15 years and 19% are 16 to 17 years of age.<sup>23</sup> The Ofsted Improvement notice included a number of targets that focus on LAC and through the Improvement Plan, actions are underway which include improving placement stability and education and health outcomes.<sup>24</sup>

At present there is no distinct specialist adolescent provision. Whilst KCC commissions a 16+ (and Care Leavers) service from Catch 22, we know that young people frequently experience problems earlier in adolescence and we have limited specialist skills to respond rapidly to their needs. We believe that this has significantly contributed to the high numbers of adolescents entering the care system and is something that must be addressed.

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<sup>22</sup> Ofsted Improvement Plan Monthly Performance Report, May 2011

<sup>23</sup> Adolescent Strategy Scoping Report 2011

<sup>24</sup> Putting Children First Improvement and Development Plan

## **Housing**

A high proportion of single homeless people in Kent have been identified as young people, and young people are one of the priority client groups under homelessness legislation. As a result, numbers of young people being housed has increased. Many of those young people are vulnerable and in need of support and it is recognised that there is shortage of suitable housing for disabled young people<sup>25</sup>. The Southwark Judgement (2009) has also led to an increase in the number of young people aged 16-17 who become LAC due to homelessness.<sup>26</sup>

The Supporting People Programme is taking forward the strategic objectives of partners across Kent to enable vulnerable people to maintain their housing situation, manage their finances, acquire independent living skills and stay safe. The Supporting People Strategy 2010-15 identifies young people at risk as the priority for new service provision and is planning to expand existing provision which will also benefit young people leaving care. More broadly, the Kent & Medway Housing Strategy delivery plan includes specific actions relating to housing needs of young people.

### **Priorities for Action**

- To establish a rapid response service for adolescents and their families who are in crisis situations. This should include peripatetic workers and the use of “crash pad” facilities, and will form part of the new integrated high level family support services, (See High Need Families section).
- To review all adolescent resources, including the commissioning arrangements for the 16+ service currently delivered by Catch 22, in order to ensure that we have expertise and services targeted to a broader age group.
- To develop and implement the Raising Aspiration, Supporting Progress, Ensuring Achievement Strategy.
- To ensure that the current re-commissioning of early intervention and prevention services includes a focus on vulnerable adolescents.
- To transform youth services through the new commissioning model to retain a strong universal focus at the same time as

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<sup>25</sup> CYPP 2008-11 end of plan review, March 2011

<sup>26</sup> Adolescent Strategy Scoping Report 2011

establishing more integrated targeted support for vulnerable adolescents.

- To undertake further work across the partnership with housing providers to develop a housing and accommodation strategy that ensures suitable provision is available to meet the needs of vulnerable 16 and 17 year olds (including those who are homeless and care leavers).

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# Emotional health and wellbeing

## **Outcome**

*We want children and young people to enjoy good emotional health, and have access to relevant information and support.*

Key to this is ensuring that:

- children and young people can access support at the earliest possible stage, from the most appropriate service.
- families and schools promote positive mental health, reduce risk, and build resilience.
- needs led services are responsive, accessible and effective; and

## **Addressing needs and issues in Kent**

National figures indicate that approximately 10% of children will experience mental health problems at some point. This equates to approximately 35,000 children and young people in Kent who may require some form of emotional well-being and mental health service during their childhood.

The recent Ofsted inspection of the Local Authority and Care Quality Commission (CQC) inspection of health services highlighted some significant shortfalls in meeting the needs of children and young people with emotional health problems. Most significantly a lack of emotional wellbeing services, resulting in inappropriate demand on specialist services.

In addition a lack of mental health services for 16 and 17 year olds was identified particularly in West Kent. The inspection also highlighted the need to improve access to specialist CAMHS for Looked After Children. These inspections combined with a recent CAMHS National Support Team (NST) review further identified that:

- there was a lack of early intervention services targeted at those in greatest need;
- services vary across the county resulting in a lack of equality of access;

- CAMHS waiting times exceed national requirements and children and young people wait too long for a service;
- there was a lack of services targeted for those groups identified as vulnerable to developing significant mental health issues;
- there was a lack of involvement of children, young people and their families; and
- further work was required to ensure that children's needs are being met.

The NST concluded that a whole system re-design was required to address these issues. Action is now being taken to ensure the improvement required through the CAMHS Action Plan and the Ofsted Improvement Plan. This work has included:

- the re-alignment of £2.4m commissioned spend which is now being used to procure early intervention and preventative services, based on need;
- the development of common access points (CAP) across all areas of the county to improve ease of access to the right service.
- a focus on reducing waiting times
- a re-designed emotional well-being and community CAMHS model which is currently in the process of being commissioned;
- consultation with children, young people and families and their engagement in the re-commissioning process;
- the prioritisation of looked after children in specialist services; and
- £750K investment from the NHS to improve access and treatment for 16 and 17 year olds.

### ***Priorities for Action***

- To align commissioning processes and budgets across Kent County Council and the NHS.
- To re-commission emotional well-being, early intervention and preventative services.

- To commission and implement the new emotional well-being and community CAMH service with a clear focus on vulnerable groups.
- To re-design services for Looked After Children within the overall community model.
- To improve partnership working through a revised multi-agency CAMHS strategy and implementation group.

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# Disabled children, young people and their families.

## **Outcome**

We want disabled children, young people and their families to take an active role in developing their own life plans, shaping flexible and responsive services to meet their aspirations<sup>27</sup>.

Key to this is ensuring that:

- information about services is readily available to disabled children, young people and their families;
- Universal and targeted services are accessible to disabled children and young people with less complex needs;
- specialist services are targeted to those with severe and more complex levels of need;
- disabled children, young people and their families are supported through a range of provision, including short break services; and
- disabled young people are supported in their transition to adulthood and enabled to realise their potential and aspirations.

## **Addressing needs and issues in Kent**

Nationally the number of disabled children and young people increased by 62% between 1975 and 2002. There are also increased numbers of children with severe and complex needs. This is due in part to population increases, but also to medical advances and increased diagnosis and reporting. In Kent Disability Living Allowance information tells us that there are 11,490 children and young people aged between 0-18 with a disability. Swale and Thanet, the two most deprived districts in Kent, also have the greatest number of disabled children and young people.<sup>28</sup> We also know that under the wider

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<sup>27</sup> Adapted from Kent children's Trust Strategy for Disabled Children, young people and their parents / carers, 2010-2013

<sup>28</sup> Taken from Disability Living Allowance figures for July 2011.

definition of disability approximately 7% of the child population will be disabled. This correlates to the percentage of children and young people identified in schools at school action plus and statutory levels.

From consultation<sup>29</sup> we know that disabled children, young people and their families want:

- clear and accessible information from a single source;
- clearly signposted services;
- co-ordinated support from knowledgeable and trained professionals;
- information-sharing protocols which ensure a seamless continuum of support; and
- responsive and proactive support close to home.

The Kent Children's Trust Strategy for disabled children, young people and their parents / carers (2010) identifies seven outcomes we hope to achieve, two of which include a clear focus on early intervention and prevention:

- ensuring equality of access to appropriate services, including short break provision; and
- providing families with the opportunity to receive services within their local community, wherever possible.

