

0-25 Programme

Design Phase and Implementation

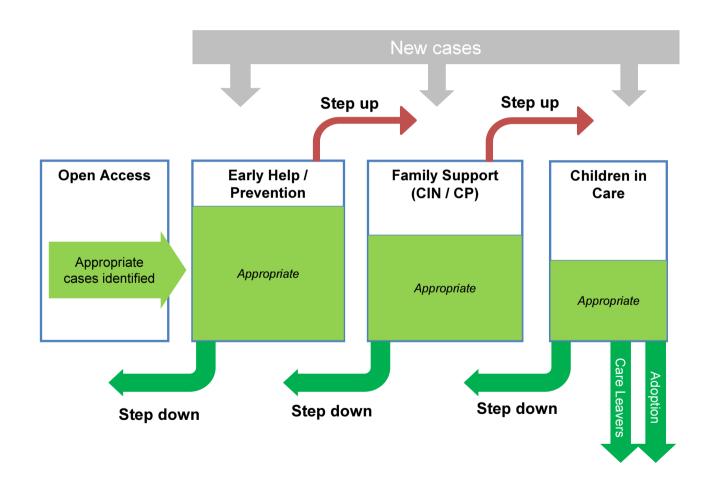






0-25 Vision

"We will have fully integrated children's services that deliver the best outcomes and safeguards for children, young people and families"



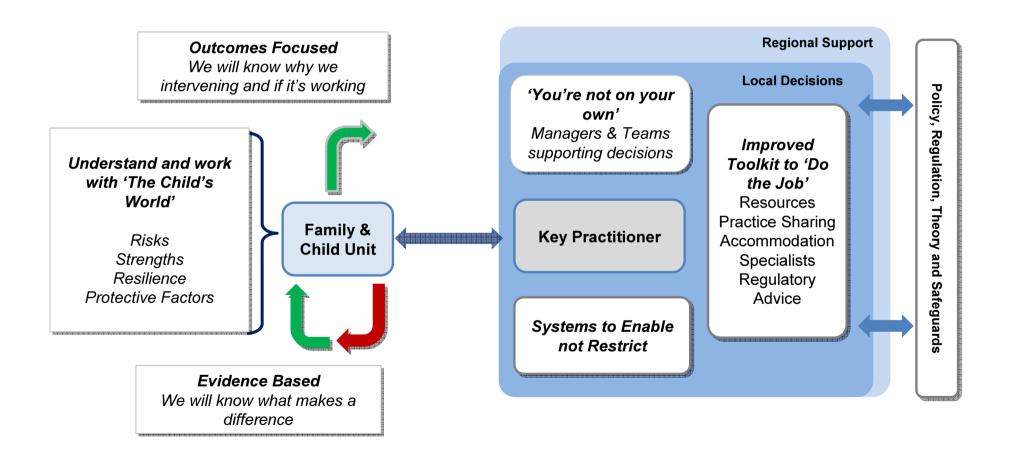






0-25 Ways of Working

"We will have fully integrated children's services that deliver the best outcomes and safeguards for children, young people and families"

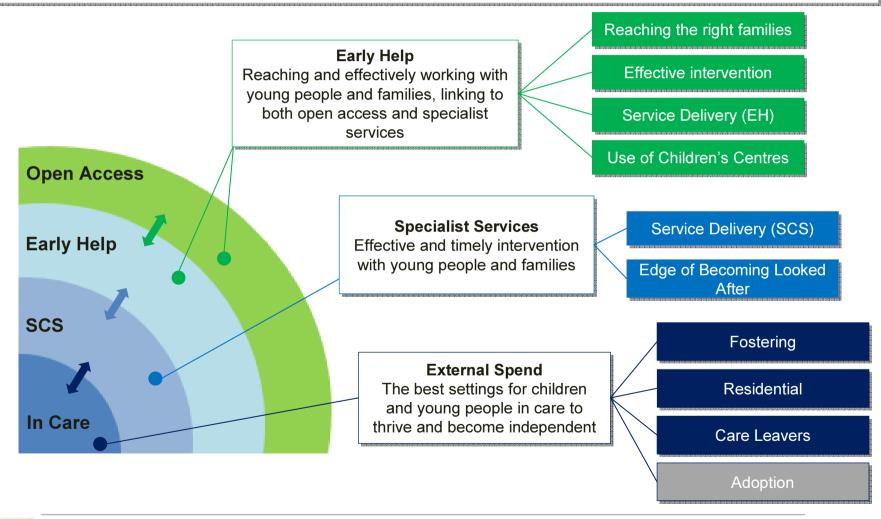






0-25 Programme

"We will have fully integrated children's services that deliver the best outcomes and safeguards for children, young people and families"









