

Kent County Council Children’s Services Development Action Plan August 2014 – April 2016

“Must do” actions for Specialist Children’s Services, Early Help and Preventative Services and Children’s Commissioning

Purpose of the plan

This plan captures actions self- identified by the above services as necessitating immediate action and attention in order to deliver consistently positive outcomes for children and young people. Actions within this plan are further supported by recommendations from external regulators and peer challengers as areas of service delivery requiring further development.

Kent has a culture of continuous improvement and as such this is a ‘live document’. Actions and priorities will change dependent on the completion of objectives and analysis of ‘business as usual’ quality assurance activity which identifies areas requiring improvement.

It will also support the delivery of Kent’s [Social Work Contract](#) by addressing specific aspects of the organisational offer around learning, development and quality assurance. The Contract was designed to ensure services are, and remain, properly child-centred and that they recognise the complexity and importance of the work required in keeping children and young people safe.

The priority themes within this plan are:

1. Quality and consistency of practice
2. Effective Front Door
3. Effective Early Help
4. Improved Outcomes for Children in Care and careleavers

Governance

The Children’s Improvement Group meets every month and is the lead group responsible for overseeing the timely completion of these actions. The responsible owners for the priorities set out in this Development Plan are Florence Kroll- Director of Early Help and Preventative Services and Philip Segurolo, Director of Specialist Children’s Services.

RAG Rating Key

Red	Action not completed, or whose current performance status is of risk to organisational performance
Amber	Action is in progress towards delivery targets. The action may be showing slow /minimal improvement, lack supporting evidence.
Green	Actions which are currently meeting delivery targets and outcomes and/ or has shown significant performance improvement
Grey	Actions which are completed and have been evidenced as such

Theme 1: Quality and consistency of practice
Lead Officer: Philip Segurola, Director of Specialist Children's Services and Florence Kroll, Director of Early Help and Preventative Services

Objective	Ref	Action	Owner/ lead driver	Review/ end date	Targets, outputs and outcome measures	RAG
1.1. Support Kent Safeguarding Children Board and Children's Health and Wellbeing Board strategic priorities	1.1.1	Support the KSCB in their programme of multi-agency audits and analysis Led by divisional representatives at the QE sub-group	Sarah Hammond Florence Kroll	Review 30th April 2015	<ul style="list-style-type: none"> Multi-agency audits are well-represented by appropriate KCC staff; data requested is provided where possible and appropriate Staff are aware of current and planned activity, and how the outcomes/ learning from the auditing and case reviews impacts on day-to-day work with vulnerable children and families. 	G
1.2. Improve the consistency of assessments, planning (including contingencies) and interventions found to be 'Good' or better; decision-making is timely and child-centred	1.2.1	Implement the 'Signs of Safety'- model of intervention unilaterally across Early Help and SCS	Project Manager to be confirmed	Progress review 30th April 2015	<ul style="list-style-type: none"> A standardised child-focussed model of risk analysis, risk management and safety planning is developed and implemented across both SCS and EHPS Improved engagement with children and families. All relevant staff receive training 	A
	1.2.2	Carry out face-to-face auditing/ case-coaching on randomly selected cases	Lee-Anne Farach, Practice Improvement Unit	Review 30th April 2015	<ul style="list-style-type: none"> Build confidence by enabling social workers to articulate their work. Enable a solution-focussed, open discussion about areas of good practice, and aspects that would benefit from development. 	A
	1.2.3	Guidance and training to be provided to Child Protection conference chairs and Independent Reviewing Officers underlining responsibilities in challenging and addressing poor practice.	Patricia Denney	Complete	<ul style="list-style-type: none"> Appropriate rigour is applied in quality assuring practice with vulnerable children and young people 	
	1.2.4	Review and refresh current online case audit process	Lee-Anne Farach	30th April 2015	<ul style="list-style-type: none"> Online peer-review audit process is less mechanical, and has the functionality to challenge and focus on the quality of interventions 	G
1.3. Regular supervision focuses on the management of risk and practice challenge.	1.3.1	Monitor and quality assure the regularity and recording of supervision and the impact it is having on ensuring appropriate interventions commensurate to the child/ family's need.		Review 30th April 2015	<ul style="list-style-type: none"> Newly Qualified Social Workers have fortnightly supervisions for the first six months of their professional practice, this may become three weekly for the remainder of their first year of practice Social workers, senior practitioners and team managers have regular professional supervision (every 4 – 6 weeks) in accordance with the Supervision Policy and Practice 	A

