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Date: 12 October 2011

Dear Member

COUNTY COUNCIL - THURSDAY, 20 OCTOBER 2011

I am now able to enclose, for consideration at next Thursday, 20 October 2011 meeting of the County Council, the following report(s) that were unavailable when the agenda was printed.

Agenda No	Item
7	**Children's Services Improvement Plan - update (to follow)** **(Pages 1 - 44)**

Yours sincerely

Peter Sass
Head of Democratic Services

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

Malcolm Newsam, Interim Corporate Director of Families & Social Care

To: County Council - 20 October 2011

Subject: **CHILDREN'S SERVICES IMPROVEMENT PLAN – UPDATE**

Classification: Unrestricted

Summary:

Provides Members with an update on progress on the Children's Services Improvement Plan and outlines the focus for the next six months from October 2011 to April 2012.

Recommendations

The County Council is asked to:

(a) NOTE the achievement of the August Improvement Notice Targets
(b) NOTE the very significant progress that has been made since the last presentation in May 2011
(c) NOTE the Phase 2 Improvement Plan

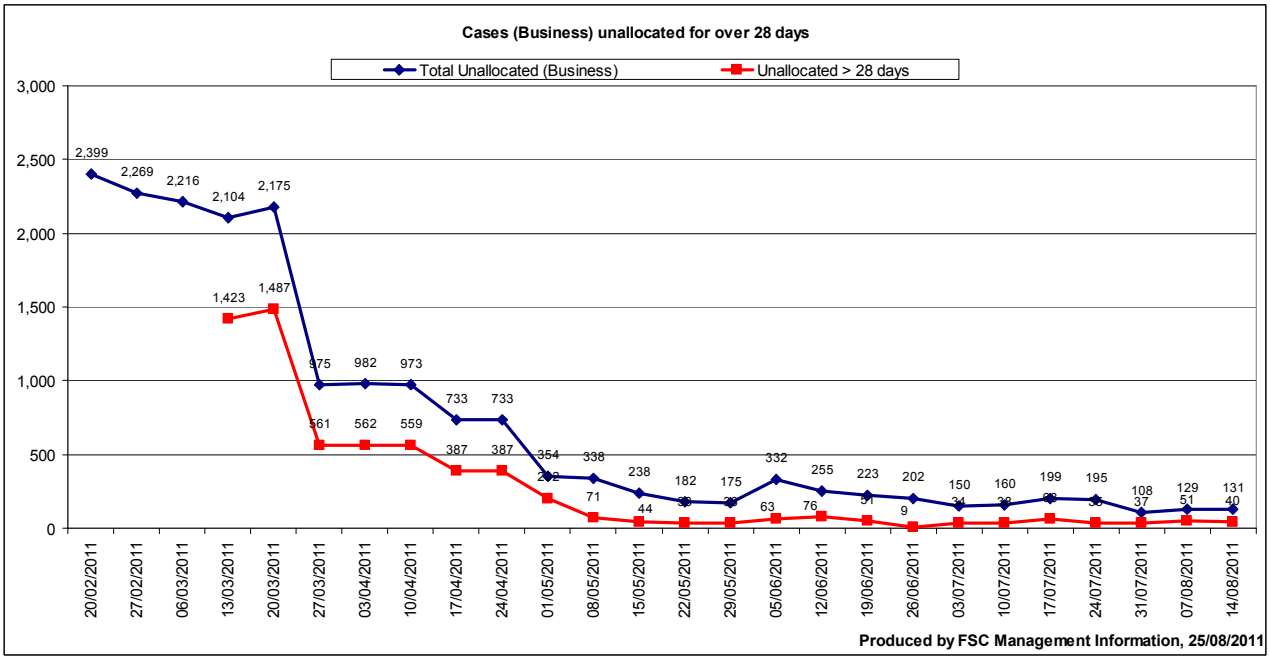
Introduction

1. (1) This is the second feedback to County Council on progress made in implementing the Improvement Plan. The presentation in May 2011, outlined the 10 Core Tasks which were the focus for the first six months of transformation, and summarised the actions taken to date.

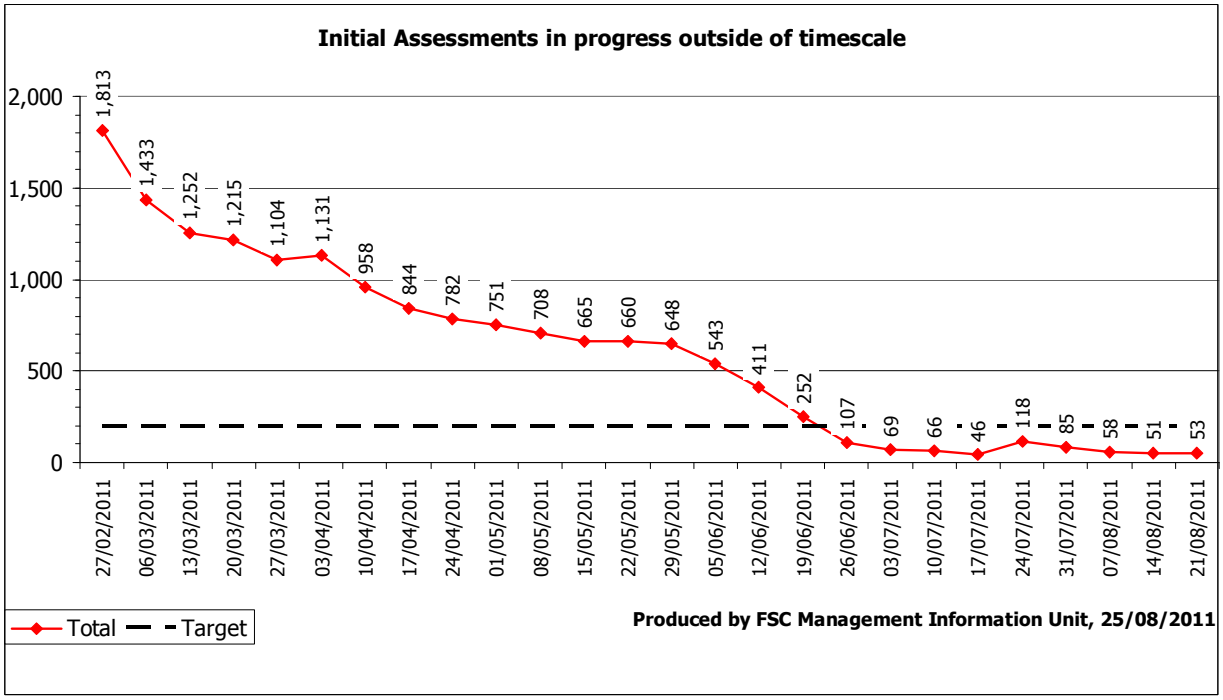
Achievement of the August Improvement Notice Targets

2. (1) Three of the Improvement Notice targets had a deadline of August and all three have been met, which is a tremendous achievement. The enormous effort put into reducing the backlogs of cases - bringing in the peripatetic team, diverting the Parenting Capacity Team staff, relentless tracking progress through daily/weekly/monthly/quarterly monitoring reinforced at district meetings and through the Deep Dive exercises – has delivered the required results.