Programme Aims

The programme objective is to deliver the first stages of the vision above. This first phase of transformation focuses on the areas that will make the biggest difference to children and families, where a large impact can be quickly seen, and where social worker time can be freed from non-contact work. It also targets the areas where the improvements would result in the greatest financial benefit. This breaks down into the delivery of several specific programme aims:

Fostering	Provide the best quality placements for children and young people, and work with Kent's foster carers to maximise the capacity and quality of the fostering service.	
Residential	Place young people in the most appropriate placement to meet their needs, with the right support. Provide these placements quickly and with value for money, building relationships with the marketplace.	
Care Leaver Pathways	Use the most appropriate support to promote independence for Care Leavers and Looked After Children	
Specialist Children's Service Delivery	Children and families are directed to the right service at the front door to Specialist Children's Services. Teams work with the right child to achieve outcomes over the right timescale, where teams are supported by the right processes and information.	
Edge of Becoming Looked After	Adolescents are fully supported to stay at home where possible and appropriate	
Early Identification in Early Help	Fewer children with needs that meet SCS threshold through improved early identification & support in Early Help	
Effectiveness in Early Help	Fewer children with needs meeting the SCS threshold through a more effective Early Help offering	
Early Help Service Delivery	Appropriate interventions for the right amount of time to achieve sustainable outcomes, in a structure that supports and enables teams to do the best job possible	







Opportunity Matrix - Savings

Programme	Workstream	Final opportunity: target (£m)	Final opportunity: stretch (£m)	Delivery plan (ownership)
SCS	Adoption	£0.30	£0.50	Not in implementation - descoped
Early Help	Universal Review	£0.50	£1.70	Not in implementation - KCC to deliver
	Service Delivery	£1.50	£1.97	NE
Early Help (saved in SCS)	Effectiveness Improvement	£1.08	£2.16	NE
	Early Identification	£0.95	£1.66	NE
	Step Downs and C&F	£7.00	£10.20	NE
scs	Service Delivery			
	Edge of Becoming Looked After	£4.10	£6.20	NE
External Spend	Fostering	£1.30	£2.20	NE
	Residential	£0.71	£0.90	Option KCC
	Care Leavers	£0.30	£0.71	Option KCC
	Total (all)	£17.74	£28.20	
	Total (excluding adoption and universal)	£16.94	£26.00	

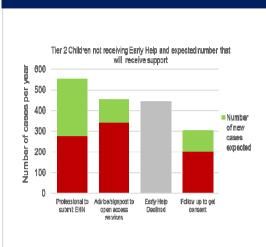






Early Help

Early Identification (CDT)



Through improved routing at CDT, an additional 430 - 500 families (640 - 740 children) will appropriately receive Early Help support

Service Delivery

Average duration of cases down from 41 weeks to 14 weeks through improved practice

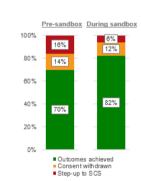
- Team structures
 - Right mix of practitioners in a team
- · Workload and team capacity
 - · Workload per case
 - Reduced paperwork time



Actioning 'stuck' cases



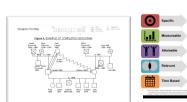
Effectiveness of Early Help



Increase from 70% - 82% achieving (tougher) outcomes

Ofsted mentioned sandbox approach after visiting group supervision – specifically highlighted as area of strength

- · Skills of teams
 - Framework of intervention
- Structure of teams
 - Supporting teams through mgmt. and supervision
- Supporting systems
 - o Shared practice, fair workload
 - o Links to open-access services









Case Examples: Effective Intervention in Early Help

Complex adolescent case being held successfully by practitioner with 0-11 background through effective sandbox unit support.

Such a case would not previously have been safely worked within Early Help

Case Study: Young Person 'B'

Background

14 y/o boy, EH-N due to attendance

Identified issues:

- •School attendance ~50%
- •Behaviour issues (fighting in & out of school)
- •Concerns around knife carrying incident

Early Help Intervention

Case being worked by Unit 1 EWO

- •'B' not engaging well
- Practitioner identified good relationship with Police Community Support Officer
- •Group Supervision used to escalate need for greater PCSO intervention

Actions

Borderline case being held successfully & safely by Early Help Unit

- •Using Group Supervision effectively (esp YOT expertise)
- •Building risk mitigation plan
- •Consultation with SCS around threats made to 'B'



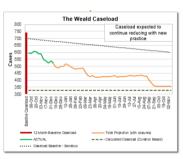


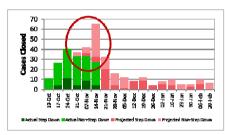


Specialist Children's Services

Assessment and Family Support Teams

Actual caseload reduction of 18% over 12 weeks. Increase in step-downs from 4 a month to over 10 per week

