
By: Jenny Whittle, Cabinet Member for Specialist Children's Services
Andrew Ireland, Corporate Director of Families and Social Care

To: Cabinet - 5 December 2011

Subject: CHILDREN'S SERVICES IMPROVEMENT PLAN – QUARTERLY UPDATE

Classification: Unrestricted

Summary:

Provides Cabinet with a quarterly update on progress on the Children's Services Improvement Plan.

Recommendations:

Cabinet is asked to **NOTE:**

- (a) the very significant progress that has been made since the last quarterly report, and
- (b) the content of the letter from the Independent Chair.

1. Introduction

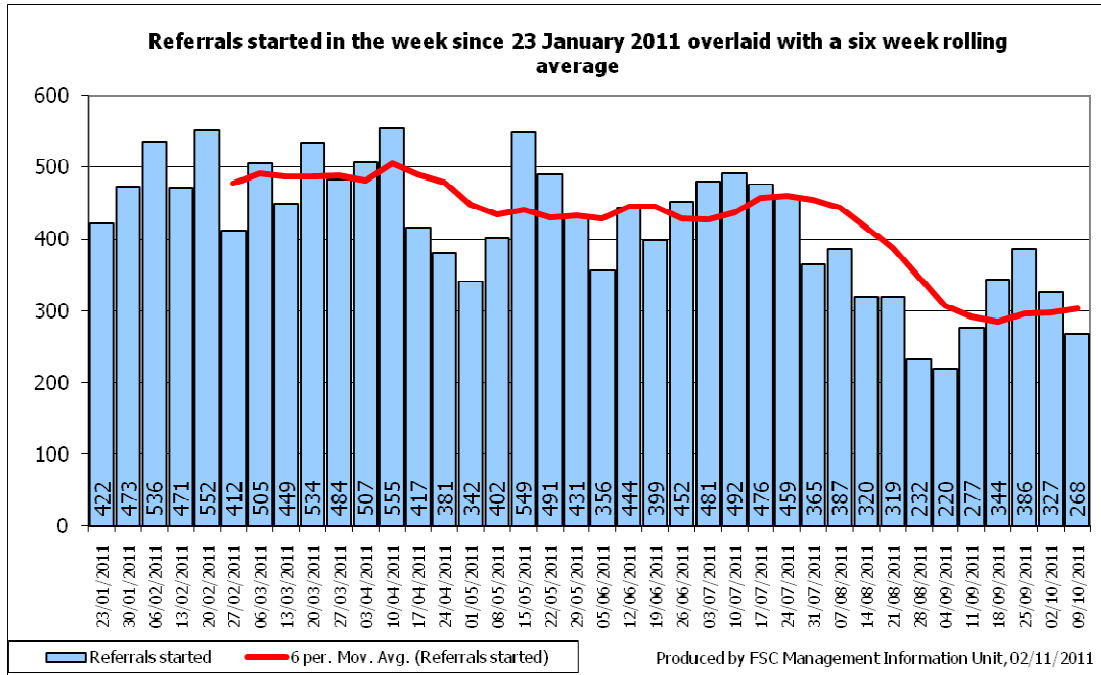
This is the third regular report to Cabinet on progress made in implementing the Improvement Plan. The previous report, in September 2011, outlined Phase Two of the Improvement Plan. This report lays out the progress made over the past three months.

