CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Wednesday, 3rd December, 2014

10.00 am

Darent Room, Sessions House, County Hall, Maidstone

Kent County Council
kent.gov.uk

AGENDA

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Wednesday, 3 December 2014 at 10.00 am
Darent Room, Sessions House, County Hall, Maidstone

Ask for: **Theresa Grayell**
Telephone: **03000 416172**

Tea/Coffee will be available 15 minutes before the start of the meeting

Membership (14)

Conservative (8):	Mrs A D Allen, MBE (Chairman), Mrs M E Crabtree (Vice-Chairman), Mr R E Brookbank, Mrs P T Cole, Mrs V J Dagger, Mr G Lymer, Mr C P Smith and Mrs J Whittle
UKIP (3)	Mrs M Elenor, Mr B Neaves and Mrs Z Wiltshire
Labour (2)	Ms C J Cribbon and Mrs S Howes
Liberal Democrat (1):	Mr M J Vye

Webcasting Notice

Please note: this meeting may be filmed for the live or subsequent broadcast via the Council's internet site or by any member of the public or press present. The Chairman will confirm if all or part of the meeting is to be filmed by the Council.

By entering into this room you are consenting to being filmed. If you do not wish to have your image captured please let the Clerk know immediately

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

A - Committee Business

A1 Introduction/Webcast announcement

A2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present

A3 Declarations of Interest by Members in items on the Agenda

To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which it refers and the nature of the interest being declared

A4 Minutes of the meeting held on 23 September 2014 (Pages 7 - 16)

To consider and approve the minutes as a correct record.

A5 Minutes of the meeting of the Corporate Parenting Panel held on 4 September 2014 (Pages 17 - 22)

To note the minutes.

A6 Meeting Dates for 2015

Tuesday 20 January
Tuesday 21 April
Thursday 4 June
Wednesday 22 July
Tuesday 8 September
Wednesday 2 December

All meetings are planned to commence at 10.00 am. If an earlier start time is required for any meeting, this will be announced nearer the time.

A7 Verbal updates (Pages 23 - 24)

To receive a verbal update from the Cabinet Members for Specialist Children's Services and Adult Social Care and Public Health, the Corporate Director of Social Care, Health and Wellbeing and the Interim Director of Public Health.

B - Key or Significant Cabinet/Cabinet Member Decision(s) for Recommendation or Endorsement

B1 The Way Ahead: Draft Emotional Wellbeing Strategy for Children, Young People and Young Adults (0-25) in Kent - Part 1 (Pages 25 - 48)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing and to consider and endorse the draft Strategy.

C - Other items for comment/recommendation to the Leader/Cabinet Member/Cabinet or officers

C1 Ofsted Inspection Mapping: Single Inspection Framework (Pages 49 - 56)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing on the key themes emerging from inspections conducted under the single combined inspection framework, and to agree how the County Council should prepare for future inspections.

C2 Recruitment and Retention of Children's Social Workers (Pages 57 - 60)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing on progress in addressing the recruitment and retention of children's social workers.

D - Monitoring of Performance

D1 Action Plans arising from Ofsted inspection - progress update (Pages 61 - 68)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing on the improvement journey of Kent's services for children and young people.

D2 Annual Report on Complaints and Representations - 2013/2014 (Pages 69 - 86)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing on the operation of the Children Act 1989 Representations procedure in 2013/14.

D3 Specialist Children's Services Performance Dashboard (Pages 87 - 94)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing on progress against targets set for key performance and activity indicators.

D4 Public Health Performance - Children and Young People (Pages 95 - 98)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Interim Director of Public Health outlining the performance against targets set for key performance and activity indicators which relate to services delivered to children and young people.

D5 Work Programme (Pages 99 - 104)

To receive a report from the Head of Democratic Services on the Committee's work programme.

E - FOR INFORMATION ONLY - Key or significant Cabinet Member Decisions taken outside the Committee meeting cycle

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Peter Sass
Head of Democratic Services
03000 416647

Tuesday, 25 November 2014

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

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KENT COUNTY COUNCIL

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Children's Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 23 September 2014.

