

From: Peter Oakford, Cabinet Member for Specialist Children's Services

Andrew Ireland, Corporate Director for Social Care, Health and Wellbeing

To: Children's Social Care and Health Cabinet Committee – 2 December 2015

Subject: **Update on Specialist Children's Services 0-25 Transformation Programme**

Classification: Unrestricted

Past Pathway of Paper: Children's Services Improvement Panel – 24 November 2015

Future Pathway of Paper: None

Electoral Division: All

Summary: This report is intended to provide a summary of progress of the 0-25 Transformation Programme including a brief overview on the progress of each work stream.

Recommendations: The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the content of this report.

1. Introduction

1.1 This report provides a summary of the 0-25 Transformation Programme progress to date. The implementation phase of the programme began in March 2015. The majority of the work streams are now fully implemented across the county. The key performance indicators (KPIs) are showing strong performance. Sustainability is now the key focus, ensuring KPIs remain stable or improve.

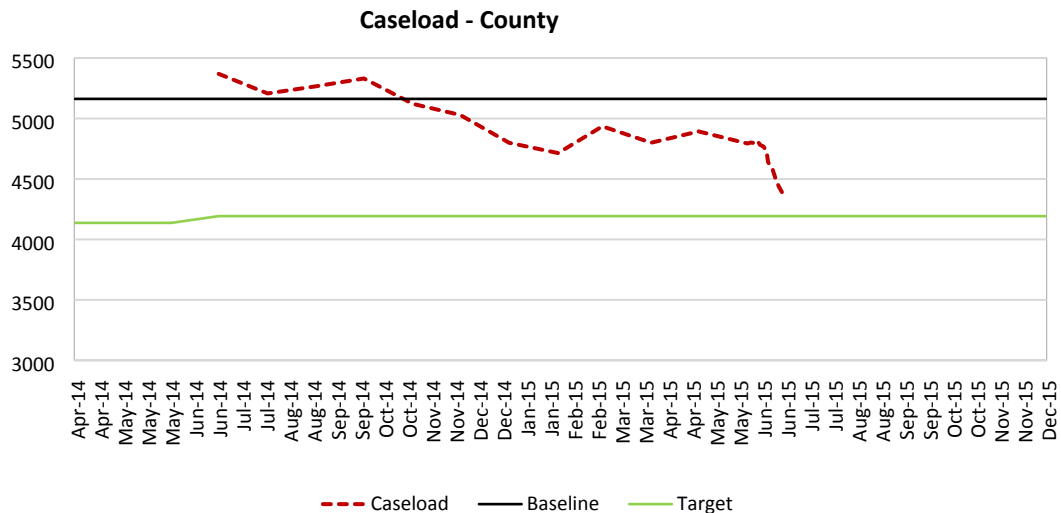
1.2 This paper will give a brief overview to the progress of each work stream.

2. Programme Progress Summary

2.1 *Specialist Children's Services (SCS) – Children Social Work Teams*

2.1.1 Case progression is the terminology used to describe the new model in place for Children's Social Work Teams. This enables social workers and managers to see the progress they are making with each family at all times, and are then more able to focus their efforts on those who need help most.

2.1.2 The Case progression methodology is now live in all areas across the county Through reduction in case drift (elapsed time with no significant intervention), the current position is a 20% reduction in total case holding in Children’s Social Work Teams (previously known as Assessment and Intervention Teams and Family Support Teams).



2.1.3 This has been achieved despite a local and national trend of increasing demand on children’s social care. Referrals have increased by 9% over the past year in Kent.

2.1.4 Newton Europe has been working in partnership with the Safeguarding and Quality Assurance Team to embed the methodology and culture required for both the case progression and Signs of Safety to be a sustainable success. Signs of Safety is a practice model that supports practitioners to focus on family strengths and safety to help develop greater resilience, and is being rolled out across children’s social care and early help.

2.1.5 The reduction in caseload will allow for an equitable establishment, with a target of 18 cases per frontline social worker - a significant reduction for the county. This will allow for more time from social workers to be spent with those children most in need.

2.2 SCS – Children in Care Teams

2.2.1 The Children in Care (CiC) service design is now complete subject to management approval. Each area will operate a dedicated contact service (a supervised period of time for children to meet their family or carers who they may now be removed from), ensuring consistency across the county in approach and practice. Case holding of 15 children per CIC frontline social worker (excluding Unaccompanied Asylum Seeking Children) is the target, with most areas now achieving that.