<p>Decisions and options considered are recorded as case-notes on Liberi.</p> <p>Actions arising from Supervision Policy</p>		<ul style="list-style-type: none"> Service Manager and Team Manager to audit one supervision record per month. This should include cross referencing with case files to quality assure decision making 	<p>Service Managers (SMs)</p>		<p>Standards for Supervisors.</p> <ul style="list-style-type: none"> Appropriate management oversight is being undertaken; decisions are recorded on case files. Dip sample audits show interventions are having a positive impact on the child's experience and there is no drift or delay to the child/ young person receiving appropriate help or stepping down. 	
<p>1.4 Children are being effectively safeguarded from the risk of Child Sexual Exploitation. (CSE).</p>	<p>1.4.1</p>	<p>Develop and publish CSE work plan which implements the objectives of the CSE Strategy and the areas of focus identified in the CSE action plan.</p>	<p>Mark Janaway KSCB</p>	<p>Review of implementation on 30 April 2015</p>	<ul style="list-style-type: none"> Completed action plan is shared with Children's Health and Wellbeing Board, KCC Leader, Head of Paid Service, Community Safety Partnership and the Police and Crime Commissioner. 	<p>G</p>
	<p>1.4.2</p>	<p>Establish a targeted preventative and self-protection programme on child sexual exploitation for looked after children</p>	<p>Melissa Caslake, Teresa Vickers</p>	<p>For review 10th April 2015</p>	<ul style="list-style-type: none"> All foster carers approved for ages 10 and upwards and all fostering service social workers complete a CSE preventative training programme; (training to include the direct views of young people who have experienced CSE). Foster carers feel able to discuss proactively with their children the risks of exploitation and what it means, in terms relevant and appropriate to the age and lives of individual children in care (CIC). Discussions undertaken between foster carers and their child are recorded on the CIC file. Status of foster carer training completed is included in the carer's training profile and assessed as part of their annual review. 	<p>R</p>
	<p>1.4.3</p>	<p>All frontline professionals who work with children and young people must undertake LSCB awareness training or equivalent and be able to identify risk indicators and vulnerabilities. - KSCB CSE Toolkit training - Localised district workshops - 'Safeguarding children from abuse and sexual exploitation' e-learning</p>	<p>ADs, EHPS HoS</p>	<p>Numbers of staff trained or signed up for training for review 30th April 2015</p>	<ul style="list-style-type: none"> All cases where children/ young people are at risk of/ have experienced CSE show evidence of utilising the CSE Toolkit to manage and treat risk Front-line staff have a clear understanding of vulnerability identifiers (in the toolkit), appropriate pathways and referral 	<p>A</p>

	1.4.4	Capture and disseminate key good practice learning points from Operation Lakeland to all SCS and relevant staff.	Patricia Denney	Action awaiting Independent Report production.	<ul style="list-style-type: none"> Staff are aware of best practice when working with vulnerable children and young people who have been exploited and/ or abused Key messages arising from the Lakeland Independent Report are disseminated to staff 	
	1.4.5	Confirm arrangements for long term therapeutic support for children/young people who have experienced CSE and other forms of sexual trauma.	Thom Wilson	For review 30 th April 2015	<ul style="list-style-type: none"> Work in partnership with Public Health as part of the wider Emotional Health and Wellbeing Strategy work, championed by the Children's Health and Wellbeing Board. Practitioners are aware of services available for children and young people who have experienced CSE or sexual trauma. 	A
	1.4.6	All frontline staff working directly with vulnerable children and young people to undertake returner interview training. Inclusive of: <ul style="list-style-type: none"> KSCB Return Interview training Localised return interview 'train the trainer' workshops 	ADs, EHPS HoS	For review 30 th April 2015	<ul style="list-style-type: none"> All frontline staff working directly with vulnerable children and young people have strong skills on conducting productive and meaningful return interviews for children who go missing. Return interviews happen within 72 hours of each missing episode. Number of staff who have received returner interview training increases each month. 	R
	1.4.7	Develop a Public Law Outline (PLO) tracker system, in partnership with legal services	Karen Graham	For review 30 th April 2015	<ul style="list-style-type: none"> Challenge and address drift in cases escalating to proceedings 	A
1.5. Children and young people's views and opinions contribute to shaping social care services.	1.5.1	Produce a Participation Strategy for CHIN and CP The Kent CIC and Leaving Care Participation Strategy is published in the online procedures manual.	Melissa Caslake	30th April 2015	<ul style="list-style-type: none"> All children accessing SCS understand how their involvement and voice contribute to strategic decision making. Children and young people are encouraged to contribute and share their views on how the service is operating and meeting their needs. 	G