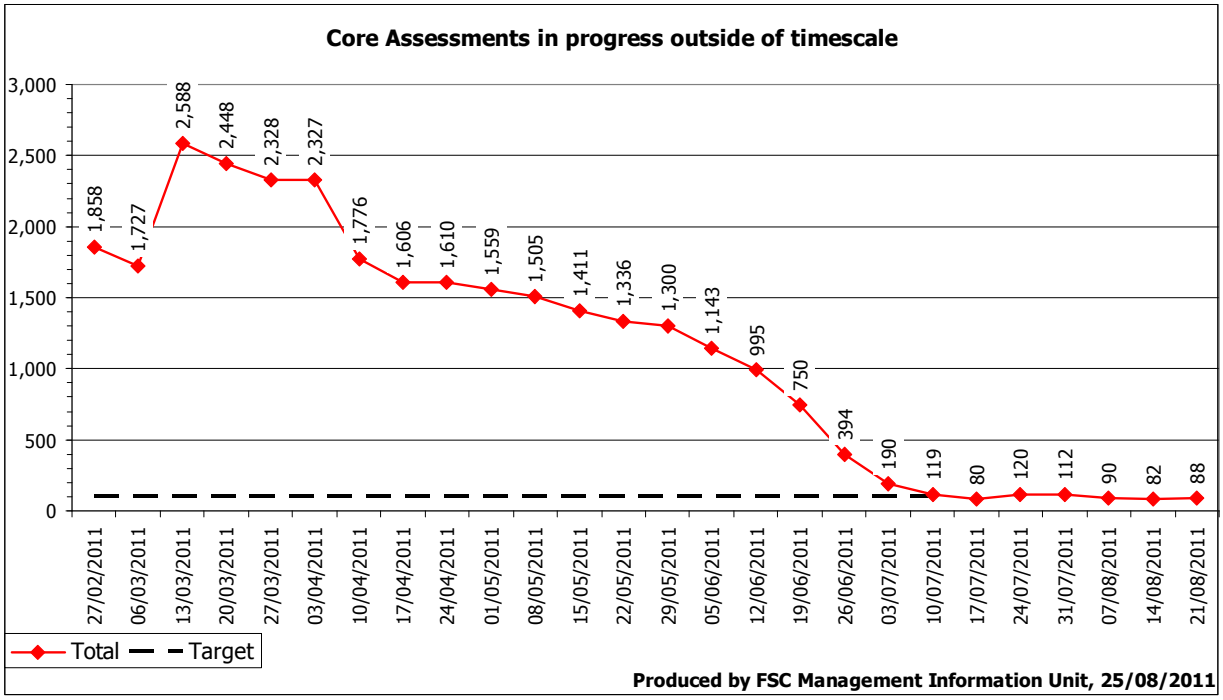
(i) The first Improvement Notice target was to have no more than 100 unallocated cases over 28 days. Unallocated cases have been reduced from 2,633 to 131 (on 14 August), of which only 40 have been unallocated for more than 28 days, as the graph below shows.



(ii) Initial Assessments out of timescale have been reduced from 2,208 to 53 (on 21 August), easily overshooting the Improvement Notice target of 200.



(iii) Even the most challenging target - to have no more than 100 Core Assessments out of timescale – has been achieved as the graph below shows.



Other Progress

3. (1) We are now also able to demonstrate a significant improvement in the timeliness of our Initial Assessments. Our current year performance (1 April 2011 to 31 July 2011) is 74% (5% above our Improvement Notice target of 69% for 2011/12).

(2) The timeliness of core assessments is still masked by the closing of the large numbers that have been out of timescale. When we filter these out the underlying performance much stronger - 89% of assessments due were completed on time.

(3) The focus on tackling the backlog has also brought dividends for throughput – caseloads are substantially reduced, and there is a more disciplined approach to case management including setting target end dates to avoid drift. Numbers of children in need are starting to reduce. A Throughput Improvement Programme has been established to ensure that throughput is maintained and backlogs do not build up again. The peripatetic (interim) team of social workers have worked through the backlogs of unallocated cases during their six month contract and we will ensure that backlogs do not build up again on their departure at the end of their contract in October. The Throughput Improvement Programme will help to avoid a similar situation arising again and enable social workers to have manageable caseloads.

(4) The Performance Management Framework has been implemented, and processes around performance management have been strengthened. Heads of Service now receive daily information on cases out of timescale or unallocated, and weekly and monthly reports are scrutinised by managers and acted upon. The Duty Tracker is embedded in all Duty and Initial Assessment Teams (DIATs), which has greatly strengthened the management grip on new cases coming through the system. The Deep Dive meetings held in June resulted in a step change in

performance and are being repeated. This second round will be completed on the 27 October.

(5) The Quality Assurance Framework has also been approved. Since August every social work manager from the Corporate Director down to Principal Social Worker has been auditing a case a month. The DIAT Improvement Programme comprises a combination of written guidance and protocols ("inspection-ready" packs issued to each DIAT, Duty Manual, Practice Standards, Transfer Protocol, Duty Tracker) with 'hands on' mentoring and guidance, and will be completed by November.

(6) The new County Duty Team of temporary social workers went live on 12th May, dealing with inter-agency referrals and domestic violence notifications. It has already had an impact in terms of consistent, better quality decision-making and has reduced referrals substantially. It is shortly to be expanded to take on all children's phone contacts, and will form part of the planned multi-agency referral unit being established in January.

(7) To improve working conditions for staff, every site has been visited, issues identified and reviewed, and priorities agreed with local managers and Heads of Service. A planned programme of costed actions is being implemented, with a number of quick wins already making a difference. On the technology front, the tender for a new Integrated Children's System is progressing well, and in the meantime improvements have been made to the network and to the memory capacity of individual laptops/PCs.

(8) Considerable work has been undertaken to implement a new and strategic approach to commissioning. The Families and Social Care Directorate Management Team has approved an overall framework that will ensure local commissioners are operating within a clear strategic framework, on the basis of specific outcomes, as well as a thorough understanding of local need.

(9) The senior management group within Specialist Children's Services have now been through an assessment centre (based on the Kent competencies combined with a leadership survey that identified gaps and weakness). Following this, a programme is being developed to promote the demonstration of competencies, required behaviours and expectations of leaders. Guidance is also being drawn up around management responsibilities, accountabilities and competencies. Communications have also been improved with weekly bulletins, 'Jenny's Journal' a regular communication from the Lead Member and the development of the Children's Services Improvement Plan (CSIP) hub on KNet to give staff a clear sense of direction and purpose. The member-led Corporate Parenting Panel has also urged that social workers are properly recognised and discussions are ongoing with a local newspaper group to establish a "Social Worker of the Year" award for Kent.

(10) The compelling offer, which aims to bring trained and experienced social workers into Kent, retain our existing experienced staff, and recruit more staff from within Kent (returners and 'grow your own') was approved by the County Council, and is being implemented. A new 3 month campaign was launched at the

end of August aimed at recruiting experienced social workers, Principal Social Workers and Team Leaders.

(11) Corporate parenting governance arrangements have been considerably strengthened since the Ofsted report. The all-party Children's Service Improvement Panel meets on a monthly basis and the Corporate Parenting Panel meets quarterly. The Lead Member has visited 11 of the 12 District Children's Social Services offices and discussed delivery of the Improvement Plan with managers and front line social workers. Members have also signed up to the Shadow a Social Worker scheme and are providing feedback to Council Committees and the Lead Members about their experiences. Members have also attended three corporate parenting training sessions in July and October and further sessions will be held on 21st, 25th and 26th of October.

Next Steps

4. (1) Whilst it is right to celebrate the achievements of the last six months, County Council should be under no illusions about the challenges ahead. There is still a great deal of work to be done to meet the aspiration for Kent County Council to be excellent in terms of safeguarding children and providing services to looked after children. Now that the backlog has been addressed, throughput improved and caseloads reduced we can focus on quality and sustainability, ensuring that the Council has a positive impact on outcomes for children and young people.