2. Performance

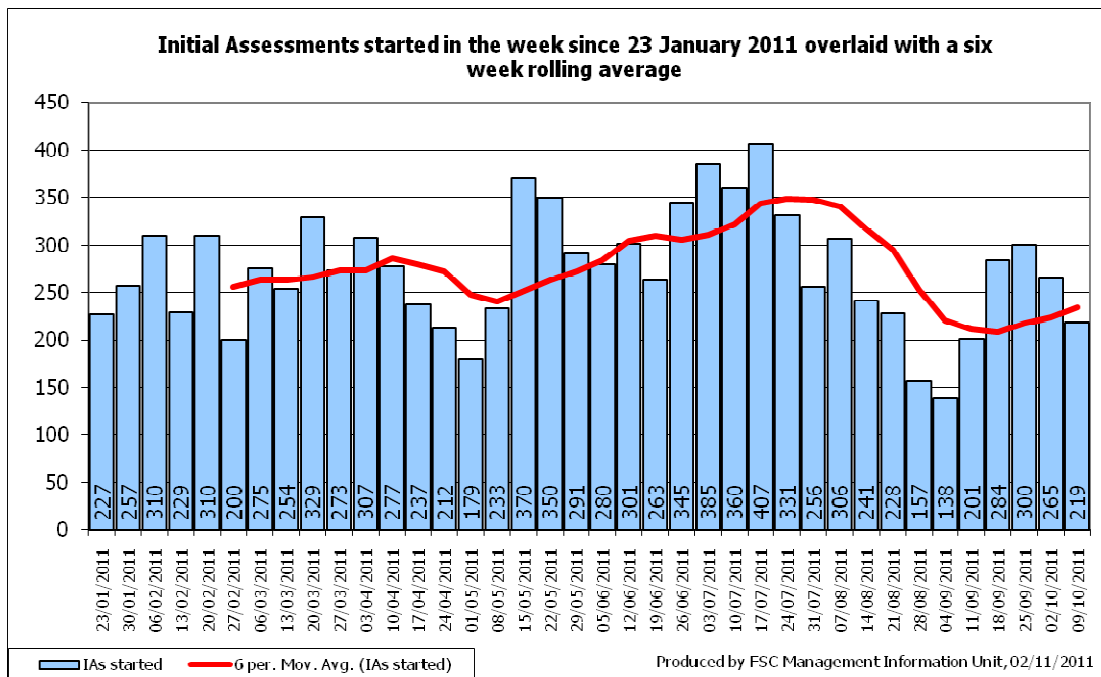
We have continued to sustain good progress across the key areas following the achievement of the August Improvement Notice targets. In October we achieved the following:

- Initial assessments out of time 63
- Core assessments out of time 92
- Unallocated cases over 28 days 81

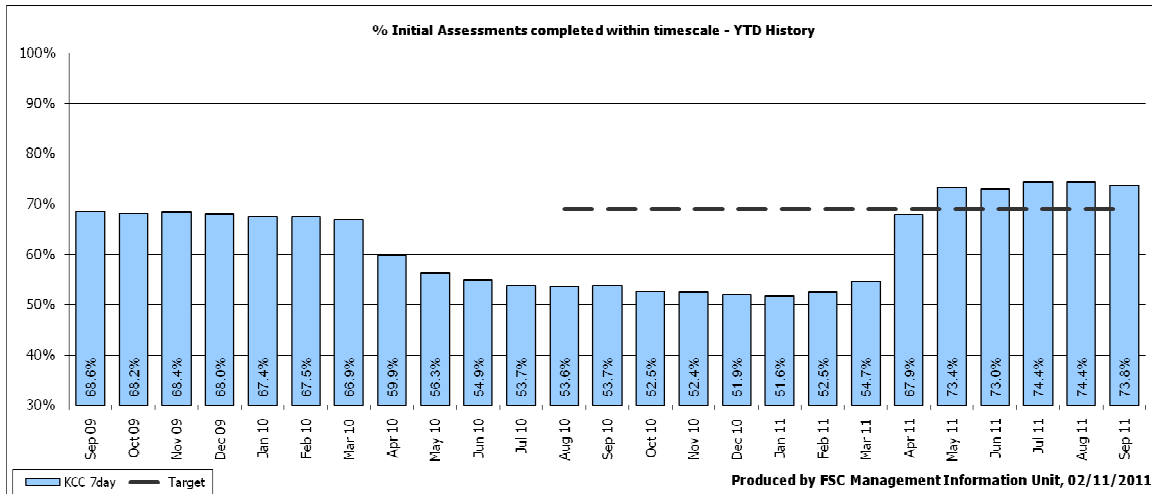
A key plank of Phase One was to "Fix the front-door" and we have now achieved this. The introduction of the County Duty System has led to a significant reduction in the number of inappropriate referrals. This has continued in October and is now a clear sustainable trend.