Theme 2: Effective Front Door
Lead Officer: Stephen Fitzgerald, Assistant Director South Kent Specialist Children's Services (SCS)

Objective	Ref	Action	Owner/ lead driver	Review/ End Date	Targets, outputs and outcome measures	RAG
2.1 Integration of services around	2.1.1	Co-locate the Early Help Triage with the Central Referral Unit.	Katherine Atkinson, Stephen	30 th May 2015	<ul style="list-style-type: none"> Information-sharing between agencies and professionals will be timely and specific Children and families receive access to the appropriate 	G

client groups or functions (County Council priority; Facing the Challenge; Delivering Better Outcomes 2013)			Fitzgerald		<ul style="list-style-type: none"> services for their need when they need it. There is a clear and documented pathway for referral to EHPS by the Central Duty Team for cases that do not meet the threshold for statutory assessment; including access to commissioned Early Help services and targeted expertise (e.g. offending behaviour, or absences from school). There is a clear and documented pathway for step ups and step downs between statutory assessment thresholds. 	
	2.1.1	Step down cases are tracked with oversight by senior managers to ensure that interventions by EHPS staff are timely and effective.	EHPS HoS Katherine Atkinson	Review 30 th April 2015	<ul style="list-style-type: none"> Re-referral to SCS is minimised Monthly monitoring data will provide numbers and trends by district on step ups and step downs. Numbers of children with a Child Protection Plan (CP plan), Children in Need (CIN) and Children in Care (CIC) receiving Early Help support, and kind of support are tracked. 	A
2.2 The Kent and Medway Inter-Agency Threshold Criteria is consistent with all KSCB toolkits, policies and changes to the Early Help assessment.	2.2.1	Review and refresh the threshold criteria to remove disparities between KSCB guidance and CSE Risk Assessment toolkit guidance/ other key KSCB policies and guidance. <ul style="list-style-type: none"> The refreshed Threshold Criteria is published and widely communicated to staff at all levels. 	Mark Janaway KSCB	Complete	<ul style="list-style-type: none"> All social care staff are aware of the refreshed CSE toolkit and Threshold Criteria Staff from across the partnership are aware of changes to the protocol 	
2.3 Children and young people who go missing from home are identified and supported to prevent further missing episodes	2.3.1	Establish a Single Point of Contact (SPOC) post to receive reports of all missing children and direct them to the relevant SCS or EH&PS Team.	Stephen Fitzgerald	Review 30 th April 2015	<ul style="list-style-type: none"> Missing children administrative staff appointed and in post in the Central Referral Unit. A single, centrally held point for all data on missing children. 	G
	2.3.2	Audit and quality assurance arrangements are in place to monitor the quality and frequency of return interviews across both SCS and EHPS	Mark Janaway	Monthly review	<ul style="list-style-type: none"> Dip-test samples show a percentage increase in the number of missing children having a return interview by SCS or Early Help and Preventative Services. Return interviews are of a high quality, helping children/ young people to understand risk. Outcomes of return interviews inform future planning for the individual. 	A