(2) A Phase 2 Improvement Plan has been drawn up that builds on but moves on from the original Improvement Plan. The key themes are:

(i) Maintain the timeliness of assessments and ensure all cases are allocated appropriately
(ii) Raise the quality of casework
(iii) Put in place a range of preventative services to avoid unnecessary family breakdown, with particular focus on high level family support, services for vulnerable adolescents, and more effective use of the Common Assessment Framework
(iv) Improve care planning and outcomes for looked after children
(v) Reduce the numbers of looked after children, including increasing adoptions and implementing the recommendations of the independent review of the adoption service
(vi) Reduce the number of children subject to Child Protection Plans
(vii) Deliver services through a locality-based integrated structure which is fit for purpose, strongly managed, and staffed by experienced and competent social workers.

(3) The Phase Two Improvement Plan is shown at Appendix A.

Financial Implications

5. (1) £3.5m has been allocated to support the improvement programme this year, in addition to the costs of implementing the workforce strategy.

Bold Steps for Kent and Policy Framework

6. (1) Improving Children's Services following the Ofsted Inspection last autumn has been identified as the Council's top priority.

Legal Implications

7. (1) The Secretary of State has the power to issue a statutory intervention notice if he or she deems this is required to secure the necessary improvements within a failing service.

Equality Impact Assessments

8. (1) There are no issues to report on this.

Risk and Business Continuity Management

9. (1) A risk register has been established and maintained, and is reported regularly to the external Improvement Board.

Key strategic risks we need to mitigate are:

- Numbers of Looked After Children may continue to increase with impacts on staffing resources and outcomes for children
- There may continue to be an increase in the number of children subject to a Protection Plan due to low thresholds, shortages in preventative services and inadequate multi-agency working
- Recruiting and retaining experienced staff and managers
- Untoward safeguarding incidents

Consultation and Communication

10. (1) The programme will continue to communicate with staff, managers, KCC Members, the Children's Trust and the External Improvement Board on improvement achievements and challenges.

(2) Staff engagement has also been a major focus of programme communications, with weekly progress bulletins from the Interim Corporate Director issued to Specialist Children's Services employees and the development of an improvement intranet site providing staff with all relevant consultation and communication information relating to the improvements in a 'one stop shop'. The Cabinet Member for Specialist Children's Services also provides staff with a journal update on a monthly basis.

Sustainability and Rural Proofing Implications

11. (1) There are no sustainability and rural proofing implications.

Conclusion

12. (1) There has been very significant progress in key areas across the Improvement Plan as a whole and staff and colleagues are to be commended for achieving this rapid and successful transformation. However, there is still considerable work to do, with some complex challenges to address. The Phase 2 Improvement Plan re-focuses our efforts to ensure that this rapid improvement is maintained over the next six months and beyond.

Recommendations

13. (1) The County Council asked to:

(a) NOTE the achievement of the August Improvement Notice Targets
(b) NOTE the very significant progress that has been made since the last quarterly report
(c) NOTE the Phase Two Improvement Plan.

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Background documents:
Appendix A: Phase Two Improvement Plan

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Putting Children First

Kent Safeguarding and Looked After Children Improvement Plan

Phase 2: October 2011 – April 2012

Kent Safeguarding and Looked After Children Improvement Plan

The Improvement Plan endorsed by the Kent Improvement Board in April 2011 sets out the overall context, governance arrangements, and planned actions by partners in Kent to improve services to children and support looked after children following the OFSTED inspection in autumn 2010. In that Plan, we identified 10 Core Tasks which would be the focus of the first six months. Our progress against those core tasks are set out below:

Core Task	**Progress**
1. Bring in a peripatetic team to reduce the number of unallocated cases, reduce numbers of incomplete assessments and restore timely assessment timescales.	• Peripatetic Team recruited, trained and operational from early May. • Team have successfully reduced the assessment backlog, and continue to undertake short-term work • Robust exit strategy devised. Handover date agreed, 11 November 2011.
2. Strengthening the quality of work undertaken in the assessment teams.	• Duty and initial Assessment Team improvement Programme, combining written guidance and protocols ("inspection ready" packs, Duty Manual, Practice Standards, Transfer Protocol, Duty Tracker) issued to all DIATs. • "Hands on" advice and coaching successfully implemented and forecast for completion by mid-November
3. Restoring throughput, pruning caseloads and reducing the number of children in need.	• Backlog of Initial and Core Assessments cleared (through deployment of peripatetic team, diversion of the Parenting Capacity Advisory Service and focus on staff across Specialist Children's Services with 'step downs' of Children in Need cases to preventative services). • Timeliness of assessments restored. • Caseloads reduced caseloads from 11625 on 23/01/11 to 10438 on 28/08/11, with numbers of Children in Need are starting to reduce (there were 8369 CIN cases on 23/01/2011; figure reduced to 6884 on 28/08/11)

4. Making structural changes for handling initial assessments, fixing Kent contact and assessment service and introducing specialist looked after children teams.	• County Duty Team established to take on Inter-Agency Referrals and Domestic Abuse Notifications; establishment shortly to expand to take all child phone contacts and consultations. • Model developed to identify how many staff are required in each district. • Initial plans developed to establish specialist LAC teams. • Wider restructuring needed to make specialist Children's Services fit for purpose; to be addressed in Phase 2 Plan.
5. Strengthening first line management accountability and the quality of supervision through training, development and audit.	• Supervision policy re-issued to all staff. • All managers gone through a comprehensive supervision training programme. • Analysis undertaken on management capacity and spans of control. • Full-scale supervision audit has been completed; action plan is being developed to structure remedial actions.
6. Implementing an effective management information and quality assurance framework.	• Performance Management and Quality Assurance Frameworks approved and implemented. • Daily, weekly, monthly and quarterly reporting has created a culture with far greater awareness of deadlines and targets, and stronger management grip. • From August, every social work manager from the Corporate Director to first line manager are undertaking one case audit every month.
7. Filling resource gaps by more effective recruitment and putting in place a compelling workforce strategy.	• Compelling workforce strategy approved in May and implemented. • Recruitment campaign launched, which over the next six months will target experienced social workers, team leaders and principal social workers.

	• Vacancy rates are slowly reducing; it is expected that the 10% target will be achieved within timescale.
8. Building an effective commissioning framework and range of preventive services	• Families & Social Care Directorate Management Team approved an overall framework that will ensure local commissioners are operating within a clear strategic framework on the basis of specific outcomes, as well as a thorough understanding of local need. • Early Intervention & Prevention Strategy is being redrafted to be more Kent-specific and will be completed in autumn 2011. • Specification of services undertaken to ensure they are consistent with the strategic priorities, particularly focusing on intensive family support and targeted adolescent services. • Placement Support Service (one point of contact for social workers requiring external placements for looked after children) is working well and is being expanded to include residential placements.
9. Strengthening the Kent Safeguarding Children Board (KSCB) and the Kent Children's Trust (KCT) arrangements, Common Assessment Framework and threshold arrangements.	• KSCB and Joint Strategic Commissioning Board (formally KCT) have been reviewed and recommendations are being implemented to make them more effective. • The number of CAFs carried out is rising • CAF Action Plan is being implemented. • Threshold criteria have been widely promulgated • Extensive training and workshops for all agencies involved in referral thresholds and CAF developed and implemented • Plan developed to convene additional district-based sessions via the local Children's Trust.
10. Providing front line teams with suitable accommodation, ICT arrangements, infrastructure and support.	• Every site housing social work staff has been reviewed and outstanding issues identified. • Prioritised works agreed with local managers and Heads of

	Service. • Planned programme of costed actions is being implemented with immediate works already making a difference. • Improvements made to the network and the memory capacity of individual laptops and PCs • Urgent action to tender a replacement Integrated Children's System is being undertaken.

