

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

“Must do” actions for Specialist Children’s Services (SCS), Early Help and Preventative Services (EHPS) 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.

The Council’s Strategic Statement 2015-2020, Outcome 1 is: “**Children and Young People in Kent get the best start in life**”. 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 Care Leavers

Governance

The Children’s Improvement Group meets monthly 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 EHPS and Philip Segurola, Director of SCS.

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	Lead driver	Review/ end date	Targets, outputs and outcome measures	RAG
1.1. Support KSCB 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 (sub-group Chair)	Review 31 st July 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	Julie Davidson	Progress review 31 st July 2015	<ul style="list-style-type: none"> Children, families and partners are aware of and engaged with the methodology. All relevant staff receive training or briefing and understand how to apply the framework to their work. Embedded learning and new ways of thinking lead to evaluated/ audited plans showing a stronger depth of analysis, child-focus and clear focus on outcomes. 	G
	1.2.2	Carry out face-to-face auditing/ case-coaching on randomly selected cases	Lee-Anne Farach, Practice Development Unit	Review 31 July 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	Completion 31 st October 2015	<ul style="list-style-type: none"> Appropriate rigour is applied in quality assuring practice with vulnerable children and young people as evidenced by audits of CP Chairs plans and reviews of thresholds. All CP Chairs and IROs receive Signs of Safety training 	G
	1.2.4	Review and refresh current online case audit process	Lee-Anne Farach	Review 31 July 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. Cases found to be inadequate are re-audited monthly until practice, recording and analysis has improved to a level of 'Good'. 	G

<p>1.3. Regular supervision focuses on the management of risk and practice challenge. Decisions and options considered are recorded as case-notes on Liberi. Actions arising from Supervision Policy</p>	1.3.1	<p>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.</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 The Quality Assurance and Performance Monitoring Unit to undertake random auditing of supervision records as part of the overall programme of yearly audits. 	<p>Service Managers (SMs)</p> <p>Lee-Anne Farach, Head of Quality Assurance</p>	<p>Review 31 August 2015</p>	<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 Standards for Supervisors. 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. 	A
	1.4.1	<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 31 July 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. KCC departments and staff are clear of actions arising from this multi-agency work plan. 	G
	1.4.2	<p>Establish a targeted preventative and self-protection programme on child sexual exploitation for looked after children</p>	<p>Geoff Gurney, Teresa Vickers</p>	<p>For review 31 July 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 completed foster carer training is included in the carer's training profile and assessed as part of their annual review. 	A
1.4.3	<p>All frontline professionals who work with children and young people must undertake LSCB awareness training or</p>	<p>ADs, EHPS HoS</p>	<p>Numbers of staff trained or</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 	A	

		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		signed up for training for review 31 July 2015	<ul style="list-style-type: none"> Front-line staff have a clear understanding of vulnerability identifiers (in the toolkit), appropriate pathways and referral 	
	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 Management Review.	<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 31 July 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 31 st July 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. 	A
	1.4.7	Develop a Public Law Outline (PLO) tracker system, in partnership with legal services	Karen Graham	Completion 31 st July 2015	<ul style="list-style-type: none"> Challenge and address drift in cases escalating to proceedings; ensure high risk cases are progressed in a timely way 	G
1.5. Children/ young people's views and opinions contribute to shaping services.	1.5.1	Produce a Participation Strategy for CHIN and CP The current Kent CIC and Leaving Care Participation Strategy is published in the online procedures manual.	Geoff Gurney	Complete	<ul style="list-style-type: none"> Action complete 	
1.6 Children in Need (CIN) receive timely and	1.6.1	CIN cases are routinely audited to reduce 'drift' and ensure each child: <ul style="list-style-type: none"> Is visited at least every 4 weeks Their plan is outcome focussed, 	IFSMs and Lee-Anne Farach	For review 31 July 2015	<ul style="list-style-type: none"> Achieve a county average of 30 days for assessment; all assessments to be completed within 45 days. CIN are visited at least every 4 weeks, or more frequently-dependent on need 	R

focused assessments		strengths, risks and needs are clearly identified			<ul style="list-style-type: none"> Every CIN (not including finance only) has an outcome-focused plan within 45 days of referral. 	A
		In line with CIN plans and reviews policy .			<ul style="list-style-type: none"> The frequency of visits and timescales for review is recorded on the child's plan 	A
1.7 Quality Assurance mechanisms robustly challenge all areas of performance and enable a learning organisation.	1.7.1	Roll-out a refreshed Deep Dive process to all areas of the service	Lee-Anne Farach	For review 31 July 2015	<ul style="list-style-type: none"> Deep Dives have an interactive auditing element, which focusses on the experiences of individual children Deep Dives have an increased focus on the effectiveness of social care's work with multi-agency partners 	G