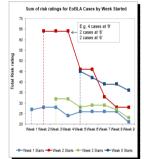




- Incoming cases
 - Experience and confidence in applying threshold at CDT
- · Pathway for the child or family
 - Ensuring right timescale of intervention and key decisions
- Supporting processes
 - o Minimise closure and other delays
 - o Structured approach to work

Edge of Becoming Looked After

88% of cases receiving a plan have decreased in risk rating





Impact across Kent will be achieved by new ways of working within districts:

- · Identifying cases
- · Crisis intervention
- Management support
- · Culture and creativity

·Services and support available

- · District resources for adolescents
- Relationships with resources







Case Examples: Safe Step Down from SCS to Early Help

Example of effective step-down case where practitioner coordinated with other partners to safely close case in 6 weeks.

Staff member: "I would not previously have had the confidence to hold this case, but the new structure has allowed me to access greater support."

Case Example: Step Down

Background

Step-down case from CIN in sandbox week 2.

7 y/o twins, one with behavioural issues, undiagnosed ASD & ADHD tendencies, misophonia (anxiety linked to noise)

Twin 'T' damaging property at school. Household debts leading to issues paying for food. Mum not secure in home (swords & axes in & around home)

Early Help Intervention

- •iPod with calming sounds identified as effective way to tackle misophonia
- •Support CAB visits with mum leading to debt management plan; Support with DLA form
- •Coordinated with police & housing to ensure safety in home
- •M4S referral to help twins access activities & build peer relations

Outcomes

- •Building time in classroom from complete isolation to spending 30 minute periods of time in class. Dedicated 1-1 worker in school, building towards statement
- •Police & housing dealing with home safety issues
- •Case closed 17/11/14 (6 week intervention)







External Spend





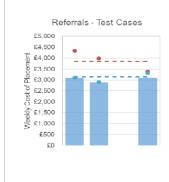
- Placing in the correct placement
 - Visibility of vacancies
 - Control of process
- Supporting families to take placements
 - Social worker decisions
 - Recruitment and support

West IFA rate dropped from 22% to 11.5%

Equivalent to 5 fewer new IFAs in West over 10 weeks

Residential

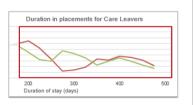
Placing with providers £275 per week below the average quotes received and historical baselines.



- Lotting strategy
 - Which providers are contacted
- Costing elements
 - o Care provision breakdown
 - Other cost breakdown
- Negotiation approach

Care Leavers

Cases that exceed the average pathway to independence could be reduced by 33% in duration, providing improved outcomes for young people



- Care leaver readiness
 - Skills for independence
 - · Training received
 - Clear objectives
- Availability of accommodation
 - · Housing timelines







Practitioner and OFSTED Responses

New step down process, improved Early Help offer through sandbox, and better communications have increased confidence in stepping down

"Early Help are so much more receptive to our cases."

"The new process really cuts down the red tape"

Quote from OFTSED on sandbox effectiveness:

"The children's centre group is currently trialling a new way of working to manage the support for child protection cases. The 'sandbox' model has only been in place since September this year, but already improved working arrangements are in place with different agencies. This ensures all cases are frequently monitored and reviewed, and relevant prevention work is carried out to keep children safe"

(Pre-Sandbox Start)

"You can never find your feet. There's always something new to read or something to do and different interpretations."

"Prior to this people just worked in silos I think the isolation in my role was just incredible because you really were completely disparate"

"The double district doesn't work [...] you're not enabled to make links because you've got o travel two hours to the next meeting and you can't spare the time in your district to get to know the services and things that are available."

(After Sandbox Start)

"I actually feel my self-esteem has risen within this new model. You feel you have the voice, you are listened to, it is shared, it is valued and all for the benefit of the young person or family."

"The communication we've had in the past six weeks is far beyond the communication we've had in the previous six months"

"Here they ask so many questions, they want to know so much, that there's no perceived threat in giving your real honest opinion."

Practitioner Quote

"I love the tracker. Before, I was just allocated a load of cases without anyone knowing how much work it was. Now I can see exactly how much time I've got available"







What Will the Projects Do?