Six months on, the Improvement Plan needs to be re-focussed on quality and sustainability. The themes for the next six months are therefore:

1. Maintain the timeliness of assessments and ensure all cases are allocated appropriately
2. Raise the quality of assessment casework, and recruit and retain staff with the appropriate competencies
3. Put in place a range of preventative services to avoid unnecessary family breakdown
4. Improve care planning and outcomes for looked after children
5. Reduce the numbers of looked after children
6. Reduce the number of children subject to Child Protection Plans
7. Deliver services through a locality-based integrated structure which is fit for purpose and strongly managed

Kent Safeguarding and Looked After Children Improvement Plan

Priority 1 – Maintain the timeliness of assessments and ensure all cases are allocated appropriately				
Priority Lead – Alastair Pettigrew				
Outcome – The excellent progress made up to September 2011 is maintained or improved.				
Ref	**Actions**	**Timescale**	**Delivery Lead**	**Targets & Measures**
1.1	• Weekly performance monitoring of timescale activity • Weekly review of unallocated cases • District specific remedial actions taken on a weekly basis where required • ICS practice reviewed to ensure best practice is reflected on the system • Ongoing work with Central Duty Team and partners to ensure appropriate application of thresholds • Series of workshops on the use of the audit tool in practice rolled out across districts, to ensure consistency of ratings and accurate measures of improvement across the organisation. • Targets set to monitor number of assessments in progress but out of timescale	1 September 2011 weekly/monthly monitoring	Karen Graham, Michelle Woodward, Cathy Yates, Kathy Lambourn	• At least 69% of Initial Assessments, 80.4% of Core Assessments to be completed within timescales • No more than 100 cases to remain unallocated over 28 days (current performance = 39 cases unallocated over 28 days, 07/09/11) • KSCB threshold audit and internal case review audit identifies appropriate threshold application in response to professional referrals in 90% of cases reviewed • Month on month increase in assessments judged adequate/good in monthly audits.

Kent Safeguarding and Looked After Children Improvement Plan

Priority 2 – Focus on raising the quality of assessment and casework				
Priority Lead – Donna Marriott				
2.1 Outcome – Deliver a robust programme to improve the quality of assessment and casework, and provide qualitative and quantitative information about the impact of services on outcomes for children and young people.				
Ref	**Actions**	**Timescale**	**Delivery Lead**	**Targets & Measures**
2.1.1	• Review current CP procedures (Duty Manual) to ensure they reflect Best Practice • Develop and implement mandatory cross-county Quality of Practice audits to be undertaken by all managers • Review of all cases judged inadequate critical and followed up to ensure action is taken • Follow up processes developed and monitored for all cases judged inadequate • Children are seen and their views recorded in all assessments, including designated sections in KCC Case Conference reports and promoted as best practice within Health's G2 SGC training • Review current assessment templates • Develop and disseminate practice standards for practitioners (CIN/CP/LAC) • Implement quality standard leaflet for parents • CIN Procedures to be strengthened and re-launched	30 December 2011 30 October 2011, monthly Monthly Ongoing Ongoing 30 December 2011 30 December 2011 30 November 2011 30 December 2011	Donna Marriott, Karen Graham, Michelle Woodward, Cathy Yates, Kathy Lambourn	• Average of 100 audits per month achieved across the County, with a minimum of 10 for each district • Audit results and follow up reported monthly to the Specialist Children's Services DivMT and quarterly to the Families & Social Care DMT • Ongoing case auditing identifies that children are seen and their views recorded (as appropriate) in 90% of assessments • User feedback on the delivery of practice standards to be collated and used to inform delivery protocols. • Auditing shows the views of children are being recorded in case documentation • Verification of improved quality to be evidenced over time (specific targets to be developed as the programme embeds). • Performance in terms of numbers of children with a CIN

	• Baseline to be established to assess where performance is currently in comparison high performing authorities using KPIs as a starting point			plan improves/reduction in the numbers of CIN • Measurements are established and attained
	• Public Law Outline processes strengthened to ensure timely intervention – practice protocols to be strengthened (to include holistic overview of the child) and re-launched	1 January 2012 - 30 March 2012	Donna Marriott	• Number of children with a CPP are reduced • Length of care proceedings from first hearing to final order are reduced • Feedback from courts reflects increased robustness of processes • Reduction in the use of independent assessors
2.1.2	• Undertake Mock inspections of Duty and Initial Assessment Teams which were judged as not being inspection ready previously • Districts to address any points of concern/areas requiring improvement; remedial action to be recorded and evidenced	1 September 2011 - 31 November 2011	Donna Marriott	• Mock inspections find children are appropriately safeguarded • All DIAT's are inspection ready • number of quality of practice audits ranked adequate - good increases • Findings of unannounced OfSTED inspection are improved upon in comparison to 2010 unannounced
2.1.3	District-level improvement plans to be revised and sharpened to reflect local performance issues on an ongoing basis	30 September 2011; review at monthly Performance Board from 31 October 2011	Alastair Pettigrew, Karen Graham, Michelle Woodward, Cathy Yates, Kathy Lambourn	• Plans in place in all districts with evidence of remedial action following results of the DIAT improvement programme, Deep Dive scrutiny, the mock DIAT inspections. Plans are reviewed on a quarterly basis

				to ensure that progress is monitored and sustained. • District plans to be monitored by SCS Performance Board on a monthly basis in-line with Performance Management Framework stipulations. • Monthly performance reports evidence improvement. • Quality of practice audits ranked adequate to good increased.
2.1.4	Regular thematic audits undertaken on specific practice areas as defined by QA Framework timetable	Rolling Programme to be drawn up by 30 November 2011	Donna Marriott	• Regular, robust reports delivered to SCSDivMT, FSC DMT which include recommendations for remedial actions. • Remedial action is taken within clearly defined timescales. • Quality and Effectiveness Sub-Group of the KSCB to increase understanding and identification of solutions.
2.1.5	• KSCB to establish multi-agency audit programme as part of the KSCB Quality and Effectiveness Framework; • KSCB to establish audits of multi-agency referrals to the Central Duty Team for new cases that do not meet SCS thresholds • Two multi-agency audits to be undertaken on referrals and child protection planning by the end of the	1 December 2011 – 30 March 2012 1 December 2011 – 29 February 2012 31 March 2012	Penny Davies, Maggie Blyth	• Plan developed • Audits timetabled • Findings reported to KSCB and Improvement Board on a quarterly basis • Analysis review of performance data by the KSCB and subgroup will inform single agency audits and increase the timeliness and effectiveness of work undertaken in response to

	financial year; therefore, proposal developed and submitted to the Board that one audit should be conducted per area per quarter • Effective audit tools and processes to be developed • Performance monitoring and analysis reports to be developed and refined with support of C4EO consultants	31 March 2012 31 March 2012		identified areas of poor partnership working. Partner agencies will take responsibility for actioning areas of identified poor performance, reporting progress to the KSCB.
2.1.6	Monitor and take action to secure appropriate caseload levels for all social workers by: • Reviewing individual social work caseloads and complete work/transfer/close cases as required • Identify capacity needs and address as required • Independently review a sample of social work managers' caseloads	Ongoing monthly review	Alastair Pettigrew	• Performance reporting indicates caseload levels are a maximum of 20 cases per caseholder in each district area
2.1.7	Obtain feedback from staff, partner agencies and service users and use their views to inform the improvement actions including the re-design of the service	1 November 2011 – 30 March 2012 (review)	Suzanna Darling	• Feedback gathered from service users (including children and young people) and partners; feedback used when improvement actions are being undertaken and when services are being developed or commissioned
2.2 Outcome – Excellent supervision ensures the quality of casework improves.				
2.2.1	Action plan to be developed and implemented in response to the full audit of supervision to include: • Development of supervision practice guidance to compliment current	31 October 2011 - 30 March 2012 (review)	Michelle Woodward	• Full audit undertaken (complete) • Targets to be incorporated into district plans.