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

Objective	Ref	Action	Lead driver	Review/End Date	Targets, outputs and outcome measures	RAG
2.1 Integration of services around client groups or functions (County Council priority; Facing the Challenge; Delivering Better Outcomes 2013)	2.1.1	Co-locate the Early Help Triage with the Central Referral Unit.	Katherine Atkinson, Stephen Fitzgerald	Complete	Action complete	
	2.1.2	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 31 July 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, Children in Need (CIN) and Children in Care (CIC) receiving Early Help support, and kind of support are tracked. 	A
2.2 Threshold Criteria	2.2.1	Refresh threshold criteria to remove disparities between KSCB guidance and CSE Risk Assessment toolkit	Mark Janaway	Complete	Action complete	
2.3 Children and young people who go missing from home are identified and supported to	2.3.1	Establish a Single Point of Contact (SPOC) for missing children	Stephen Fitzgerald	Complete	Action complete	
	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 	A

missing episodes					<ul style="list-style-type: none"> interviews inform future planning for the individual. Return interviews are carried out within 72 hours or the child being found. If the child/ young person refuses a return interview then this is clearly selected on Liberi. 	
	2.3.3	All data on children missing and their outcomes to be recorded on Liberi system (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 regularly to KSCB. 	G
2.4 Consolidation of contact and referral processes	2.4.1	Full implementation of Liberi's functions within the Central Referral Unit	Stephen Fitzgerald	Complete	<ul style="list-style-type: none"> Reduce reliance on paper systems, and reduce time spent conducting back-office processes 	

Theme 3: Effective Early Help						
Lead Officer: Florence Kroll, Director of Early Help and Preventative Services (EHPS)						
Objective	Ref	Action	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	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	<ul style="list-style-type: none"> Monthly performance and activity data will show a downward trend in line with targets and expectation Reduction in referrals to SCS to 'no more than 16,779'- EYPS Business Plan 2015-16. 	G
	3.1.2	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 mechanisms 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	1 st September 2015	<ul style="list-style-type: none"> Quality assurance process is implemented and robustly monitoring the quality of interventions, and capturing areas of poorer performance. Assessments are effective and outcomes focussed, providing a clear plan of support 	G
	3.2.2	Early Help and Preventative Service managers receive regular, accurate information on activity within their area	Katherine Atkinson	Complete	<ul style="list-style-type: none"> Action complete 	
3.3 Effective Early Help services are in place that reduce demand;	3.3.1	Develop an integrated Early Help delivery model which achieves acceleration of phase 1 of the Troubled Families Programme.	Florence Kroll	31 st July 2015	<ul style="list-style-type: none"> Achieve a 'turnaround' of 8960 families in Kent by the conclusion of Phase 2. Impact and outcomes of work undertaken is evident <p>Kent has the 3rd largest troubled families target numbers nationally</p>	G

3.4 Early Help Assessments and plans are of a high quality, timely and proportionate to risk Targets from EH&PS scorecard	3.4.1	Develop new Assessment, Planning and Review Forms and Outcome Trackers in line with KFSF.	Jeanne King, NE	Complete	<ul style="list-style-type: none"> Action complete Kent Family Support Framework (KFSF)	
	3.4.2	Audited Early Help assessments and plans: - are completed in a timely way; - have SMART targets and clear outcomes.	Katherine Atkinson, EHPS HoS	Review 30 th September 2015 (Dependent on 3.2.1)	<ul style="list-style-type: none"> % increase in the number of Early Help cases closed with a positive outcome % increase in the number of assessments completed within 2 weeks of notification % increase of plans in place within 4 weeks of notification 	

Theme 4: Improved Outcomes for Children in Care (CIC) and care leavers						
Lead Officer: Geoff Gurney, Assistant Director of Corporate Parenting						
Objective	Ref	Action	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	Complete	<ul style="list-style-type: none"> Action complete Looked After Children and Care Leaver Strategy 2015-16 	
	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	Geoff Gurney	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 Officers (IROs)	Patricia Denney	Completion 31 July 2015	<ul style="list-style-type: none"> As a result of reduced IRO average caseloads- dip-sample audits demonstrate children and young people 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	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 31 July 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 their second review	CYPsMs (Children and Young People's Service - CIC)	Review 30 August 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. 	A

secure relationships.					<ul style="list-style-type: none"> Children in care achieve a sense of belonging either through reunification, long term fostering or adoption. 	
	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	Review 31 July 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. 	G
	4.2.4	Working with District Authorities, strengthen housing protocols in relation to youth homelessness	Karen Mills	For review July 2015	<ul style="list-style-type: none"> Ensure vulnerable young people can access accommodation suitable for their needs and are not unnecessarily accommodated <p>Accommodation for 16+ Care Leavers aspect of 0-25 Unified Programme</p>	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. 	Geoff Gurney, Rebecca Ransley	Review 31 st July 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>Kent and Medway Joint Protocol is the local version, 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 31 st July 2015 Next data due July 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 Mental Health service. 	A
4.5 Increase the numbers of care leavers in Education, Employment or Training (EET)	4.5.1	Introduce bespoke measures to assist young people aged 18-21 leaving care to access Higher or Further Education, Employment or Training.	Sue Clifton, Sue Dunn, Tony Doran	Review 30 th September 2015	<ul style="list-style-type: none"> Opportunities and means of support are clearly communicated to cohort of young people leaving care/ supported by the Care Leavers' service Increase the percentage of Care leavers in EET Regular progress on this matter is reported to the Corporate Parenting Panel 	A