We have already seen a number of improvements, which include a dramatically increased number of disabled children whose families are receiving Direct Payments (a rise of 478 in the last four years to a current figure of almost 700). This has enabled families to have greater choice and control over the support for their children. Investment in short breaks through "Aiming High for Disabled Children" has also resulted in significantly increased short break provision, with five times more children receiving a short break over the year 2010-2011 when compared to 2007-2008. It has also resulted in improved support for young people in transition into adulthood.

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<sup>29</sup> Kent Strategy for Disabled Children, Young People and their Parents /Carers 2010 - 2013

Despite these successes we recognise that disabled children and young people are included in all priority groups identified within this strategy and that we need to continue to further develop our services, within the resources available, and to work in partnership across universal and targeted services to ensure that the needs of disabled children are addressed at the earliest possible stage.

### ***Priorities for Action***

- To implement the commissioning framework for disabled children and young people. This needs to ensure the development of positive activities and that targeted service provision is meeting need and reducing the requirement for specialist intervention.
- To ensure services involve disabled children, young people and their families in the commissioning of new services.

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# Implementation, Monitoring and Evaluation

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This strategy has set out the key objectives and priority areas for action to improve early intervention and prevention in Kent. We recognise that this strategy has to be flexible in order to respond to the considerable change taking place across Kent. The priority areas for action are therefore embedded in our Phase Two Improvement Plan and will be addressed through annual action plans, which will ensure continuous improvement and allow us to respond to emerging information. The development of the action plan for 2011-2012 is now underway, and will include clear monitoring and reporting arrangements for each of the key actions, with clarity about accountability and reporting arrangements.

This strategy identifies how resources need to be re-focussed in order to meet the needs of vulnerable children more effectively. It must be built upon strong partnership arrangements and the alignment of joint commissioning arrangements. The focus is on reducing current high numbers of children receiving specialist services but in the longer term it is the effectiveness of universal services for all children and families that will have the greatest impact on outcomes for children in Kent.

Partnership arrangements in Kent are evolving to meet future demands and priorities and, in common with the majority of other local authorities, our Children's Trust strategic arrangements are changing to focus on joint commissioning and will need to work closely with the Kent Safeguarding Children Board and our evolving Health and Wellbeing Board and "Tackling Disadvantage" Ambition Board. It is therefore intended that reporting on this Strategy will be to the new Children & Young People's Joint Commissioning Board in order to provide oversight and synergy across work taking place in all agencies. Implementing the Strategy will also be built into the next phase of the Kent Safeguarding and Looked After Children Improvement Plan, which is robustly monitored by both the external Improvement Board and the County Council.

This strategy has been informed by key information and data available from a range of agencies and services. It is, however, acknowledged that further analysis in some areas would further inform developments

required and better targeting of resources. Key work which is currently taking place to enable this includes:

- new commissioning and monitoring arrangements for a voluntary sector framework contract for the delivery of Early Intervention & Prevention services;
- analysis of Common Assessment Framework referrals, operation of Team Around the Child responses and investigation of outcomes, providing further information about need; and
- analysis of Children in Need cases and support arrangements when transferring cases to preventative services.

This will be included within the developing 2011-12 implementation plan. There is also a need to explore and accordingly develop and revise existing procedures and practice that cut across all priority areas in the strategy, in particular:

- quality assurance and performance management;
- workforce planning and development;
- partnership protocols and arrangements;
- communication of the strategy;
- joint commissioning arrangements; and
- stakeholder engagement.

The implementation plan will incorporate these and other tools that are needed to underpin and regulate how the strategy is implemented.

## Appendix I

### Summary of Priorities for Action

- To ensure that new Early Intervention and Prevention commissioned services focus on the priority areas identified in this strategy.
- To further develop and improve the CAF and TAC approach, and ensure we are commissioning appropriate services to address unmet need and improve outcomes. This will be based on the current analysis of CAF and TAC plans to date.
- To develop the planned Central Referral Unit so that it is able to respond to initial contacts and referrals quickly and effectively to ensure a responsive service at the most appropriate level.
- To work in partnership to ensure that there is early identification of safeguarding issues and the provision of appropriate support for children and their families, thus preventing problems escalating and the need for targeted intervention. This will include: a more robust and evidence based approach to the commissioning of prevention and early intervention services; the provision of targeted evidence based parenting programmes; and strategic commissioning of parenting capacity assessments, resulting in greater efficiency and value for money.
- To ensure that Child Protection Plans lead to lasting improved child safety and wellbeing. Action will be informed by the current analysis of those children and young people who are subject to CP Plans in excess of 18 months.
- To agree the YOS Improvement Plan with the County Youth Justice Board in order to implement the improvements required, and to ensure there is an early intervention and prevention focus.
- To commission integrated high level family support services which include a rapid response element, use of peripatetic staff and also utilise evidence-based parenting programmes.
- To develop and implement a Family CAF and Team Around the Family (TAF) approach with adult services and other agencies. In the short term we will pool our resources with partners to identify high cost/high need families and put in place a team around the family with an identified lead professional.

- To learn from our current work with families with complex needs (Community Budgets) to inform our overall approach to supporting high need families.
- To implement the Children's Centre commissioning framework in order to address the needs of children and their families and to target support to those in greatest need
- To improve the health of babies and young children aged 0-5 through delivery of the Healthy Child Programme.
- To ensure effective roll out of Family Nurse Partnerships, building on the initial work undertaken in Thanet and Swale, which addresses the needs of the most vulnerable first time young parents, many of whom are currently receiving targeted and specialist support.
- To establish a rapid response service for adolescents and their families who are in crisis situations. This should include peripatetic workers and the use of "crash pad" facilities, and will form part of the new integrated high level family support services, (See High Need Families section).
- To review all adolescent resources, including the commissioning arrangements for the 16+ service currently delivered by Catch 22, in order to ensure that we have expertise and services targeted to a broader age group.
- To develop and implement the Raising Aspiration, Supporting Progress, Ensuring Achievement Strategy.
- To transform youth services through the new commissioning model to retain a strong universal focus at the same time as establishing more integrated targeted support for vulnerable adolescents.
- To undertake further work across the partnership with housing providers to develop a housing and accommodation strategy that ensures suitable provision is available to meet the needs of vulnerable 16 and 17 year olds (including those who are homeless and care leavers).
- To align CAMHS commissioning processes and budgets across Kent County Council and the NHS.
- To re-commission emotional well-being, early intervention and preventative services.

- To commission and implement the new emotional well-being and community CAMH service with a clear focus on vulnerable groups.
- To re-design CAMHS services for Looked After Children within the overall community model.
- To improve partnership working through a revised multi-agency CAMHS strategy and implementation group.
- To implement the commissioning framework for disabled children and young people. This needs to ensure the development of positive activities and that targeted service provision is meeting need and reducing the requirement for specialist intervention.
- To ensure services involve disabled children, young people and their families in the commissioning of new services.