Project	Original State (Why)	What is the project going to do? (Summary)
Fostering	 Inconsistent placement process; 38% vacancies not visible to teams High use of IFAs at extra £500 p.w. Sandbox evidence of reduction in IFA rate from 22% to 11.5% 	 Introduce accurate visibility of all vacancies; embed consistent process for placement Gather the right information about why we cannot place in-house to develop the service further
Residential	 No placement process for residential placements High variability in cost paid (swinging by >£1000 per week) Sandbox evidence of reduction in weekly cost of £275 through improved process 	Introduce robust residential placement process; tool with all residential homes listed by Ofsted rating and suitability factors; breakdown cost and care
Care Leaver Pathways	 High variation in the duration a Care Leaver stays in supported accommodation Sandbox case reviews of 'long duration' cases show that leavers are not well supported with skills for independence, and housing planning lags behind 	 Introduce an 'ideal pathway' plan for all Care Leavers Train CL team social workers on the ideal pathway Introduce visible data tracking for each pathway
Specialist Children's Services – Service Delivery	 High drift; 40% potential reduction in pathway duration Poor relationships with Early Help; Average 4.5 week lag in closure of cases Sandbox showed case reduction of 18% in FAST teams and resource reduction in CIC/SWAs 	 Introduce daily and weekly review cycle of case progress within teams Build new step-down process Smooth workload across CIC and SWA teams
Edge of Becoming Looked After	 High variability in the volumes of adolescents entering care by district, proportional to caseload No 'Kent way' of managing adolescent crisis cases Sandbox showed 88% of cases de-escalated when receiving an EOBL plan 	 Introduce flagging and escalation process for all adolescent 'edge of care' cases Introduce common crisis intervention process across Kent







What Will the Projects Do?

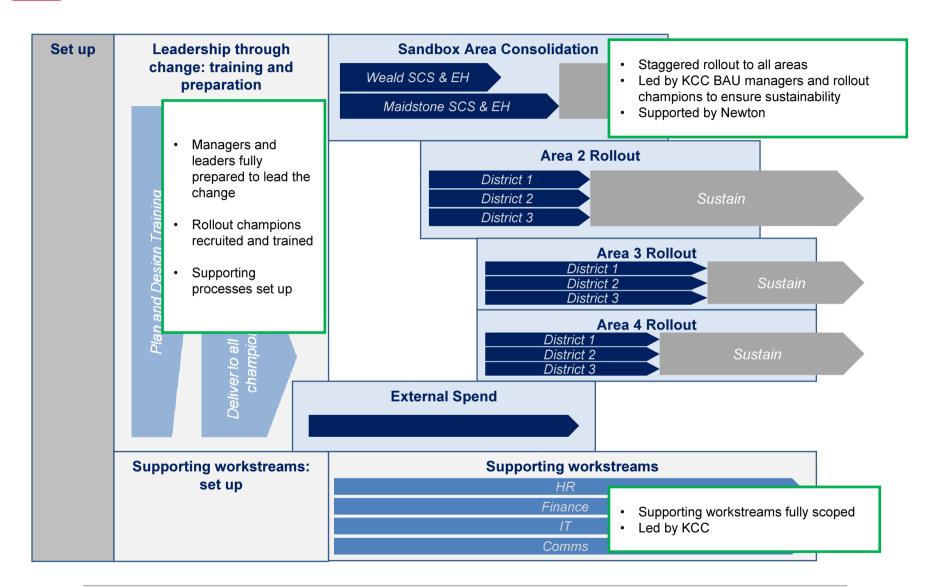
Project	Original State (Why)	What is the project going to do? (Summary)
Early Identification in Early Help	 Cases being identified at CDT as needing early help but never accessing a service: Sandbox showed an additional c.650 children should be receiving EH every year 	Introduce new routing process for Early Help cases directly from CDT into EH Triage or districts
Effectiveness in Early Help	 30% of cases stepped up or withdrew from Early Help services Outcomes not SMART, and inconsistently written Sandbox showed improvement of 10% in cases achieving outcomes 	 Focus on setting SMART objectives and weekly actions that move cases towards those objectives Introduce tool that tracks the progress of every case to ensure 'stuck' cases are clearly visible
Early Help Service Delivery	 Fractured structures, practitioners operating in silos Low morale among teams; Practice not shared between workers High case durations causing inflated caseloads 	 Introduce Early Help Unit structures to all locations Introduce workload tracking to inform allocation and ensure all practitioners are well utilised but not overstretched Improve practice (in effectiveness section) to lower drift in case durations







Implementation Overall Model









Key Considerations for Implementation

- Change is owned and driven by the Cabinet Members, the Corporate Directors and Directors
 - Single coherent message of what's changing and why

Changes will not be sustainable or manageable without these key factors in place

- Change is led by the Assistant Directors / Heads of Service and District leads
 - Fully bought into the changes
 - This is their programme, they lead the drive and they are accountable for results
 - Able to explain metrics and how they will be able to impact them
- Team managers and district leads know their role and expectations in the change process, and are equipped to do the job
 - Newton act as support, but not as leadership
 - Skills profiling exercise
- Training fully developed and delivered to all managers and leads in advance of roll out
 - Tool / process specific training
 - Practice training
 - Leadership and management training