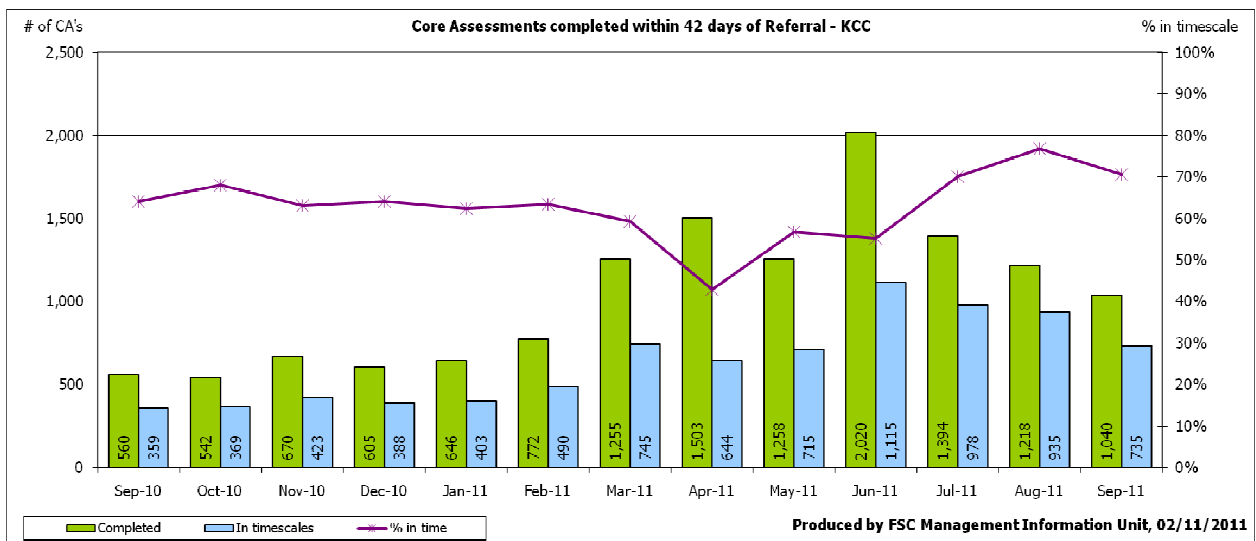
The reduction in initial assessments has also continued



We continue to be high performing in the timeliness of initial assessments with 73.8% having been completed on time so far this year. The following chart demonstrates the consistent achievement this year.



The timeliness of core assessments has continued to be an issue but has been addressed in the deep dives with District Managers. The following chart demonstrates the improvement over the year. Current performance is running at 70% with a year to date figure of 60%.



Reduction in Volumes

There is now clear evidence of a significant reduction in volumes being presented to the services.

- **Referrals:** In May we averaged over a four week period 468 referrals a week. In the last six weeks we have averaged 225.
- **Referrals progressing to Initial Assessment:** In May we commenced 311 initial assessments week. In the last six weeks we have averaged 196.

In summary we have reduced the work coming into the system by 36% over the past six months.

- **Reduction in Children subject to a plan:** In addition since we began the second round of deep dives we have reduced the numbers of CP cases from 1707 to 1363 a reduction of 344.
- **Reduction in Children in Need:** We have also reduced the number of children in need by a further 1179 over the past eight weeks.
- **Reduction in LAC** The one remaining stubborn indicator is the number of Looked after Children which has not yet shown any decrease. However, there is an emerging trend in a reduction in admissions.

At the beginning of October all decision making around high cost places has been escalated to the Director and all other admissions to the Heads of Service. This has led to a significant number of requests being diverted to alternative services and a reduction in children entering the system. We expect this trend to continue and be significantly increased once the new targeted intervention services come on stream in the New Year.

Ofsted Unannounced inspection

The Ofsted unannounced inspection of the contact referral and assessment service was published on 9 November. The inspectors concluded that the Council has made significant improvements since the last inspection in 2010 and saw evidence that staff at all levels were engaging enthusiastically with the improvement programme. They stated that all areas identified for development in the last inspection were being tackled and most were now satisfactory. This inspection report is the subject of a separate agenda item to this meeting.

Inspection of the Adoption Service

In the first week of November, Ofsted also undertook an inspection of our adoption service. The verbal feedback from the inspection team was very positive about the service and the lead inspector informed us that the judgement is likely to rate the service as a solid "good" when it is published next month. This will, however, have to be moderated in line with national performance.

This puts Kent's adoption service and children's services as a whole in a particularly strong position to take forward the government's new agenda on adoption. We know we can do much more- in particular, by increasing the supply of adoptive parents, speeding up the recruitment process and improving on care planning and early decision making for children in the care system. This will require a whole system approach which encompasses the contributions of not just the adoption service but district teams, our legal services, the judiciary and CAFCAS. We are very fortunate that there is strong political leadership in Kent for this direction and a real commitment to improving the life chances of looked after children.