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**Vision for Kent 2011 -2021**

**Kent CYP Strategic Planning Framework 2011 - 2014**

**EIP Strategy Priorities 2011- 2014**

<b>Safeguarding</b>	<b>Emotional and Mental Health</b>	<b>High Need Families</b>	<b>Supporting our Vulnerable Adolescents</b>	<b>Early Health and Early Years</b>	<b>Supporting disabled children, young people and their families</b>
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**Key Strategies**

<b>'Putting Children First' Improvement and Development Plan</b>					
<b>Family Poverty Strategy (developing)</b>					
<b>"Raising Aspiration, Supporting Progress, Ensuring Achievement" (Narrowing the Gap Strategy – developing)</b>					
<b>Adolescent Strategy</b>		<b>Adolescent Strategy (developing)</b>			
<b>Kent Hidden Harm Strategy 2010-2013</b>					

**Supporting Partnership Strategies that are lead by KCC**

<ul style="list-style-type: none"> <li>• Kent and Medway Inter-agency Threshold Criteria</li> <li>• Kent Pledge for Children in Care</li> <li>• KSCB Annual safeguarding report</li> <li>• Strategy for Supporting Parents in Kent</li> </ul>		<ul style="list-style-type: none"> <li>• Strategy for Supporting Parents in Kent</li> <li>• Kent Alcohol Strategy</li> <li>• Kent Supporting People Strategy 2010-2015</li> <li>• Community Budgets</li> <li>• Kent Approach to Literacy and Reading</li> <li>• The Kent Children's Trust Parents Charter</li> </ul>	<ul style="list-style-type: none"> <li>• Kent Supporting People Strategy 2010-2015</li> <li>• Kent Pledge for Children in Care</li> <li>• Kent Alcohol Strategy</li> <li>• Kent Youth Justice Strategic Plan</li> <li>• Kent Teenage Pregnancy Strategy</li> <li>• Kent Apprenticeship Strategy 2011-2014</li> <li>• 14-19 Strategic Framework 2010-2014</li> <li>• Participation Framework</li> </ul>	<ul style="list-style-type: none"> <li>• Community Budgets</li> </ul>	<ul style="list-style-type: none"> <li>• Kent Transition Protocols 'Supporting disabled young people from adolescence to adulthood'</li> <li>• Every Disabled Child Matters</li> <li>• Aiming High for Disabled Children</li> </ul>
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**Supporting Partnership Strategies that ae lead by KCC's Partners**

	<ul style="list-style-type: none"> <li>• NST action plan</li> <li>• Live it well - Kent and Medway Mental Health Strategy</li> <li>• Joint Kent CAMHS Commissioning Strategy</li> <li>• DoH You're welcome quality criteria making health services young people friendly.</li> </ul>	<ul style="list-style-type: none"> <li>• Kent Tobacco Control Strategy 2010-2014</li> <li>• Active Lives Now</li> <li>• NHS World Class Commissioning</li> <li>• Children and Young People Strategy 2011-2014 Partnerships and Communities (Kent Police and Kent Police Authority)</li> </ul>	<ul style="list-style-type: none"> <li>• Kent and Medway Housing Strategy</li> <li>• Joint protocol to address the needs of homeless young people needs of homeless young people aged 16 to 21 in Kent</li> <li>• Kent Tobacco Control Strategy 2010-2014</li> <li>• DoH You're welcome quality criteria making health services young people friendly.</li> <li>• Children and Young People Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy Child Programme</li> <li>• Health Visitor Implementation Plan 2011/15 and the Family Nurse Partnerships</li> <li>• "Right to Play" Kent Play Strategy (developing)</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Kent and Medway Domestic Abuse Strategy 2010-2013</li> </ul>	2011-2014 Partnerships and Communities (Kent Police and Kent Police Authority)		
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**Appendix II - Plans and Strategies that underpin the delivery of the Early Intervention and Prevention Strategy 2011-2014**

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By: Jenny Whittle - Cabinet Member for Specialist Children's Services  
Malcolm Newsam - Interim Director, Families and Social Care

To: Specialist Children's Services Policy Overview and Scrutiny  
Committee - 17 November 2011

Subject: **KENT SAFEGUARDING CHILDREN BOARD - OVERVIEW  
UPDATE REPORT (2011)**

Classification: Unrestricted

Summary:

Provides Members with an overview of the work undertaken by the Board since the October 2010, Ofsted inspection. It highlights the remaining challenges and risks for effective scrutiny of partnership safeguarding activity across Kent.

1. (1) In previous years the Kent Safeguarding Children Board's (KSCB) Annual Report was reported to the autumn cycle of the POSC and then to County Council. Following the changes introduced after the 2010 Ofsted inspection it was agreed, by the new independent chair of the KSCB, that the report would be prepared for the end of the year. Consequently the full annual report will be reported to the POSC on 17 January 2012.

(2) Attached, as an appendix, is an interim report which provides an overview of the work since the Ofsted inspection.

**Recommendations**

2. (1) The Specialist Children's Services Policy Overview and Scrutiny Committee is asked to:

- (a) NOTE the progress that has been made since the inspection and challenges that remain in relation to quality assurance, project management and business planning
- (b) COMMENT ON the attached Overview update report.

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Interim Corporate Director Families & Social Care  
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*Background documents:*

Appendix A: KSCB Overview Update Report (2011)

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# **Kent Safeguarding Children Board**

## **Overview update report (2011)**

## Introduction

An announced inspection of safeguarding and looked after children services took place in Kent between 11-22 October 2010. The inspection concluded that the overall effectiveness of safeguarding services in Kent was inadequate and that capacity for improvement was inadequate. It concluded that the overall effectiveness of services for looked after children were also inadequate, while the capacity for improvement in this area was considered adequate.

The inspection identified concerns regarding a lack of effective partnership working in Kent, including a *“serious lack of concerted action by the partnership to address the disjointed arrangements between child protection services and other key services”*.

The inspection report also identified concerns regarding the effectiveness of the Kent Safeguarding Children Board. The report identified the need for improvements in respect of non-compliance with statutory guidance with not all agencies represented on the Board, work needed to re-align missing children guidance to clarify thresholds and most importantly to develop an effective quality assurance framework.

Ofsted’s judgement that the overall effectiveness of safeguarding services in Kent was inadequate and that capacity for improvement was inadequate was a significant issue for the Safeguarding Board. The Board had identified concerns regarding multi-agency working and safeguarding practice across Kent prior to Ofsted’s inspection, but had not been effective in challenging this and effecting change in the partnership to improve outcomes in respect of child protection practice.

This was of concern for the KSCB and its partners. The Board was determined to address the failures identified in the inspection report, but most importantly to strengthen its scrutiny function in order to ensure that in future safeguarding activity undertaken by partner agencies is of a good standard and contributes towards improved outcomes for Kent’s vulnerable children.

## Purpose of Report

This report aims to provide an overview of the work undertaken in the current reporting year subsequent to the inspection and not therefore reflected in the 2010-11 Annual Report. It also goes on to highlight the remaining challenges and risks for effective scrutiny of partnership safeguarding activity across Kent.

## Actions taken in response to the inspection

In response to the inspection findings there was a significant and focussed response across the partnership. A Safeguarding Improvement Board was established to respond to an Improvement notice issued by the Minister of State for Children and Families, with an External Independent Chair (Liz Raillton), underpinned by a Multi-agency Improvement Plan. The Plan is scrutinised by the Board at a monthly meeting, attended by partners and also by the DfE to oversee progress, and to monitor improvements in-line with the Improvement Plan. The Improvement Board expects to see improvements taking place in line with the actions and timescales laid out in the improvement plan and monitors to see that consistent progress has been made. The Independent Chair of the KSCB, appointed in April 2011, Maggie Blyth, is a member of the Improvement Board to ensure that there is KSCB input into the scrutiny and development of the Safeguarding Improvement Programme at all points.