	2.3.3	All data on children missing and their outcomes to be recorded on Liberi system (through the SPOC)	Stephen Fitzgerald	Monthly review	<ul style="list-style-type: none"> For children known to SCS/ EHPS, every missing episode is recorded on the child's record. Information regarding missing children is shared with the Community Safety Partnership. Trends and 'hot spots' are reported at regular intervals to KSCB. 	A
2.4 Consolidation of contact and referral processes	2.4.1	Full implementation of Liberi's functions within the Central Referral Unit	Stephen Fitzgerald	30 th April 2015	<ul style="list-style-type: none"> Reduce reliance on paper systems, and reduce time spent conducting back-office processes 	A

Theme 3: Effective Early Help						
Lead Officer: Florence Kroll, Director of Early Help and Preventative Services (EHPS)						
Objective	Ref	Action	Owner/ lead driver	Review/ End Date	Targets, outputs and outcome measures	RAG
3.1 EHPS workforce is effective and achieves the KCC vision for Early Help services	3.1.1	Develop new Assessment, Planning and Review Forms and Outcome Trackers	Jeanne King, Newton Europe	1 st April 2015	Support the 0-25 Unified Programme's new ways of working and enable measurement of intervention's impact.	A
	3.1.2	Staff utilise new tools and methodologies arising from 0-25 Unified Programme transformation initiatives to achieve outcomes and reduce re-referrals to SCS.	Joint EHPS and SCS Divisional Management Teams	For review 1 st September 2015	Monthly performance and activity data will show a downward trend in line with targets and expectation	G
	3.1.3	Implement a new, integrated EHPS structure	Florence Kroll	1 st September 2015	New structure is in place and operating effectively across Kent in alignment with SCS in each District.	G
3.2 Strong quality assurance and evaluation mechanisms within EHPS to answer the question "How do we know it is working?"	3.2.1	EHPS has an agreed, robust Quality Assurance (QA) process and cycle for casework	Katherine Atkinson	26 June 2015	Quality assurance process is implemented and robustly monitoring the quality of interventions, and capturing areas of poorer performance.	G
	3.2.2	Early Help and Preventative Service managers receive regular, accurate information on activity within their area	Katherine Atkinson	Completion 30 th April 2015	Districts receive monthly reports detailing: <ul style="list-style-type: none"> Numbers of notifications Numbers of notifications leading to an assessment and plan Timeliness of each step 	A

3.3 Effective Early Help and Preventative Services are in place that reduce demand and can evidence impact and outcomes	3.3.1	Develop an integrated Early Help delivery model which achieves acceleration of phase 1 of the Troubled Families Programme and enables the achievement of turning around 8960 families in Kent by the conclusion of Phase 2 of the programme.	Florence Kroll	31 st July 2015	As Kent has the 3 rd largest troubled families target numbers nationally all Early Help and Preventative Case workers and other partners will be key workers helping families deliver positive outcomes.	G
3.4 Early Help Assessments and plans are of a high quality, timely and proportionate to risk	3.4.1	Revise and refresh the Early Help Assessment process to improve effectiveness and outcomes and provide a clear and simple pathway for children and young people's needs to be identified, assessed and a clear plan of support provided to the family.	Florence Kroll	30 th April 2015	By April 2015, increase Early Help Assessments (Kent Family Support Framework (KFSF)) completed per 10,000 for the following age groups: 0-4 year olds: 103 5-11 year olds: 154 11-16 year olds: 136 16-19 year olds: 57	A