2.2.2 The revised design will allow the service to either support more demand with the same level of resource, or reduce resource due to increased efficiency. Owing to the substantial numbers of Unaccompanied Asylum Seeking

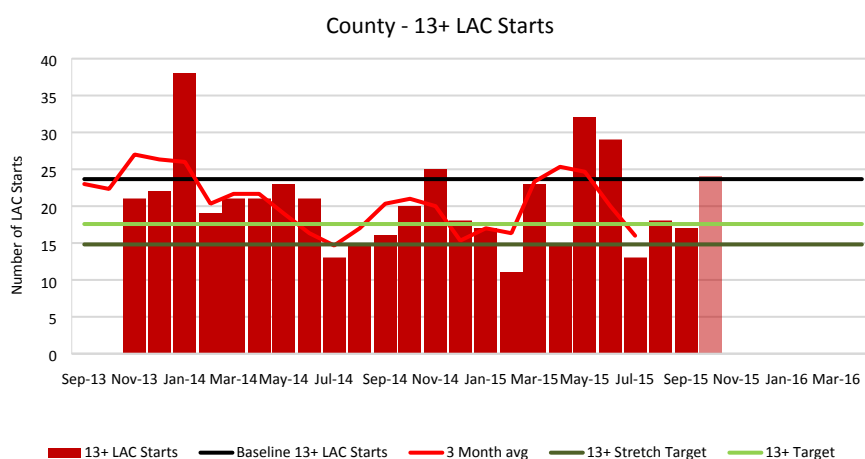
Children arriving in Kent, the new model is enabling us to support more children with current resource – reducing the number of additional social workers needed.

2.3 **SCS – Adolescent Support Teams (AST)**

2.3.1 There is now an Adolescent Support Service live in each area of the county. The service is providing targeted help for those adolescents who are most likely to enter a period of crisis that could lead to care. Working intensively with the families and young people, the service aims to stabilise the environment and decrease the likelihood of the young person leaving the family.

2.3.2 There are now over 60 fewer children in care as a result of the project, with the expectation of 100 likely to be surpassed by the end of the project. The council takes great care to ensure that these children are able to remain safely at home with their families and that they are not exposed to risk.

2.3.3 The graph below shows the reduction in looked after children (LAC) starts achieved, with the average now significantly below baseline (the number at the start of the project).



2.3.4 In cases where we cannot avoid taking a child into care, the service is seeking to increase the number of young people who are reunited with the family. The KPI is showing a progressive increase to an average of ten reunifications per month.

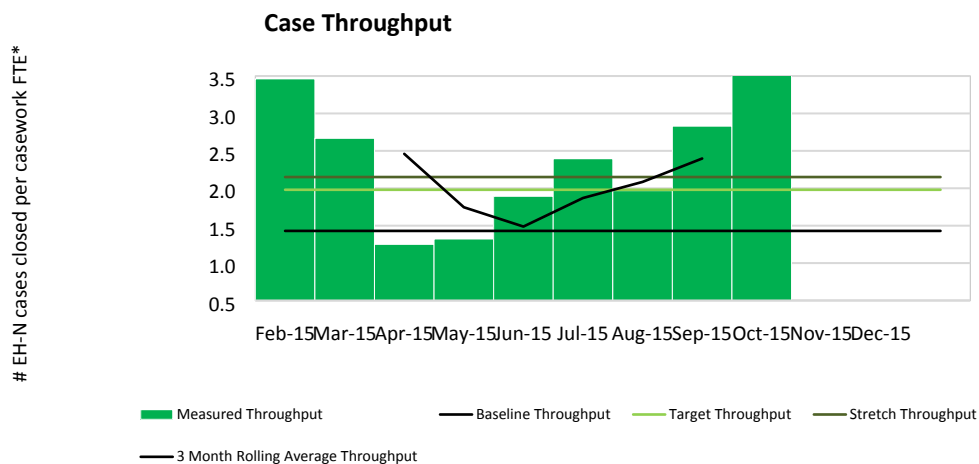
2.3.5 The new service is both reducing costs and improving outcomes for Kent’s young people.

2.4 **Early Help**

2.4.1 The Early Help service has undergone complete transformation over the past 18 months. Key to the transformation is the ‘unit’ based structure. A unit is defined by a group of practitioners with multiple skillsets providing more holistic help to those that need it, and preventing children and families’ needs escalating to the point of statutory Specialist Children’s Services intervention. The restructure that has been supported by the 0-25 transformation programme is now live across the county.

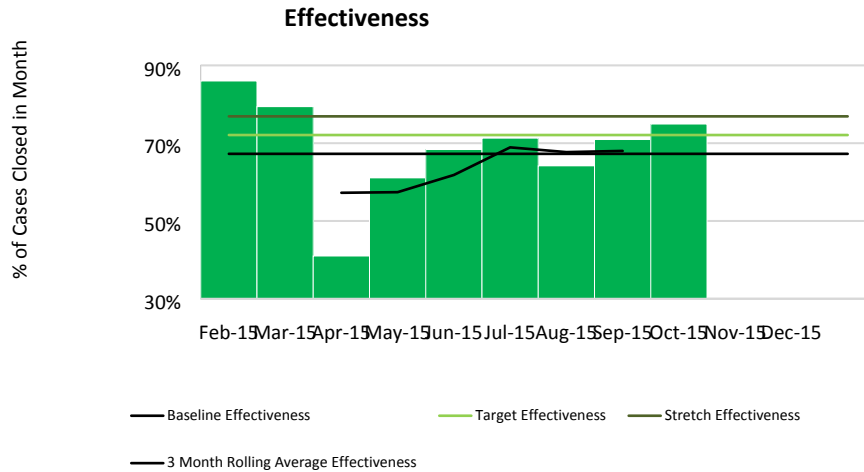
2.4.2 Specific, measurable, achievable, relevant and time bound (SMART) objectives are planned for each child or family, providing a platform for good practice and timely intervention. Each manager has access to a case monitoring dashboard to give visibility of progress and flag issues where further support may be required. ‘Rolled up’ views then provide district and area based summaries to ensure teams get support when needed.