	supervision policy • Further develop supervision arrangements for staff in preventative teams • Commissioning of supervision training for District Managers • Further develop observation of supervision practice as part of support to managers • Development of practice standards for supervision and implementation • Supervision Tool to be rolled out and embedded across the service to allow for the active performance management of cases and of staff delivery. • All actions to include clear recommendations and timescales for implementation. • Supervision policy to be reviewed and amended to enable increased compliance • Put in place appropriate spans of control to ensure compliance with supervision policy • Develop District based reporting of supervision to enhance accountability • Continue to extend SWA training to preventative staff such as Children's Centre workers and FLOs/PSAs • Social workers are offered support and guidance to raise standards through mentoring, reflective learning sessions and supervision	31 January 2012 31 March 2012 (review) 1 December 2012 31 March 2012 (review) Ongoing		• Evidence of improvement in the quality of supervision identified in QoP monthly Audit • Deep dive audit to be repeated in 12 months to confirm progress • Feedback from supervising managers in respect of the quality of their own supervision • Supervision arrangements in place for preventative staff • Performance reporting confirms that supervision is taking place in accordance with the supervision policy. Ongoing case audit identifies that supervision is effective in promoting positive outcomes for children. • Staff feel supported and facilitated in improvements to their working practices

2.3 Outcome – Specialist Children's Services and its partners are well prepared for the next full Ofsted inspection.				
2.3.1	Strengths and vulnerabilities reported to Performance Board for ongoing monitoring	30 January 2012; rolling programme	Donna Marriott	Reports evidence that strengths are being built on an vulnerabilities are being identified and addressed

Kent Safeguarding and Looked After Children Improvement Plan

Priority 3 – Continue development of a range of preventative services to support priorities set out in the Early Intervention and Prevention Strategy				
Priority Lead – Mark Lobban				
3.1 Outcome – Deliver the actions set out in the Early Intervention & Prevention Strategy in order to ensure children's needs are met at the earliest opportunity and families get the support they need quickly.				
Ref	**Actions**	**Timescale**	**Delivery Lead**	**Targets & Measures**
3.1.1	• Commission high level family support/family intervention in each district in accordance with the strategic framework and needs assessments. • Robust delivery plan produced with milestones evidenced (service specifications, provider forums, tendering exercises completed etc) • Impact measures to be developed	1 October 2011 – 30 March 2012 30 November 2011 30 November 2011	Helen Jones	• Service specifications in place, services procured with clear contract and performance management arrangements in place within agreed timeframe • Impact measures achieved
3.1.2	• Commission adolescent intervention services in accordance with the strategic framework, the Adolescent Strategy and needs assessments. • Robust delivery plan produced with milestones evidenced (service specifications, provider forums, tendering exercises completed etc) • Impact measures to be developed	1 October 2011 – 30 March 2012 30 November 2011 30 November 2011	Helen Jones	• Service specifications in place, services procured with clear contract and performance management arrangements • Impact measures achieved
3.1.3	• Centralise commissioning of all Tier two and three services • Develop commissioning strategy • Robust delivery plan produced and	1 September 2011 – 31 February 2012 28 October 2011	Helen Jones	• Service specifications in place, services procured with clear contract and performance management

	milestones evidenced • Impact measures to be developed			arrangements • Impact measures achieved
3.1.4	Undertaken an options appraisal to assess the optimum way of delivering an outcomes-based contract for Children's Centre provision across the county.	1 August 2011 – 30 March 2012	Helen Jones	• Outcomes framework in place; options appraisal completed and future commissioning proposals agreed
3.1.5	• Undertaken an options appraisal for developing a dedicated contact service • Robust delivery plan produced with milestones evidenced	30 March 2012	Helen Jones	• Outcomes framework in place; options appraisal completed and future commissioning proposals agreed • Milestones are met
3.1.6	Ensure tendering processes and service specifications address the need to commission services across the county that meet need or children and families experiencing domestic violence, incorporating a range of provision that serves to prevent, protect, and support	1 October 2011 – 30 March 2012	Helen Jones	• A range of DV services available across all districts • TAC, CIN and CP plans include access to appropriate provision • reduction in re registrations and repeat registrations and referrals linked to DV

3.2 Outcome – The Common Assessment Framework (CAF) process operates effectively: the number of CAFs increases, there is greater and more effective participation by partner agencies, and the impact of CAFs is improved in terms of ensuring that children with additional needs are responded to before their needs become acute and require specialist children's services. Clear baselines and outcomes to be put in place around delivery for every Team Around the Child.

Ref	Actions	Timescale	Delivery Lead	Targets & Measures
3.2.1	• CAF arrangements are strengthened to ensure that children with additional needs are responded to before their needs become acute and require specialist children services. • Review CAF assessment form and	31 October 2011 - 30 March 2013 (review) 31 January 2012	Nikki Patient	• Strengthening CAF support arrangements and increase in understanding and confidence of partner agencies in applying the Threshold Criteria and using CAF when appropriate leading to:

	action plan documentation to make more user-friendly and focus on family-centred approach • Review of the access and allocation processes (screening and Single Point of Access) to ensure efficient and timely identification of Team Around the Child/Family • Revised CAF guidance and protocols developed and disseminated • Identify top 100 families that require a TAC and put in place TAC arrangements	1 January 2012 30 March 2012 30 March 2012		○ Increase in total number of CAFs by 25% (a ratio of 58.9 per 10,000) over the 2011/12 financial year in comparison to 2010/11 CAF rates to be compared with/benchmarked against high performing authorities ○ increase in the number of TACs from CSS step-downs as well as CAFs ○ Reduction of contacts into social care ○ Reduction in the conversion of contacts to referral ○ Reduction in the proportion of referrals going on to Initial Assessment ○ Reduction in the number of re-referrals • User-friendly Family CAF documentation agreed • Access and allocation arrangements are streamlined and guidance and protocols developed and disseminated • User feedback shows that CAFs are perceived as effective and as becoming successfully embedded in 'business as usual' working
3.2.2	**Partner engagement** • Establish targets for achievement by delivery partners in respect to CAFs	30 March 2012		• Targets established for delivery partners

	• Ensure strategic links with partner agencies are maintained to strengthen their engagement in the CAF process. In particular links with policy and strategy in ELS, health and the Police. • Maintain strong relationships with schools via district teams to ensure continued engagement. • Transfer procedures between CSS and CAF to be embedded to ensure that children and families are effectively supported in the community when they are closed to CSS	30 December 2011 Ongoing 31 January 201		• Strategic plans and priorities in partner agencies reflect actions and targets relating to CAF/TAC • Performance data shows continued involvement of schools in CAF initiation and TAC engagement • Evidence that CSS step down process is being used
	Quality Assurance • CAF/TAC Quality Audit to be further developed in line with the CSS audit framework (above). Monthly district audit and detailed annual audits to be undertaken to inform the ongoing CAF/TAC Action Plan • CSS audits to ensure rigorous assessment, analysis and planning to inform robust step-down plan to support children/young people within the community • Ensure monthly audits are used to identify areas of weakness in practice	30 December 2011 30 December 2011 1 January 2012 onwards		• Revised CAF/TAC Quality Audit in place and being used monthly • CSS monthly audits to include analysis of the quality of step-down plans • CSS step downs are transferred to TAC with consent and appropriate information • Evidence that areas of weakness and good practice are identified and action taken
3.2.3	**Performance Management** • Review performance management	30 December 2012		• Performance management framework in place for

	framework for CAFs, CSS stepdowns, and TACs, including measures of the effectiveness of TACs to ensure re-referral rates are reduced • Establish baselines for numbers of CSS contacts and the numbers of referrals and identify targets to reduce rates where necessary • Develop and introduce method for collection of outcome information against TAC action plans to ensure that the TAC process is making a difference to children and families • Monthly monitoring of CAF, CSS step downs and TACs is reported to the Improvement Board, and key Partner boards. • User-friendly CAF recording system to be integrated with ICS replacement and rolled out across KCC and partner agencies.	31 January 2012 30 December 2011 1 January 2012 Dependent on new ICS system		CAF,CSS step downs and TACs and district reporting proforma agreed • Baselines and targets related to CSS contacts and referrals established • Goal-based outcome measure incorporated into TAC documentation • Method developed to record this data to establish baseline and ongoing monitoring • Regular monthly reports produced • Relevant Boards review reports and appropriate action taken, including Quarterly multi-agency performance management report to be sent to SCS POSC
3.2.4	**Workforce Development** • Review of CAF training in light of practitioner feedback to include e-learning, core training and practice-based workshops • Practice workshops/training to be further developed in light of audit findings • Review current training delivery and QA arrangements to ensure providers supply high quality training; action taken as required.	30 October 2011 1 January 2012 onwards 31 January 2012		• Revised training programme launched • Mechanisms developed to ensure feedback from audits informs training and evidence that training has been revised to reflect these findings • Evidence shows action has been taken to address areas of weakness and improve outcomes