## ***Securing more meaningful engagement from partners***

The new Independent Chair, Maggie Blyth, has moved quickly to strengthen the Board and there has been progress in consolidating the safeguarding partnership. Following recommendations from an independent review completed by Alan Simpson on 30 June 2011, KSCB has clarified its membership across the partnership with due consideration given to the size and complexity of Kent.

On July 15 2011, the full Board of KSCB endorsed the independent review. It confirmed the membership of a streamlined Board, supported by a number of sub groups leading on key work streams. Oversight of KSCB is through a small strategic executive, with close alignment to membership of the Improvement Board. The new arrangements clarify statutory representation from the health and education sectors. They also include 2 lay persons and a representation from the voluntary sector through Kent Children's Fund Network.

The small Executive has representation at Director level from children's social services, education, health, police, probation and the lead member for children as participant observer.

New Subgroup chairs, have been appointed from the Executive and are now held responsible for delivery of KSCB work plans and implementing the strategic priorities of KSCB:

- Serious Case Review Sub Group - Director of Kent Probation
- Learning and Development Sub Group - Chief Executive Connexions Kent
- Policy and Practice Sub Group - Superintendent Kent Police
- Quality and Effectiveness Sub Group - Managing Director, West Kent CHT
- Health Safeguarding Group - Director of Nursing and Quality, NHS Kent & Medway
- Education Safeguarding Group - Director of Education

Revised eligibility criteria for universal, targeted and specialist services were agreed by KSCB in May 2011. The new guidance sets out clear thresholds and criteria for access to children's social care which ensure that children at risk of harm receive appropriate intervention to minimise risk and that these thresholds and criteria are implemented by all partners and agencies across the County.

All partners signed up to ensuring that their staff were conversant with eligibility criteria and to providing appropriate levels of referral information. Staff from all agencies engaged in the launch of the eligibility criteria to secure understanding of thresholds, eligibility and assessment processes (Including linkage with CAF) through over 30 multi-agency, localised workshops delivered between May and July 2011. Work is now underway to analyse whether this has led to fewer inappropriate referrals to Specialist Children's Services, including a multi-agency audit planned for November 2011.

The multi agency audit will be completed in November 2011 and findings taken to both the KSCB executive in December 2011 and the February 2012 full Board.

## **Review the child protection process to ensure that professionals are properly prepared and service user confidence is restored**

The OFSTED inspection set Kent the challenge of dramatically improving its child protection conference system to improve outcomes for children within tight timescales for change. In response to the findings, significant work has been undertaken (from within Specialist Children's Services and the KSCB) to review and make improvements to the child protection process.

Work to date has included:

- Focus groups have been held with partners regarding the current child protection conference process.
- Child protection processes have been changed and procedures amended, including templates for reports, agendas, minutes and plans. An increase focus onto analysis and decisions making. Core group are now held immediately after the conference so that families, children and professionals all leave the meeting clear about what happens next and what their part is in that change process.
- Improved engagement of families to enable them to contribute to plans regarding their children and getting their views on how best to help them.
- Partners now have access to a secure email account in Children Specialist Services (CSS) to send copies of reports prior to conference.
- Training programme devised to support the amended processes as part of the multi-agency training programme

## ***Strengthening the Board's scrutiny function***

KSCB has strengthened its approach to performance management by developing a shared dataset (with the support of an external consultant through C4EO), placing clearer demands on agencies for more effective performance analysis and by introducing a new multi-agency performance framework and operational framework. Work has also been undertaken to strengthen the Quality and Effectiveness Sub Group and training has been provided to this group. This focus is also reflected in the Kent Improvement Plan.

A focus of much activity over recent months has been the development of the audit plan, to include an audit of thresholds in November 2011, led by an external consultant, linked to the work being undertaken by the C4EO consultant through the Improvement Board. A new audit programme has been developed, including audit tools, and work is underway to train the audit team to ensure the multi-agency group is able to provide a robust scrutiny function. Further work planned includes an audit of child protection planning in Spring 2012.

In order to support the more rigorous performance and scrutiny function of the Board, a decision was reached to increase capacity for this task and recruitment of a performance analyst is under way and this person will be in post by January 2012.

## **Issues or risks**

The Independent Chair of KSCB reported to the August 2011 Improvement Board and highlighted two key remaining areas of risk for KSCB.

### **Performance management and quality assurance**

Although the Board has undertaken significant work to strengthen its performance management and scrutiny function, there has been insufficient capacity within the Business Unit to ensure effective analysis of the information. Additional support has been provided from within the Council's Safeguarding Unit and Management Information Unit, but there remains a need to increase capacity within the Business Unit's own resources to ensure the new approach to performance management is embedded and driven forward. This exposes the strategic partnership across the county to some risks until the performance analyst is in post, and will require the ongoing commitment of resources from within the Council to ensure momentum is maintained.

### **Project Management and Business Planning**

The configuration of the KSCB Business Unit was determined in line with the development of other LSCBs across the country in 2006 and is arguably now outdated. In order to become a credible and forceful scrutiny body in Kent, it is vital that the support structures have sufficient project management and business planning expertise. Work has now been completed to secure project management capacity within the Unit to address this deficit.

A financial review of the KSCB infrastructure is currently underway with a plan for the recommendations to be reported to the KSCB Executive by December 2011, for implementation in early 2012.

With new changes to Working Together expected by the end of 2011, the establishment of the Shadow Health and Wellbeing Board and the need to provide scrutiny of the delivery of the Kent Improvement Plan it is imperative that KSCB has robust support structures in place.

### **Conclusion**

There has been substantial activity to improve the safeguarding service, and improvements to safeguarding services have been noted across the partnership, although it is recognised that sustained action will continue to be needed to ensure that the improvement journey continues.

Penny Davies  
Kent Safeguarding Children Board Manager  
19<sup>th</sup> October 2011

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By: Jenny Whittle - Cabinet Member for Specialist Children's Services

Malcolm Newsam - Interim Director, Families and Social Care

To: Specialist Children's Services Policy Overview and Scrutiny Committee - 17 November 2011

Subject: **ANNUAL UNANNOUNCED INSPECTION OF CONTACT, REFERRAL AND ASSESSMENT ARRANGEMENTS IN CHILDREN'S SERVICES**

Classification: Unrestricted

Summary:

Informs Members of the findings of the recent Ofsted inspection.

1. (1) On the 11 and 12 October 2011, Ofsted undertook their latest unannounced inspection of the contact, referral and assessment arrangements in the Specialist Children's Service in Kent.

(2) This inspection notes the significant progress made since the last inspection. Inspectors found that the areas identified as requiring action in the previous inspections in August and in November 2010 have been tackled. The report also highlights areas where further development is needed. The summary of the Inspectors' findings are attached as Appendix A.

### **Recommendations**

2. (1) The Specialist Children's Services Policy Overview and Scrutiny Committee is asked to:

- (a) NOTE the findings of the recent Ofsted inspection.
- (b) COMMENT ON the areas where further development is required.