For these reasons the Cabinet Member invited Martin Narey, the new Adoption Czar, to review the adoption system in Kent and provide some external challenge as a "critical friend". His report will also be published in December and this will assist us in responding to the imminent Green Paper.

In addition we have made arrangements for Coram, one of the most successful voluntary sector adoption charities in the country, to provide temporary management support to the service and help drive forward these initiatives. Mrs Whittle and the Director of Specialist Services have also begun working with the judiciary to discuss how delays in the courts can be reduced. This all adds up to a very strong strategic approach to improving adoption within Kent. The action plan and Narey report will be presented to the next Corporate Parenting Panel and all Members are invited to attend that event.

Letter from the Chair of the Improvement Board

The Independent Chair of the Improvement Board Ms Railton completed her quarterly report on 4 October. This letter is attached as an Appendix to this report. Ms Railton summarises:

There is significant evidence that the Council has regained control over the management of contact, referral and assessment activity in relation to safeguarding and that it has combined the shorter term fix of additional, temporary staff, with activity intended to secure, over time, more sustainable change – a leadership and management development programme, improvements to ICT and front line delivery sites, a new approach to commissioning services for children, and strengthened corporate parenting arrangements.

...The evidence presented to the Improvement Board supports this assessment and represents the successful completion of the first phase of improvement work.

Cabinet will note that many of the issues identified by Ms Railton in the last quarter have now been substantially addressed – the reduction in referrals, assessments and child protection cases. Ms Railton concludes

There is no doubt that this is an improving picture. The political and professional leadership continues to be very effective in creating the environment for successful improvement work. The focus going forward will be on quality, sustainability and working with partners.

2. Financial Implications

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

3. Bold Steps for Kent and Policy Framework

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

4. Legal Implications

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.

5. Equality Impact Assessments

There are no issues to report on this.

6. Risk and Business Continuity Management

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
- Recruiting and retaining experienced staff and managers
- Untoward safeguarding incidents

7. Consultation and Communication

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.

8. Sustainability and Rural Proofing Implications

There are no sustainability and rural proofing implications.

9. Conclusion

The Council has continued to progress over this period; good performance has been sustained and there are clear trends now evident to demonstrate that work is being more appropriately referred into the service, responded to promptly and closed down effectively.

The two independent inspections have corroborated this progress and furthermore confirmed that the quality of work inspected was assessed as adequate or above.

Nonetheless we are aware there is still some way to go but the recent inspections have confirmed that the Phase One improvement plan delivered the required results and that Phase Two Improvement Plan is focused on the right areas.

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Appendix

SECOND REPORT TO THE PARLIAMENTARY UNDER-SECRETARY OF STATE FOR CHILDREN AND FAMILIES AND TO THE LEADER OF KENT COUNTY COUNCIL FROM THE INDEPENDENT CHAIR OF THE KENT IMPROVEMENT BOARD

Introduction

The Kent Improvement Board has continued to meet on a monthly basis since the first report was submitted in May. The first phase of the Improvement Plan covering January 11 to August 11 has been successfully completed and an Improvement Plan covering September 11 to February 12 is currently under consideration. Reporting to the Board by the council and the local health services continues to be transparent and thorough.

Compliance with the Improvement Notice

All three of the Improvement Notice targets that were due to be met by August have been addressed. These covered:

- Unallocated cases over 28 days – target no more than 100; achieved 40
- Initial assessments out of timescale – target 200; achieved 53
- Core assessments out of timescale – target 100; achieved 88

A written performance management and quality assurance framework has been prepared and is being implemented by KCC. The evidence about all aspects of the quality of front line practice is not yet flowing through but the council has carried out “unannounced” checks on all its District Intake and Assessment Teams and looked in detail at a sample of 56 cases. This work has confirmed that the management of activity has significantly improved with half the Districts described as Green rated ie functioning well; 2 Districts rated Amber and 4 rated Red. 48 of the cases were assessed as being adequately handled but 8 required follow up due to safeguarding concerns.

Overall, these findings suggest the right direction of travel but with more work required to ensure consistency across Districts. The findings also resonate with my own findings on a visit to front line staff in one of the Districts. Social workers and their managers were very positive about the work done to gain control over activity levels and caseloads, the greater opportunity afforded for effective practice, including direct work with children, and the greater visibility of senior managers and elected members.