				• Review of training delivery and QA shows it achieves best value and improvements in the quality of practice.
3.2.5	• Service Specifications for commissioned services to embed use of CAF and engagement in TAC and include mechanisms for monitoring	1 October 2011 – 30 March 2012	Helen Jones	• Service specifications embed requirements for engagement in CAF/TACs and monitoring arrangements
3.2.6	• The Early Intervention and Preventative Strategy developed outlining the role of universal, targeted and specialist services and is clear about when a CAF should be completed. • Above effectively disseminated across partners communicated using a variety of methods • Action plan implemented	31 October 2011 - 30 March 2012 (review)	Marisa White	• Staff and partner agencies have clear guidance about when CAFs should be completed • Key partners receive and adhere to Strategy framework

Kent Safeguarding and Looked After Children Improvement Plan

Priority 4 – Improve care planning and outcomes for Looked After Children				
Priority Lead – Alastair Pettigrew				
4.1 Outcome - Care planning is effective, with rigorous planning for permanence. Looked after children and young people receive the appropriate level of support and services, through effective multi-agency intervention, which they report is responsive to their needs. The health needs and well being of looked after children and young people are assessed and result in appropriate intervention. Educational outcomes for looked after children and young people are improved. Members and senior officers undertake their corporate parenting responsibilities effectively.				
4.1.1	• Develop dedicated social work teams for looked after children to ensure that appropriate priority is given to LAC • Undertake an audit of quality of care plans for LAC, in-line with the launch of the new ICS system • Review of ICS care plan template to ensure it is fit for purpose and young person friendly • Robust delivery plan produced with milestones/assessment points evidenced	30 November 2011 30 December 2011 31 January 2012 29 February 2012	Alastair Pettigrew, Karen Graham, Michelle Woodward, Cathy Yates, Kathy Lambourn	Dedicated LAC services are in place and functioning effectively
4.1.2	• Independent Reviewing Officers quality assure the effectiveness of care planning and where appropriate challenge casework decisions or delays • Each review ensures that required actions are in place and exceptions reported to the appropriate manager and escalated where necessary for resolution • Escalation policy developed, implemented and monitored.	1 November 2011 – 30 March 2012 (review)	Donna Marriott	• Quarterly report by Independent Reviewing Officers service produced and submitted to the Children's Social Services Management Team and Corporate Parenting Board for action • Progress on permanence planning, health assessments, core assessments, care plans and

	• Monitor effectiveness of escalation policy and implement recommendations • HoS take responsibility to ensure that all LAC have care plans and assessments			Personal Education Plans is measured through performance reporting and demonstrates improvement in key areas
4.1.3	• Ensure that all relevant professionals are able to participate and contribute to planning for Looked after Children in line with their responsibilities • Performance monitoring report on agency attendance to be developed • Clear multi-agency escalation pathway to be developed and managed by the KSCB to ensure cohesive and consistent engagement across agencies	1 April 2011 – 30 March 2012 (review)	Donna Marriott	• Relevant professionals are invited to attend LAC reviews • Agency contribution to be evaluated by an Independent Reviewing Officer service and results/feedback reported to the management of the agency. • Findings to be reflected in quarterly Independent Reviewing Officer report • Concerns regarding lack of agency contribution to be reported and escalated to managers in relevant agencies, where appropriate
4.1.4	• Ensure statutory visits are monitored (via monthly/quarterly performance reports), and that there is good recording of information on LAC cases. • Standards to be issued to staff defining the purpose and quality levels expected during statutory visits	30 December 2011 – 30 March 2012 (review)	Karen Graham, Michelle Woodward, Cathy Yates, Kathy Lambourn	• Performance in relation to stat visits increases to 90% of cases and is maintained • Numbers of LAC cases with adequate/good outcomes increases • Performance of 16+ provider monitored, evaluated and reports produced

	• Audits of LAC to be conducted on a monthly basis via Quality of Practice Audits • IRO reports produced on a quarterly basis			
4.1.5	• Contract with provider of 16+ service to be reviewed and performance against agreed standards evaluated	1 January 2011 - 30 March 2012	Helen Jones	• Improved performance standards • Reduction in 16+ LAC
4.1.6	Improve health care assessments for LAC, focussing on: • Timeliness of Health and Dental Checks, and referrals ensuring progress chasing systems are embedded • Capacity of providers to deliver against required standards & volumes • Timely data inputting in relation to assessments completed • LAC participation groups/foster carers to be consulted in relation to quality of health assessments across age groups • Focused performance monitoring system to be developed and reviewed on a monthly basis • KCC to amend ICS to separate Health and Dental checks	1 September 2011 – 30 March 2012 (review)	Lorraine Goodsell	• Performance reporting demonstrates the % of children in care having health checks has increased to 85% by March 2012; target to be at least maintained up to March 2013 • Performance reporting demonstrates the % of children in care having dental checks has increased to 85% by March 2012; target to be at least maintained up to March 2013
4.1.7	• Ensure all LAC are given early access to CAMHS provision, when needed and deemed clinically	30 September 2011 – 30 March 2012	Lorraine Goodsell	• Access information shows % of LAC gaining early access to CAMHS services

	appropriate • Revised CAMHS/LAC Strategy to be developed and implemented to include therapeutic support for foster carers • Progress to be reported in the quarterly LAC performance monitoring report to the KCP Board			increasing over allotted timeframe. • Foster carers report ease of access
4.1.8	• Improve the attendance and educational attainment of looked after children through the development of the Virtual School for Looked After Children. • Ensure robust monitoring of Personal Education Plans for every LAC.	1 March 2012 (review)	Tony Doran	• Performance reports indicate that children in care's attainment is no more than 36% points difference Achieving 5 A* - C , 34 % (English L4 KS2) and 33% (Maths L4 KS2) points different to their peers by the end of the academic year 2011/12 • Performance reports indicate that the number of Looked After Children who miss 25 days or more days of schooling during the academic year is no more than 11%
4.1.9	Reduce exclusions of Looked after Children	1 March 2012 (review)	Chris Berry, Tony Doran	• Performance reporting indicates the number and length of exclusions reduces for children in care in line with their Kent peers and/or statistical neighbours • Performance reports indicate the percentage of children in care who miss 25 days or