Malcolm Newsam  
Interim Corporate Director Families & Social Care  
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#### *Background documents:*

Appendix A: Ofsted letter, 9 Nov - Annual unannounced inspection of contact, referral and assessment arrangements within Kent County Council children's services

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9 November 2011

Mr Malcolm Newsam  
Interim Corporate Director of Families and Social Care  
Kent County Council  
Sessions House  
County Hall  
Maidstone  
Kent  
ME14 1XQ

Dear Mr Newsam

**Annual unannounced inspection of contact, referral and assessment arrangements within Kent County Council children's services**

This letter summarises the findings of the recent unannounced inspection of contact, referral and assessment arrangements within local authority children's services in Kent County Council which was conducted on 11 and 12 October 2011. The inspection was carried out under section 138 of the Education and Inspections Act 2006. It will contribute to the annual review of the performance of the authority's children's services, for which Ofsted will award a rating later in the year. I would like to thank all of the staff we met for their assistance in undertaking this inspection.

The inspection sampled the quality and effectiveness of contact, referral and assessment arrangements and their impact on minimising any child abuse and neglect. Inspectors considered a range of evidence, including: electronic case records; supervision files and notes; observation of social workers and senior practitioners undertaking referral and assessment duties; and other information provided by staff and managers. Inspectors also spoke to a range of staff including managers, social workers, other practitioners and administrative staff.

The inspection identified areas of practice that met requirements, with some areas for development.

All areas for development identified at the previous inspection of contact, referral and assessment arrangements in August 2010 have been tackled and most have improved to a satisfactory standard, although many are yet to be consolidated. Some areas require further development, in particular: sustaining improved timeliness of assessments; ensuring that assessments are of an appropriate quality; and management oversight of casework.

The area for priority action identified at the inspection of contact, referral and assessment arrangements in August 2010 has been addressed. The recommendations from the safeguarding and looked after children inspection in

November 2010 which related to contact, referral and assessment services have also been addressed.

From the evidence gathered, the following features of the service were identified:

**The service meets the requirements of statutory guidance in the following areas**

- Children in need of protection receive a timely assessment of risks and needs. Assessments are conducted by suitably qualified and experienced social workers. This was an area for priority action at the last inspection.
- Thresholds for access to children’s social care services are clear. Satisfactory action has been taken to ensure that partner agencies are familiar with these thresholds. This enables referrals to be appropriate and clear and makes better use of early intervention through the common assessment framework.
- The recent introduction of a central referral team for the county has improved responsiveness and has resulted in a reduction in referrals to social care services which could be dealt with more suitably by universal or community based services.
- All child protection cases are allocated. Significant progress has been made to reduce the level of unallocated cases. As a result there are a small number of unallocated children in need cases at the time of this inspection, and these are suitably overseen by managers.
- Children are routinely seen within assessments and their views are recorded and taken into account in case planning. The diverse needs of children are satisfactorily identified and addressed in assessments.
- Children’s records are appropriately stored and records seen were sufficiently detailed and up to date. This was an area for development at the previous inspection.
- Appropriate action has been taken by managers, since the last inspection, to ensure that cases which do not require ongoing social work assessment or intervention are promptly closed, and those that do are actively case managed.
- Significant progress has been made in workforce planning and in the recruitment and retention of staff. As a result caseloads have been reduced to manageable levels.
- Staff have access to relevant training opportunities. They receive regular supervision from managers and have ready access to them for advice and direction in case planning.
- Effective arrangements are in place to ensure prompt transfer within social care services of cases requiring support following assessment.

- Effective arrangements for communication between the emergency duty service and the referral and assessment service are well established.
- Robust management information systems have been developed since the previous inspection and are appropriately used by managers to identify and respond to casework and service development issues.

### **Areas for development**

- Significant progress has been made to improve the timeliness of assessments since the last inspection, through temporary additional staffing assigned to reduce the extensive backlog. As a result the timeliness in recent months has improved to be in line with or better than those of comparator authorities and national levels. However, this improvement has yet to be sustained and when aggregated over the year the timeliness of core assessments remains low. This was an area for development at the previous inspection.
- Positive action has been taken to improve the quality of assessments. Most assessments seen in this inspection were of a satisfactory quality. However the quality of analysis in assessments is still too variable, with some lacking sufficient focus on key risk factors. This was an area for development at the previous inspection.
- Whilst management oversight is clearly evident in decision making and case planning, the recording of the reasons for management decisions and directions in case planning is not sufficiently explicit in some cases. This was an area for development at the previous inspection.
- Changes made to the information and recording systems since the last inspection have improved management information and case recording. However the current system remains inefficient. The council recognises this and is commissioning a new system to address the issues.
- The recently introduced audit framework requires managers to routinely audit cases. However this activity is not yet sufficiently embedded to enable the learning from these to systematically shape service delivery.

Any areas for development identified above will be specifically considered in any future inspection of services to safeguard children within your area.

Yours sincerely

**Pietro Battista**  
**Her Majesty's Inspector**

Copy: Katherine Kerswell, Chief Executive, Kent County Council  
 Andrew Spencer, Department for Education

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By: Jenny Whittle - Cabinet Member for Specialist Children's Services

Malcolm Newsam - Interim Director, Families and Social Care

To: Specialist Children's Services Policy Overview and Scrutiny Committee – 17 November 2011

Subject: **SPECIALIST CHILDREN'S SERVICES BUDGET FORECAST REPORT 2011/12**

Classification: Unrestricted

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Summary: A report on the updated Quarter 1 forecast outturn & savings position against the budget for the Specialist Children's Services of the Families & Social Care Directorate.

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## Introduction

1. (1) This is the third report for 2011-12 to this Committee detailing the initial forecast outturn against budget for the Specialist Children's Services element of the Families & Social Care Directorate.

## Background

2. (1) Policy Overview and Scrutiny Committees consider the draft Medium Term Financial Plan at their November and January meetings. To enable a more informed discussion, three reports will be presented to the Committee on a regular basis:

a) **Budget Monitoring reports**

A detailed quarterly budget monitoring report is presented to Cabinet, usually in September, December and March, and a draft final outturn report in June. A report for each directorate is annexed to the summary report, and the annex for the Specialist Children's Services will be presented to this Committee at the meetings following those Cabinet meetings. This will help inform this POSC about current trends, pressures and management actions in advance of the next year's budget setting

b) **Performance data**

This will be reported at least half-yearly to this Committee.

c) **Outturn report**

Effectively an amalgam of the above two, the outturn report will summarise both the financial and performance information for the whole of the preceding year

(2) Informed by these reports, the POSCs will be in a stronger position to question and comment on the future budget and medium term proposals, as they will be asked to do at the November and January meetings.

### **Budget Informal Members Group**

3. (1) A Budget IMG was held during September 2011 to discuss and consider future Budget and MTP proposals prior to the Cabinet meeting held in September.

### **Full Monitoring report for the First Quarter**

4. (1) The revenue monitoring exception report for Specialist Children's Services was presented to Cabinet in October; this indicated an overall revenue over spend of £8.812m, which is an increase in over spend of £0.034m in the forecast submitted in the first quarter's full monitoring of £8.778m.