In the short term capacity and capability within children’s social care has been enhanced by bringing in a peripatetic team to work on unallocated cases, reduce numbers of incomplete assessments and restore appropriate assessment timescales. Vacancy rates are reducing and on track to reduce to 10% as required during the current notice period. The Council has a workforce strategy and a recruitment campaign is in progress. It targets experienced staff.

The supervision policy has been re-issued to staff and all managers have gone through a supervision training programme. A supervision audit has been carried out and has identified areas where further improvements are required.

Local health commissioners and providers are making good progress towards the target of having at least 85% of health and dental checks for children in care achieved.

Sufficiency of Progress

There is significant evidence that the Council has regained control over the management of contact, referral and assessment activity in relation to safeguarding and that it has combined the shorter term fix of additional, temporary staff, with activity intended to secure, over time, more sustainable change – a leadership and management development programme, improvements to ICT and front line delivery sites, a new approach to commissioning services for children, and strengthened corporate parenting arrangements.

The council's own assessment of progress at this stage is that it looks

“well placed to extend this focus [on immediate weaknesses and restoring the basics] to begin to address the quality of casework, to improve the range and effectiveness of services that are available to children and families and to begin to address the poor outcomes experienced by children in contact with the service.”

Progress report to the September Improvement Board by the Interim Corporate Director for Families and Social Care

The evidence presented to the Improvement Board supports this assessment and represents the successful completion of the first phase of improvement work.

Challenges in the next phase of work

My first report identified seven critical improvement themes that underpin progress in delivering many of the remaining Improvement Notice requirements and that are crucial for sustaining improvement. These themes also underpin improvements for children in care as well as improvements in safeguarding.

The seven themes are:

- ***A new operating model for the service***
- ***Performance management and quality assurance***
- ***Recruitment and retention***
- ***Improved IT***
- ***Working with partners***
- ***An effective Safeguarding Children Board***
- ***Succession planning for leadership of the service***

The themes remain a challenge for the council and its partners although there has been good progress in relation to all seven themes and the next phase of work is currently being organised through a Phase 2 Improvement Plan for the period September 2011 to February 2012.

Plans to improve performance management, quality assurance, recruitment, retention and IT are all in place and progressing. During the next phase of work it should be possible for the Board to see greater evidence about the quality of front line practice and for this to extend to practice in relation to children in care. The Phase 2 Improvement Plan begins to focus much greater attention on this group of children.

There is a particular challenge for the council and its partners in relation to a new operating model for the service. The council is currently using additional staff to deal with activity levels. It has assessed that the establishment of specialist teams, re-distribution of staff in relation to differential needs and demands across the county as well as improved management will improve capacity to manage activity effectively. However, it remains the case that referrals to children's social care are unusually high, with correspondingly high levels of initial and core assessments and increasing numbers of children in care and children with a child protection plan. The rates are much higher than both the England

average and place Kent at the top of its statistical neighbours in terms of activity levels. There are clearly issues about the thresholds for the service, the responses of partner agencies, and the availability of other interventions and services.

Local health services are actively engaged in looking at ways to respond. However there is a legacy of very low levels of Common Assessment Framework activity and a need to work more closely with the Kent Police. The Board is now receiving increasingly helpful information from local audit work on trends that may be contributing to high referral rates, for example, domestic abuse notifications from the police that are not well linked in with the CAF process. There now needs to be sustained cross agency work in the context of both the KSCB and KCC's improvement plans with the council, as identified in the previous report, reaching out to partners in an inclusive way that aligns its plans for change with those in other agencies.

Since the last report there has been significant progress in strengthening the LSCB with health partners fully engaged and providing leadership for sub-groups. The Board has focused on its multi-agency performance framework and has begun to address collection and analysis of information and more robust business planning.

There has also been progress in succession planning with a new Corporate Director for Families and Social Care appointed and joining the council in November. The next phase of improvement work should be well established by then giving the new Director space for some induction into the Council whilst retaining the current momentum of improvement. The Council now needs to recruit its Director for Children's Specialist Services.

Concluding Comments

There is no doubt that this is an improving picture. The political and professional leadership continues to be very effective in creating the environment for successful improvement work. The focus going forward will be on quality, sustainability and working with partners.

Liz Railton CBE
Independent Chair Kent Improvement Board
4 October 2011