				more days of schooling during the academic year is no more than 11%
4.1.10	Ensure that appropriate LAC are given Boarding School Placements	1 October 2011 – 30 March 2012 (review)	Tony Doran	• Virtual School Kent processes and mechanisms to support Boarding School Placements to be devised and implemented
4.1.11	Strengthen voice of LAC in policy procedures and decision-making, as set out in the multi-agency LAC Strategy	31 January 2012	Liz Totman	• Drawing on the findings and framework of the LAC Strategy, LAC policy is revised to incorporate the views of LAC • Reports provide evidence of where the views of children have influenced changes in practice/service development
4.1.12	Plan and deliver a mock inspection of the LAC service to identify weakness and take appropriate action. • Areas of weakness identified and timely remedial actions agreed and implemented • Changes to working practices and the impacts of these changes to be documented.	1 November 2011 – 31 January 2012	Donna Marriott	• Mock inspection delivered and recovery plans in place accordingly. • Service performance evaluated to ascertain areas in need of improvement
4.1.13	Targeted staff training (social work, education and health) to be developed to increase understanding of their roles and responsibilities to contribute to achieving good outcomes for Looked after Children. • Review workforce development strategy • Focus training and support on	1 November 2011 - 31 March 2012 (review)	Michelle Woodward	• Current looked after children training courses reviewed to ensure the role of corporate parenting is reflected. • Looked After young people are involved in social work training • Improvement in evaluation of

	improved analysis in assessment • Introduce regular practitioner workshops by district On line training package developed for use across agencies. • Access to KCC training suite to be made available to partners across agencies to promote joint training on LAC issues • Training programmes for social workers will be developed to include input from looked after young people and foster carers			social work training • Performance data shows the workforce development strategy is effective and fit for purpose • 'Temperature checks' of focus groups show staff feel training packages are improving the quality of assessments and strengthening practice standards.
4.1.14	• Across KCC, raise staff's awareness about their responsibilities towards looked after children. • Action Plan with robust delivery timescales/milestones developed and implemented	30 November 2011	Suzanna Darling	• Surveys to gauge levels of current knowledge of LAC and corporate parenting to be undertaken • Corporate parenting and LAC information to be made available and accessible across the organisation, focusing on any 'gaps' identified through engagement activities.
4.1.14	Review of the effectiveness of the new Corporate Parenting Group, Corporate Parenting Panel and Children in Care Council, specifically feedback from Members , children and young people	1 January 2011 – 29 February 2012	Liz Totman	• Reviews completed and findings disseminated • Improvements made to address any weaknesses identified
4.1.15	Elected Members and senior officers provided with information to enable them to understand their corporate parenting roles, responsibilities and accountabilities	1 April 2011 – 30 December 2011	Marisa White	• Looked after children Elected Member's pack devised and distributed • Looked after children senior

				officer briefing prepared and distributed. • Annual evaluation survey to ensure actions have been undertaken and information is adequate • Annual training workshops on Corporate Parenting responsibilities

Kent Safeguarding and Looked After Children Improvement Plan

Priority 5 – Reduce the numbers of Looked After Children				
Priority Lead – Alastair Pettigrew				
5.1 Outcome – Numbers of looked after children are reduced through a range of actions aimed at achieving better outcomes for children & young people, earlier decisions and earlier intervention. Put in place an Access to Resources Team				
Ref	**Actions**	**Timescale**	**Delivery Lead**	**Targets & Measures**
5.1.1	• Put in place a Central Placement Team (finding placements, gate keeping and monitoring of placements). • Access to Resource Panels to be set up in all three areas • Panels to produce practice guidance/protocols in relation to the scope, function and delegated authority re: the panel process	30 October 2011 31 January 2012 31 March 2012	Helen Jones	• Proposal agreed • Operational panel/s established • Access to Central Placement Team assembled and implementation • Relevant protocols/procedures in place • Children placed closer to home area • Reduction in placement costs
5.1.2	Increase the number of adoptions and Special Guardianship Orders: • District managers and adoption leads jointly monitor the progress of all children requiring adoption • Independent Reviewing Officers ensure that permanence plans incorporating 'best interest decisions' are in place for all LAC by the time of the second LAC review • Remove financial disincentives to SGOs • Strengthen Family Group Conferencing service to ensure targeted use of FGOs in respect to children on the edge of concern, including those subject to PLO processes	30 September 2011 – 30 March 2012 31 January 2012	Karen Graham, Michelle Woodward, Cathy Yates, Kathy Lambourn Cathy Yates	• Performance reporting monitors the percentage of children adopted • Percentage of children adopted increases to 11% by March 2012 and to 13% over the period 2012-2013 • Percentage of assessed adoptors increases • Assessments are processed in a timely manner that meets with demand • Positive feedback from users regarding FGOs

5.1.3	• Increase the number of foster carers and adoptive parents • Survey current foster carers and adoptive parents to gauge how to promote the benefits of taking on these roles • Review the fostering and adoption service's marketing and recruitment strategies to ensure it is effective and fit for purpose • Report on identified areas of weakness and development, with recommendations and timescales for action • Add other issues highlighted by Independent Review	30 September 2011 – 31 March 2012	Liz Totman	• Effectual promotion of the role of foster carer and adoptive parent • Robust marketing and recruitment strategies which function effectively • Numbers of foster carers and adoptive parents increase
5.1.4	• Continue to promote the use of the LAC Tracker to ensure it is utilised consistently across all teams and Districts • Placement panels to be set up to monitor progress of any LAC who is not long term linked or placed for permanency • Panels prioritise s20 arrangements by age (oldest first) • LAC, CP and CIN projections to be tracked via monthly performance monitoring reports to reduce the risk of drift and increase throughput and performance to be actively reviewed by the performance board	30 November 2011 – 31 January 2012	Karen Graham, Michelle Woodward, Cathy Yates, Kathy Lambourn	• Identifying and monitoring of end dates to be completed • Increase in long terms linkings • Increase in incidence of reunification with birth families • Increase in other forms of permanence e.g.SGO • Performance in relation to HA's and PEPs routinely addressed
5.1.5	• Reduce number of children placed	31 October 2011 –	Donna Marriott,	• Increase in application for

	with parents • Review all current placements with parents • Develop targets for rates of reduction • Track targets via quarterly performance monitoring reports • Develop revised policy guidance to discourage application for FCO for placement with parents.	31 January 2012	Karen Graham, Michelle Woodward, Cathy Yates, Kathy Lambourn	revocation • Reduction in LAC placed with parents

Kent Safeguarding and Looked After Children Improvement Plan

Priority 6 – Reduce the number of children subject to Child Protection Plans

Priority Lead – Alastair Pettigrew

6.1 Outcome – Child Protection Plans are only in place when there is a clear need for them. Child protection planning processes are effective, responsive to children and young people's needs, facilitate multi-agency working, and are robust in ensuring that children are safeguarded.

Ref	Actions	Timescale	Delivery Lead	Targets & Measures
6.1.1	• Support implementation of strengthened child protection and CIN planning processes through multi-agency training. (2.3.4 in April plan) • Strengthen and re-launch CIN procedures • Review CIN Plan template, in-line with implementation of new ICS system • Support implementation of step down to Team Around the Child/Family through awareness raising in district team meetings	1 August 2011 – 30 March 2012 (review) 31 January 2012 31 January 2012	Penny Davies	• Multi-agency training programme developed • Programme implemented • Increased confidence of agencies resulting in CIN plans replacing CP plans where appropriate • Better quality step downs and fewer families being re-referred
6.1.2	• Reduce the number of children subject to a child protection plan for 18 months or more. • Policy to be developed requiring a review of every case beyond the third conference (at the 9 month stage) to ensure that robust decisions are made to prevent as many cases as possible from going into conferences beyond 15months. • LBP to be issued by the second review • Improve the management of cases of children subject to dual CP and LAC	1 September 2011 – 31 December 2011	Karen Graham, Michelle Woodward, Cathy Yates, Kathy Lambourn	• Review and undertake change promotion work on current cases where children have been subject to a child protection plan for over 18 months