(2) The revenue over spend breaks down as follows:

Looked After-Residential Care/Fostering (inc Legal)	+£6.174m
Early Years	-£0.600m
Leaving Care-16+Service (Catch 22)	+£0.708m
Adoption	+£0.388m
Other Preventative Services	-£0.591m
Assessment of Vulnerable Children (inc Ind Supp)	+£1.976m
Directorate Mgmt & Support	+£0.088m
Safeguarding	-£0.063m
Asylum Seekers	+£0.732m
<b>Total</b>	<b>+£8.812m</b>

(3) The forecast over spend on this portfolio has increased by £0.034m this month from £8.778m to £8.812m. The movements over £0.100m this month are:

- +£0.489m Fostering – an increase in the pressure from £4.258m to £4.747m, mainly due to a £0.466m increase in expected costs from Legal Services for ongoing care proceedings.
- -£0.188m Other Preventative Services – an increase in the underspend from £0.403m to £0.591m, mainly as a result of a significant reduction in service usage of the Link Placement Scheme. The service is currently under review.
- +£0.365m Residential Children's Services – an increase in the pressure from £1.065m to £1.430m is in the main due to three new placements, extensions to six existing placements, and

placement moves for two children which have resulted in higher costs.

- -£0.188m Safeguarding – a reduction from a pressure of £0.125m to an underspend of £0.063m, mainly as a result of £0.281m of contributions from Partners of the Safeguarding Board, slightly offset by £0.093m of Safeguarding recruitment costs.
- -£0.353m Assessment of Vulnerable Children – a reduction in the pressure from £2.236m to £1.883m as a result of a reduction from the original forecast for additional agency staff costs because the expectation is that social workers will be appointed and agency staff will no longer be required. However, due to the Ofsted inspection, there is a great deal of change in this service, making forecasting difficult and potentially volatile at the present time.

(4) This forecast assumes all but £1.150m of savings identified within the Medium Term Plan will be achieved. The achievement of these savings are pivotal to the delivery of an efficiently managed budget. Robust monitoring arrangements are in place on a monthly basis to ensure that forecasts are closely monitored and where necessary challenged.

(5) The main areas to note within the latest position are:

- £1.150m of savings are still assumed red within the latest forecast in relation to the following:

	£'m
Children's High Cost Placements	0.750
Out of County Placements	0.400
<b>Total</b>	<b>1.150</b>

(6) The capital monitoring exception report for Children's Specialist Services was also presented to Cabinet in October; this indicated an overall movement of +£0.211m, broken down as follows:

- Quarryfields/Aldington Eco Centre (formerly Schools Self Funded) (+£0.211m, real variance): the development of the Aldington Eco Centre is a partnership project with Aldington and Bonnington Parish Council and Ashford Borough Council. Their contribution to the project was the provision of land free of charge and councillors support. Our contribution is the erection of the building and landscaping which is to be met from revenue.

## **Recommendations**

5. (1) Members of the Specialist Children's Services Policy Overview & Scrutiny Committee are asked to:

- (a) NOTE the latest monitoring position for revenue, capital and savings

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*Background Documents:*  
Cabinet Exception Report 17 October 2011

By: Jenny Whittle - Cabinet Member for Specialist Children's Services  
 Malcolm Newsam - Interim Director, Families and Social Care

To: Specialist Children's Services Policy Overview and Scrutiny  
 Committee – 17 November 2011

Subject: **REVENUE BUDGET 2012/13 AND MEDIUM TERM FINANCIAL  
 PLAN 2012/13 TO 2014/15**

Classification: Unrestricted

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**Summary:** This report identifies the latest forecasts for next year's budget and the financial plans for the following years. This includes an analysis of the overall financial outlook for the whole council, appraisal of the existing plans for 2012/13, an update on the budget pressures facing the Specialist Children's Services portfolio and recommendations from the Informal Member Group on areas for budget savings.

**Recommendation:** Members are asked to review and comment on the pressures outlined for the Specialist Children's Services portfolio and to identify their priorities for savings in light of the overall financial outlook for the next three years.

## **FOR COMMENT**

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### **Introduction**

1. (1) The Autumn Budget Statement is due to be presented to Cabinet on 5<sup>th</sup> December 2011 and will set out the County Council's proposed budget strategy following the Chancellor of the Exchequer's statement to Parliament on 29<sup>th</sup> November. The Chancellor's statement will include the latest economic forecasts from the Office for Budget Responsibility (OBR). All the indications are that these forecasts will show the economy has not recovered from recession as quickly as earlier predictions on which the 2011 Budget announced on 23<sup>rd</sup> March 2011 were based.

(2) The Spending Review 2010 (SR 2010) set out the Government's four year plans to reduce the budget deficit. This showed an anticipated 21.9% reduction in the Formula Grant for local government over the four year period<sup>1</sup>. The Local Government Finance settlement for 2011/12 was published on 13<sup>th</sup> December 2010 and included provisional grant figures for 2012/13 but did not provide any provisional figures for 2013/14 or 2014/15. The 2012/13 provisional grant showed a £26.9m reduction in Formula Grant on 2011/12 (8.5%) for KCC.

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<sup>1</sup> The overall reduction in resources from the department for Communities and Local Government (CLG) was 19.6% over the four years after taking account of new money for Council Tax Freeze, New Homes Bonus and Transitional Protection.

(3) Our overall planning assumption for the next medium term financial plan (MTFP) remains that we will need to make a £340m reduction in spend in real terms between 2011/12 to 2014/15.

## **Background**

2. (1) The MTFP for 2011/12 to 2012/13 was approved by the County Council on 17<sup>th</sup> February 2011. The approved MTFP for the Specialist Children's Services portfolio is included as appendix 1. At the time the plan was approved we had £15m set aside for unforeseen "emerging" budget pressures and £28m of savings still to be identified in order to balance the budget for 2012/13 against the anticipated level of resources (CLG grants and Council Tax).

(2) Monitoring reports during 2011/12 have identified a number of additional budget pressures arising during the year which will have a full year impact in 2012/13 and some changes in the planned savings. The overall position for the County Council is that we are preparing for £25m of additional pressures in 2012/13.

(3) In addition to the changes already identified from in-year budget monitoring we will need to review the indicative pressures included in the plan for 2012/13 in light of the latest activity information and identify any new pressures likely to arise in 2012/13 to 2014/15. The current assumptions for the Specialist Children's Services portfolio are set out in table 1 below.

**TABLE 1**

	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>Total</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>Existing Approved MTP</b>				
<b>Base</b>	<b>102,298</b>			<b>102,298</b>
Base Budget Adjs	0			0
Revised Base Budget	102,298			<b>102,298</b>
Pressures	1,083			<b>1,083</b>
Grant Increases	-250			<b>-250</b>
Savings & income	-931			<b>-931</b>
<b>Total Existing MTP</b>	<b>102,200</b>	<b>149,011</b>	<b>148,551</b>	<b>102,200</b>
New Base Budget Adjustments	32,797	0	0	32,797
Changes to Pressures (Exc pressures investment in prev strategy)	-227	825	841	1,439
New Forecast Pressures (Inc prices on social care & Demand Led)	17,080	0	0	17,080
Changes to savings & Income (Exc NHS savings from prev strategy)	-2,839	-1,285	-603	-4,727
New Proposed Savings				
<b>Proposed Budget</b>	<b>149,011</b>	<b>148,551</b>	<b>148,789</b>	<b>148,789</b>

(4) There have been some changes in the likely grant settlements since the budget and MTFP were agreed by County Council on 17<sup>th</sup> February which improve the position slightly. In particular the Chancellor announced in October 2011 that a further one-off grant would be available in 2012/13 where councils agree to a continued freeze on Council Tax, and a number of grants which were unclear have now been included in an un-ringfenced Local Service Support Grant.