2.4.3 The graph below shows the increasing productivity and efficiency of the service, increasing case throughput (the number of cases that each worker completes support and closes) from under 1.5 to the current performance over 2.2 per frontline worker per month. Similar to the social care case progression methodology, Early Help has increased capacity by reducing drift. The service now has increased capacity to work with Kent’s community.



2.4.4 A key focus has been on the effectiveness of the service. This measure seeks to reduce step-ups to social care and disengagement from the service by families.

2.4.5 The graph below shows the service is now operating at target level of effectiveness and will continue to work towards the stretch target. This is testament to the hard work from all levels of the service.

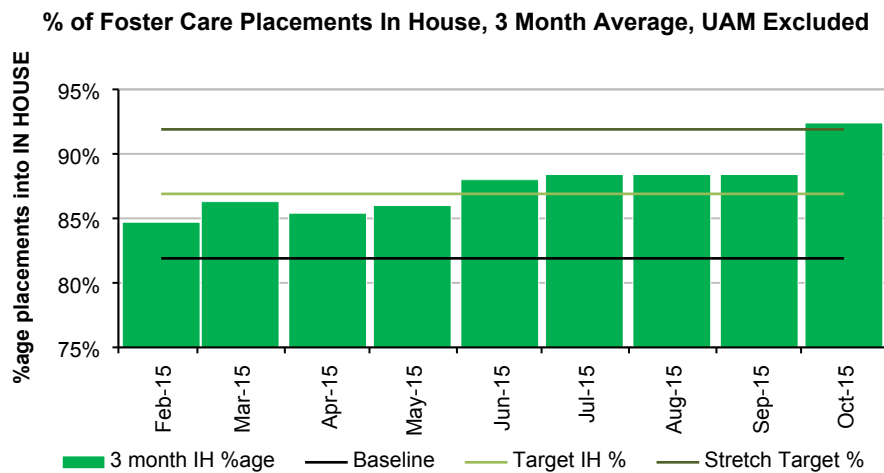


2.4.6 The Early Help Liberi module is due to go live at the end of 2015. This will provide a platform for greater levels of visibility of the flows between Early Help and SCS.

2.5 External spend – Fostering

2.5.1 The Fostering work stream has focused on maximising the use of the authority’s in-house foster carers. Kent can use the in-house service or an Independent Fostering Agency (IFA).

2.5.2 Through distance based searches, vacancy dashboards and new processes the use of the authority’s in-house services vs IFAs has increased to over 90%. Each IFA placement avoided, saves approximately £500 per week. By reducing the number of children entering IFA foster placements, the work stream is on track to prevent spending of more than £1million per year.



3. 0-25 transformation sustainability

3.1 Having demonstrated the ability to improve outcomes and efficiency through changing ways of working. The challenge now is to ensure that

these these changes are sustained, embedding the new way of working to ensure that the benefits continue in the future.

3.2 Our approach is summarised in the diagram below:

Our approach to sustaining change



- 3.3 Focus on practice is being led in SCS by Practice Development Officers and in Early Help by Practice Development Leads. The programme has identified that in order to create real change there is a need to work alongside practitioners, using their language and their aspirations to design an approach that leads to better outcomes for children and families.
- 3.4 The process changes undertaken with Newton Europe have given a platform for the embedding good practice. An excellent example is the Case progression model which uses the Signs of Safety methodology at its core.
- 3.5 Dashboards and performance reports that show key information about progress, have been developed through the programme and will be transferred to Kent teams for ownership and maintenance. This has already happened in many cases. In addition to these, interactive Service Manuals outline all changes and new ways of working, and can be used as refreshers for existing staff and to train new staff. These will also be used to undertake “health checks” to verify if new approaches are still on track.
- 3.6 The first work stream to enter the sustainability phase (meaning the goal has been achieved and there will be no further involvement from Newton Europe) is fostering. Performance in this work stream continues to rise, demonstrating the sustainability of the change.

4. Recommendations

Recommendation: The Children’s Social Care and Health Cabinet Committee is asked to **NOTE** the content of this report.

5. Background Documents

None

6. Lead Officer

Thom Wilson

Head of Strategic Commissioning, Children's

03000 416850

Thom.wilson@kent.gov.uk

Lead Director

Philip Seguola

Director – Specialist Children's Services

03000 413120

Philip.seguola@kent.gov.uk