	plans			
6.1.3	Reduce the number of children who become subject to a child protection plan for a second or subsequent time	1 June 2011 – 31 March 2012 (review) 31 May 2011 – 31 March 2012 (review)	Donna Marriott, Lorraine Goodsell Donna Marriott	The number of children subject to a CPP for a second or subsequent time reduces to below 13.6% • Plan agreed & recommendations implemented • Performance reporting monitors the number of children who are made subject to a plan for a second or subsequent time. • The number of children subject to a child protection plan for a second or subsequent time reduced to below 13.6%
6.1.4	Ensure there is a consistent approach to the application of thresholds: • Robust thresholds to be agreed with CPP conference chairs • Thresholds are consistently applied in CPP conferences Policy to be developed and signed off by multi-agency partners regarding thresholds for ending plans where children are subject to CPP	1 October 2011 – ongoing	Alastair Pettigrew, Donna Marriott	• Consistent standards are applied to all CPPs • Agency expectations around thresholds are coherent and constant • The number of children being taken off a CPP increases • Reduction of contacts into social care • Reduction in the conversion of contacts to referral • Reduction in the number of

				referrals going on to Initial Assessment • Increase in the conversion rates of referrals to IAs
		31 May 2012 – 31 March 2012 (review)	Donna Marriott	• Plan agreed & recommendations implemented • Performance reporting monitors the number of children who are made subject to a plan for a second or subsequent time. • The number of children subject to a child protection plan for a second or subsequent time reduced to below 13.6%
6.2 Outcome - The Safeguarding Children Board is compliant with statutory requirements, supported by a robust performance framework which enables it to hold agencies to account in ensuring the children of Kent are safeguarded				
6.2.1	Implement the multi-agency audit and performance framework and audit plan	From 1 April 2011 – 1 March 2012 (review)	Penny Davies & partners	• Audit programme implemented and audits carried out in each district • Audit findings reported to KSCB and used to inform multi-agency response to safeguarding

Priority 7 – Deliver services through a locality-based integrated structure which is fit for purpose and strongly managed				
Priority Lead – Jean Imray				
7.1 Outcome – Develop an overall structure for Specialist Children's Services which is fit for purpose and ensures resources are deployed to reflect need and deliver value for money.				
Ref	**Actions**	**Timescale**	**Delivery Lead**	**Targets & Measures**
7.1.1	Develop and secure agreement to implement proposals for restructuring Specialist Children's Services which will incorporate all the elements set out below (2.2 – 2.6). Proposals need to set out functions, roles, responsibilities, and business processes (e.g. transfer protocols), and use the establishment model to determine distribution of staff.	1 November 2011 – 31 January 2012	Jean Imray	• Proposals developed, consulted on and approved • Implementation of arrangements
7.2 Outcome – Contacts are dealt with efficiently and effectively, and referrals made to the appropriate service with sufficient information for the right action to be taken.				
7.2.1	Phase 1 • Central Duty Team configured to take all children's phone contacts, and responsibility for consultations. • Referrals to be assessed by competent staff and thresholds appropriately applied	30 November 2011	Karen Graham	• Division of child contacts and consultations to the CDT completed • Numbers of referrals reduced from 22,701 to 16,600 • Greater integration between partner agencies leading to reductions in inappropriate admissions into care
7.2.2	Phase 2 • Central Referral Unit is established, incorporating the County Duty Team in collaboration with relevant partners, managers and staff • CRU deals with all contacts to CSC,	1 December 2011 – 30 March 2012	Karen Graham	• Reduce rate of referrals to 533.1 per 10,000 child population • Increase the percentage of referrals that go on to initial assessment from the 2009-

	regardless of source • Joint strategies to be developed with Police and Housing to reduce inappropriate admissions into care Phase3 • Establish a Multi Agency Screening Hub modelled on best practice nationally (Munro Review)			2010 baseline of 46% to 65% (between Jan – March 2012) and an average of at least 65% (over the period 2012-13) • Quality measure to be established.
7.3 Outcome – Establish specialist Looked After Children teams which ensure that Looked After Children get a good quality service which enables them to achieve their full potential.				
7.3.1	Building on work already done, develop an implementation plan for the establishment of dedicated LAC teams, which is synchronised with other planned structural changes within this theme.	1 October 2011 - 30 December 2011	Jean Imray	• Proposals developed, consulted on and approved
		1 January 2012 – 31 March 2012	Jean Imray	• Implementation
7.4 Outcome – Maintain focus on District delivery, and integrate early intervention and children's centres with District Management				
7.4.1	Develop proposals and an implementation plan for the role of District teams, including integration of early intervention and Children's Centres within District Management. This needs to be synchronised with the other planned structural changes.	30 December 2011	Jean Imray	• Proposals developed, consulted on and approved
		1 January 2012 – ongoing	Jean Imray	• Implementation
7.5 Outcome – Centralise commissioning, procurement and resource allocation				

7.5.1	• Undertake a review of current arrangements affecting integrated processes at Tier 2 • Develop and implement strengthened multi-agency arrangements to ensure timely and effective access to commission resources at Tier 2/3 • Develop an implementation plan for the centralisation of commissioning, procurement and resource allocation, which is synchronised with other planned structural changes.	30 December 2011 31 March 2012 1 January 2012 – 31 March 2012 (review)	Helen Jones	• Access to Tier 2 services is consistent across the county • Positive feedback from agencies regarding access to appropriate and timely Tier 2 services • Proposals developed, consulted on and approved • Full Implementation
7.6 Outcome – Kent recruits and retains a balance of experienced and newly qualified staff, and has a qualified social work vacancy rate of 10% or less.				
7.6.1	Monitor the impact of the recruitment and retention strategy, compelling offer and marketing campaigns to ensure there is adequate capacity to meet workload.	30 September 2011 – 30 March 2012 (review)	Karen Ray	• Performance reports show a consistent reduction of qualified social work vacancy rate to 10% or below • 'Temperature checks' conducted to gauge the impact of the compelling offer with staff • Bi-monthly reports tracking impact to be submitted to improvement governance bodies
7.7 Outcome – Leaders and managers are clear about expectations of them, and gaps in knowledge and management practice are identified and addressed				
7.7.1	• Develop a programme across the organisation to promote competencies expected of leaders and managers. • New job descriptions and person	1 Sep 2011 – 30 March 2012	Karen Ray	• Programme developed (in-line with Kent Manager Programme SORPs) • Programme timetable implemented, including

	specifications for leaders and managers to be issued with the new structure			evaluation and review • Job descriptions will be fit for purpose and reflect required competencies and behaviours
7.7.2	Validate findings from leadership and management survey with mandatory questionnaire.	1 June 2011 - 30 March 2012	Karen Ray	• Engage staff in assessment of leadership and management • Feedback obtained to inform amendments to leadership and management programme
7.7.3	All senior managers (KR13 and above) to complete 360 assessment based on competency in role	31 May 2011 – 30 March 2012	Karen Ray	• Engagement of senior managers in their continuous professional development (CPD) • Findings of assessments used to structure management development plans
7.7.4	Implement individual leadership and management development plans.	1 July 2011 – 1 March 2012	Alastair Pettigrew	• Individual learning and development plans are updated in response to the recommendations of the assessment centre.
7.8 Outcome – Kent's ICT systems effectively support practitioners and mangers to carry out their role. Practitioners and managers are accountable for recording case work decisions and ensuring that this is used to influence decision making.				
7.8.1	• A new and accessible Integrated Children's System is procured and implemented • Procedures/practice guidelines that stipulate responsibilities across all levels of the organisation developed and disseminated	30 September 2011 – 31 March 2012 (review) Embedding dependent on timescales for roll out of new ICS system	ICS Board	• Fit for purpose ICS system is embedded • Practitioner and managers roles and responsibilities are clarified • The number and quality of recorded casework decisions

	• Review of the function and role of administrative staff in relation to the use of ICS undertaken and capacity implications addressed • Comprehensiveness and quality of recorded casework to be assessed through monthly audits • Areas of weakness identified to be escalated to managers for action			increases, evidenced in audit findings, and monthly updates to the Performance Board.