Theme 4: Improved Outcomes for Children in Care (CIC) and care leavers

Lead Officer: Melissa Caslake, Assistant Director for Corporate Parenting

Objective	Ref	Action	Owner/ lead driver	Review/ End Date	Targets, outputs and outcome measures	RAG
4.1 Children in Care, their carers and care leavers are provided with easily accessible and helpful information; including about their placement before they move.	4.1.1	Review and update Kent's Strategic Looked After Children Plan for 2015-16.	Jill De Paolis	Completion 30 th April 2015	<ul style="list-style-type: none"> KCC has published and agreed corporate parenting objectives for the year ahead; information is readily available to professionals and families via Kent.gov.uk and the online procedures manual. Corporate Parents have a strong knowledge of service activity and the 2015-16 strategic objectives for children in care and care-leavers 	G
	4.1.2	Ensure all children receive a CiC pack and it is regularly reviewed and updated Continued implementation of a recommendation arising from Ofsted's CIC inspection July 2013	Melissa Caslake	Monthly review	<ul style="list-style-type: none"> Ensure all staff regularly receive and disseminate the VSK newsletter to children, young people and their carers All eligible children and young people in care are aware of the Kent Pledge, the Kent Cares Town website, their entitlements and how to get involved with Council activity. IRO management report shows an increased % of children aged 8+ receiving a consultation leaflet prior to their review, and are assisted to complete it, if requested. 	A
	4.1.3	Recruit more Independent Reviewing	Patricia	30 April	<ul style="list-style-type: none"> Dip-sample audits demonstrate children and young people 	

		Officers (IROs)	Denney	2015	in care receive timely and appropriate support, and do not experience drift or delay in care planning processes	A
4.2 Children and young people in care and leaving care live and thrive in safe and stable placements in which they develop safe and secure relationships.	4.2.1	Deliver a new, fit for purpose Commissioning & Sufficiency Strategy which articulates our sufficiency needed, our approach to meeting them and establishes a clear action plan for how to make improvement.	Thom Wilson	Strategy implementation Review 30 th April 2015	<ul style="list-style-type: none"> As part of the 0-25 Unified Programme, introduce a pathway plan for careleavers in supported accommodation (action 4.2.3.) Sufficiency strategy is published on Tri.X and Kent.gov.uk %increase of in-house foster carers who can support adolescents and those children with more complex needs, 	G
	4.2.2	Increase the % of Children in Care with permanency plan at the 4 month review	CYPSPMs (Children and Young People's Service - CIC)	Review 30 th April 2015	<ul style="list-style-type: none"> There is robust management of decision making processes leading to a decision on permanence and children do not 'drift' in the care system. Children in care achieve a sense of belonging either through reunification, long term fostering or adoption. 	A
	4.2.3	Review the current pathway plan template to develop a more appropriate plan format that better addresses care planning for care leavers.	Sarah Hammond, Newton Europe	30 th April 2015	<ul style="list-style-type: none"> An 'ideal pathway' plan for all care leavers is introduced, with a data tracking system to monitor care leavers' progress to independent living. All staff within the care leavers' service receive appropriate training to implement the pathway plan. 	A
	4.2.4	Working with District Authorities, strengthen housing protocols in relation to youth homelessness	Sarah Hammond	For review July 2015	<ul style="list-style-type: none"> Ensure vulnerable young people can access accommodation suitable for their needs 	A
4.3 Reduce the prosecution of CIC and numbers of CIC involved in the criminal justice system	4.3.1	Implement the Kent and Medway Joint Protocol on Criminal Justice Agency Involvement with Children in Care <ul style="list-style-type: none"> Undertake cross- divisional audits to access joint working with young people either known to be at risk of offending, or already known to YOS and SCS. 	Melissa Caslake	Review 29 th May 2015	<ul style="list-style-type: none"> Improve the recording for CIC identified as having a substance misuse problem. Numbers of Children in Care shown will initially increase as recording improves. % reduction in the numbers of CIC re-offending % reduction in the numbers of CIC entering the criminal justice system <p>Note: Kent and Medway Joint Protocol is the local version, which sits beneath the overarching South East Protocol to reduce offending and criminalisation of CIC.</p>	A
4.4 The health and well-being of Children in Care and Care Leavers is prioritised	4.4.1	Work with Kent's CCGs to manage the Children and Young People Mental Health service (formerly CAMHS), to ensure appropriate and timely access to mental health and emotional wellbeing services for CIC.	Elizabeth Williams, Carol Infanti	Review 10 th April 2015 Next data due April 03 2015.	<ul style="list-style-type: none"> Children and young people have an assessment within 4 weeks and treatment within 12 weeks from referral. All CIC who need a mental health or emotional wellbeing service receive it. Staff report satisfaction with the responsiveness and accessibility of the Children and Young People Mental Health service, including the CIC element of the service. 	A