(5) The overall planning assumption in light of these changes is that some savings still need to be identified to balance the 2012/13 budget and that over the following two years substantial savings (estimated £110m) will be needed. In a break from previous convention we are not planning to set individual portfolio cash limit targets for the next three years. Cash limit targets were an appropriate mechanism in times of relative growth but are not an appropriate mechanism to determine spending priorities at a time of budget cuts.

(6) For 2012/13 POSCs are asked to consider what savings would be feasible or acceptable within the Specialist Children's Services portfolio in order to close the estimated overall £32m gap (3.5% of net spend) arising from the combination of additional pressures and the unidentified savings in the existing plan

partially offset by the additional grant that will be available. For the medium term POSCs are asked to consider what strategies should be considered for the Specialist Children's Services portfolio if overall the council needs to make 15% saving over the next two years.

### **Latest Developments: National Context**

3. (1) The Government has launched a consultation about re-localising business rates. If the proposals are implemented they would mean that in effect existing Formula Grant allocations would form a set base for the future (adjusted to the overall spending totals within the Spending Review) and any increase (or reduction) in overall resources available to the council would be determined according to changes in the business rate tax base.

(2) Local authorities would also still be able to set the level of council tax and would also receive any resources from changes in the Council Tax base (as now). The effect of these changes mean that any increase in funding can only come from increase in the local business rate base or Council Tax and local authorities would no longer be reliant on Government grants.

(3) At this stage we have no announcements on decisions following the consultation which is due to be implemented from 2013/14. We have factored in our best estimates into the planning assumptions for 2013/14 and 2014/15 but POSC members need to be aware that the overall funding available is likely to be heavily reliant on local factors in future rather than Government decisions on the allocation of grants.

### **Revenue Budget Strategy**

4. (1) The council's overall strategy will be set out in the Autumn Budget Statement setting out how the authority plans to deal with reducing funding and continuing additional spending pressures. POSC is invited to comment on the strategy proposed within the Specialist Children's Services portfolio.

(2) Although the Council has made significant progress in improving children's services we are still subject to a Department of Education Improvement Notice and the scope for major savings will be limited. There is, however, a real opportunity to begin to remodel the service to reduce costs by:

- expanding targeted high level family support to keep young children in families
- commissioning an intensive adolescent service to avoid admitting challenging youngsters into the care system
- procuring more effectively high cost placements and care packages
- Commissioning preventive services jointly with the NHS
- Working with the voluntary and not for profit sector to deliver more efficiencies

## The Current Budget for the Specialist Children's Services Portfolio

5. (1) POSC members should be well informed on the current budget through the regular monitoring reports and should refer to these as part of their discussions. The current budget for the Specialist Children's Services portfolio(s) under the oversight of this POSC is summarised in table 2 below:

Table 2	Gross Exp £'000	Service Income £'000	Net Exp £'000
Portfolio controllable (Including Asylum)	177,032	66,199	110,833

(2) More details on the 2011/12 budget are included in appendix 1. In very brief summary this budget provides for the following outcomes, outputs and/or service improvements:

- 2,842 is the first quarters number of Looked After Children in Kent
- 48,876 is the number of client weeks of Non Related Foster Care provided
- 4,710 is the number of Independent Sector Foster Care client weeks provided
- 712 is the current number of Unaccompanied Asylum Seeking Children accommodated
- Improved OFSTED inspection

### Informal Member Group

6. (1) Members of this POSC have had informal member group meetings (IMG) meetings throughout the summer/autumn. IMGs have found these meetings useful to gain a more detailed insight into budgets controlled by the Specialist Children's Services portfolio. The IMGs main recommendations were as follows:

A statement of the IMG's findings will be circulated to IMG members so that comments can be collected. A statement of these views will be included in the POSC papers to this committee reported elsewhere on this Agenda, which will be published on the 9<sup>th</sup> November.

### Recommendations

7. (1) Members are asked to
- (i) note the latest forecasts for 2012/13 and the next two years

- (ii) comment on the full year impact of additional spending pressures for the Specialist Children's Services portfolio outlined in paragraph 2.3 and the outline 3 year plan in table 1
- (iii) comment on the IMG recommendations and identify priorities for delivering the 3.5% saving requirement for 2012/13 and 15% for the following two years

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*Background documents:* None

## Appendix 1 – Existing 2011/13 Medium Term Plan and 2011/12 Revenue Budget

### Specialist Childrens Services

	2012-13 £'000	2013-14 £'000	2014-15 £'000	Total £'000
<b>Base budget</b>	<b>102,298</b>	<b>102,200</b>	<b>102,766</b>	
Base Budget Adjustments - Internal	0	0	0	0
Base Budget Adjustments- External	0	0	0	0
<b>Total Base Adjustments</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Revised Base Budget</b>	<b>102,298</b>	<b>102,200</b>	<b>102,766</b>	
<b><u>UNAVOIDABLE PRESSURES FUNDED IN INDICATIVE CASH LIMITS:</u></b>				
<b>Pay:</b>	0	0	0	0
<b>Prices:</b>				
All Transport				0
SCS Social Care Provision	1,075	1,371	1,397	3,843
C&P Legal Prices	8	8	8	24
<b>Subtotal Non-DSG</b>	<b>1,083</b>	<b>1,379</b>	<b>1,405</b>	<b>3,867</b>
All DSG	0	0	0	0
	<b>1,083</b>	<b>1,379</b>	<b>1,405</b>	<b>3,867</b>
<b>Unavoidable Government/Legislative Pressures:</b>				
Non DSG:				
<b>Sub-total non DSG</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
DSG:				
<b>Sub-total DSG</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Unavoidable Government/Legislative Pressures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Demand/Demographic Led:</b>				
Non DSG:				
<b>Sub-total non DSG</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
DSG:				
<b>Sub-total DSG</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Service Strategies &amp; Improvements:</b>					
Non DSG:					
	Sub-total non DSG	0	0	0	0
DSG:					
	Sub-total DSG	0	0	0	0
		0	0	0	0
<b>Total unavoidable pressures funded in indicative cash limits:</b>		<b>1,083</b>	<b>1,379</b>	<b>1,405</b>	<b>3,867</b>
<b>Total Pressures: Non DSG</b>		<b>1,083</b>	<b>1,379</b>	<b>1,405</b>	<b>3,867</b>
<b>Total Pressures: DSG</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Pressures</b>		<b>1,083</b>	<b>1,379</b>	<b>1,405</b>	<b>3,867</b>
<b><u>SAVINGS AND INCOME:</u></b>					
<b>Grant Increases:</b>					
DSG:					
C&P	CAF/LP - Planned reduction in eCAF roll out and training	-50			-50
SCS	Transition with KASS	-200			-200
	<b>Sub-total DSG</b>	<b>-250</b>	<b>0</b>	<b>0</b>	<b>-250</b>
		<b>-250</b>	<b>0</b>	<b>0</b>	<b>-250</b>
<b>Income Generation:</b>					
Non DSG:					
		0	0	0	0
<b>Savings and Mitigations:</b>					
<b>Identified in published 2010-13 MTP:</b>					
Non DSG:					
SCS	Out county/residential/respite	-400	0	0	-400
	<b>Sub-total Non DSG</b>	<b>-400</b>	<b>0</b>	<b>0</b>	<b>-400</b>
DSG:					
	<b>Sub-total DSG</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total savings identified in published 2010-13 MTP</b>		<b>-400</b>	<b>0</b>	<b>0</b>	<b>-400</b>

<b>Total savings identified in published 2010-13 MTP</b>		<b>-400</b>	<b>0</b>	<b>0</b>	<b>-400</b>
<b>New Efficiency Savings:</b>					
All	Reduction in staff travel	-3	-3	-3	-9
All	Management Structures	-48	-12	0	-60
All	Access	-178	-178	-238	-594
All	Assessment	0	0	-1,000	-1,000
SCS	Review of high cost cases	-180	-470	-500	-1,150
SCS	Social care procurement	-100	-150	-100	-350
		<b>-509</b>	<b>-813</b>	<b>-1,841</b>	<b>-3,163</b>
<b>De-prioritisation savings:</b>					
C&P	Commissioning - staffing	-22	0	0	-22
		<b>-22</b>	<b>0</b>	<b>0</b>	<b>-22</b>
<b>Total Savings and Mitigations</b>		<b>-931</b>	<b>-813</b>	<b>-1,841</b>	<b>-3,585</b>
<b>Total Savings and Income</b>		<b>-1,181</b>	<b>-813</b>	<b>-1,841</b>	<b>-3,835</b>
<b>Budget controlled by this portfolio</b>		<b>102,200</b>	<b>102,766</b>	<b>102,330</b>	<b>32</b>

## Portfolio Service Revenue Budget

Budget Book Heading	New cash limit			Comments
	G	I	N	
	£'000s	£'000s	£'000s	
<b>Specialist Children's Services portfolio</b>				
Strategic Management & Directorate Support Budgets	4,715	-2,566	2,149	
<u>Services for Schools:</u>				
Early Years & Childcare Advisory Service	13,467	-13,467	0	Recommissioning of SLA with NCA
<u>Social Services for Children:</u>				
16+ Service	8,988	0	8,988	Increased residential weeks, cost of Independent fostering, staffing pressures
Adoption Service	7,147	-49	7,098	Special Guardianship Orders & staffing pressures
Asylum Seekers	14,525	-14,245	280	continuing support of 18+ Asylum seekers who are not eligible for grant funding
Childrens Support Services	3,414	-1,940	1,474	
Fostering Service	31,904	-407	31,497	Activity above affordable level, increased allowances as a result of new legislation, legal costs
Other Preventative Services	16,476	-8,541	7,935	Southwark Judgement pressures, offset by uncommitted funds
Residential Children's Services	10,932	-2,533	8,399	Activity above affordable level, offset by lower unit costs & underspend on secure accommodation
Safeguarding	4,142	-373	3,769	Staffing as a result of Ofsted inspection
	97,528	-28,088	69,440	
<u>Support for Individual Children</u>				
- Children's Centres	19,741	-18,854	887	
- Integrated Looked After Children's Service	2,182	-704	1,478	
	21,923	-19,558	2,365	
<u>Intermediate Services</u>				
- Assessment of Vulnerable Children	39,399	-2,520	36,879	Staffing pressures
<b>Total SCS portfolio</b>	<b>177,032</b>	<b>-66,199</b>	<b>110,833</b>	

By: Head of Democratic Services  
To: Specialist Children's Services Policy Overview and Scrutiny Committee – 17 November 2011  
Subject: **UPDATE ON SELECT COMMITTEE WORK**  
Classification: Unrestricted

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Summary: This report updates Members on current and future Select Committee work and invites suggestions for future Select Committee Topic Reviews.

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### **Current Select Committee Review Work**

1. The following reviews are underway:-

**Educational Attainment at Key Stage 2** - The Select Committee, under the Chairmanship of Mr C T Wells, is looking at the reasons for variations in Key Stage 2 performance within Kent Schools, with a focus on schools in areas of deprivation.

During June and July, the Select Committee had briefing sessions from Heads of Service and with officers from those Districts from which schools had been selected for the focus group. Visits to seven Schools were undertaken during October and early November. Work is also being carried out to gather insights from pupils and parents and this is being facilitated by colleagues in the Directorates.

The Committee will meet on 9 November 2011 to discuss feedback from the visits, and will hold final hearings and consider areas for recommendation in late November and early December 2011. It is expected that the report will go to Cabinet in April 2012 and will then be submitted to the next available meeting of the County Council.

The contacts in Democratic Services for this Select Committee are: Research Officer Pippa Cracknell (01622 694178) and Assistant Democratic Services Manager Denise Fitch (01622 694269).

**The Student Journey** - The Select Committee, under the Chairmanship of Mr K Smith, has now completed its evidence gathering sessions with key stakeholders, including representatives from business and education, and from young people. A number of visits were undertaken.

The Committee met on 1 September 2011 to identify areas for possible recommendation. The potential recommendations were met with widespread agreement by the key KCC officers who will be responsible for the implementation of most of them. The Committee will meet on 24 November to formulate its final recommendations before the report is

written. It is intended that the Select Committee will submit its final report to the Cabinet in April 2012 and to County Council in May 2012.

The contacts in Democratic Services for this Select Committee are: Research Officer Gaetano Romagnuolo (01622 694292) and Democratic Services Officer Theresa Grayell (01622 694277).

**Dementia** - The Select Committee on Dementia, under the Chairmanship of Mrs T Dean, received its first draft report in September. The report was then shared with a number of stakeholders and contributors, who had the opportunity to comment and suggest changes, fulfilling a commitment made by the Chairman at the outset. Having agreed a final draft report, the Select Committee has now agreed to combine a number of the recommendations made in order to gain maximum benefit from its work. It is intended that the final report will be submitted to Cabinet on 5 December and to County Council on 15 December 2011.

The contacts in Democratic Services for this Select Committee are: Research Officer Sue Frampton (01622 694993) and Democratic Services Officer Christine Singh (01622 694334).

### **Suggestions for future Select Committee work**

2. A review on Domestic Abuse has been suggested by the Customer and Communities POSC, meeting as the Crime and Disorder Committee, in July 2011. This review relates to the work of several portfolio areas; specialist children's services, adult services and public health, and communities. A formal proposal was welcomed and approved by the Scrutiny Board on 2 November, and the review will commence in the New Year.

3. If Members have any suggestions of topics they would like to put forward for consideration for inclusion in the future topic review work programme, they should contact the Democratic Services Officer for this POSC.

#### **Recommendation:-**

4. Members are asked to note the review work currently coming to fruition, and future work soon to commence, and advise the Democratic Services Officer of any topics which they would like to put forward for consideration for inclusion in the future Select Committee Topic Review Work Programme.

Theresa Grayell  
Democratic Services Officer

Background Information: *Nil*

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