PRESENT: Mrs A D Allen, MBE (Chairman), Mrs M E Crabtree (Vice-Chairman), Mr M A C Balfour (Substitute for Mrs J Whittle), Mr H Birkby (Substitute for Mr B Neaves), Mr R E Brookbank, Mrs P T Cole, Ms C J Cribbon, Mrs V J Dagger, Mrs M Elenor, Ms A Harrison (Substitute for Mrs S Howes), Mr G Lymer, Mr C P Smith, Mr M J Vye and Mrs Z Wiltshire

ALSO PRESENT: Mr G K Gibbens and Mr P J Oakford

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health & Wellbeing), Mr A Scott-Clark (Interim Director Public Health), Mr P Segurola (Interim Director of Specialist Children's Services) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

1. Apologies and Substitutes
(Item A2)

The Democratic Services Officer reported that Mr M A C Balfour was present as a substitute for Mrs J Whittle, Mr H Birkby was present as a substitute for Mr B Neaves and Ms A Harrison was present as a substitute for Mrs S Howes.

2. Declarations of Interest by Members in items on the Agenda
(Item A3)

There were no declarations of interest.

3. Minutes of the meeting held on 9 July 2014
(Item A4)

RESOLVED that the minutes of this committee's meeting held on 9 July 2014 are correctly recorded and they be signed by the Chairman. There were no matters arising.

4. Minutes of the meeting of the Corporate Parenting Panel held on 19 June 2014
(Item A5)

RESOLVED that these be noted.

5. Verbal updates
(Item A6)

1. Mr P J Oakford gave a verbal update on the following issues:-

Attended Challenger Troop Award evening
Fostering awareness at the Tunbridge Wells Mela event
Visit to Essex County Council to discuss their journey to Good after which, Essex would then visit Kent to meet informally with Mr Oakford and Mr Segurola.
Virtual School Kent (VSK) awards day at Canterbury Cricket Ground – this event had been excellent and it had been very rewarding to see young people's pride in their achievements.
Social Worker Recruitment
Foster Carer Recruitment – Kent was not short of foster carers but struggled to find foster carers for harder-to-place children such as groups of siblings and those with disabilities or behavioural problems, so a targeted recruitment drive for these areas was needed.

2. Mr A Ireland then gave a verbal update on the following issues:-

Staffing changes – Mr Segurola had been appointed as acting Director of Specialist Children's Services, following the departure of Ms MacNeil, Mr Segurola's substantive post in North Kent would be covered by Michelle Woodward and Sue Butcher would act as Interim Assistant Director of East Kent in place of Suzanne King. Mr Ireland reassured Members that he was confident that there would be no loss of stability due to these changes.
Emotional Health and Wellbeing Strategy – this service was broader than the CAMHS service, with which the Committee was familiar. The contract renewal for this service would take place in 2015, with a revised specification.
Post Sexual Abuse Support Service (PSASS) – the recent attempt to re-let the contract for this had been unsuccessful as no bidders had been able to meet the specification, so a temporary extension of the existing contract would be effected by a single source tender.

He responded to comments and questions from Members, as follows:-

a) concern was expressed that the service specification for the CAMHS service had been insufficient in the past and that this shortfall may be repeated in the next contract. Members would need to have adequate briefing on the new service and a role in monitoring its delivery, as it was important that Members be able to understand how the service worked. Mr Ireland replied that the contract was not a County Council one but that the County Council would be able to have input into it. The level of NHS funding available for the service would be the key factor in setting the specification; and

b) the timeframe and process for the single source tender for PSASS was confirmed. It was important to avoid any interruption to the service so an extension of the existing contract had been negotiated, with a plan to return to the market early in 2015.

3. Mr G K Gibbens then gave a verbal update on the following issues:-

Key Decision Contract Award for Kent Community Infant Feeding Service

10 July Attended Mental Health Engagement event for Dartford, Gravesham and Swanley, Swale & West Kent CCG Areas in Lenham
15 July Attended the Local Government Association Physical Activity Senior Leadership Forum in London
17 September Presented at the Public Health England Conference in Warwick
15 October 2014 seminar by Professor Chris Bentley on Health Inequalities – Members were given the details of this event and encouraged to attend.

4. Mr A Scott-Clark then gave a verbal update on the following issues:-

Update on transfer of Health Visitor responsibilities
Flu campaign – the number flu vaccinations given in Kent last year had been disappointing, so it was hoped that this year would show an improvement, particularly for at-risk groups such as pregnant women, young children, older adults and those with pre-existing conditions. National trials of vaccination via GPs' surgeries had been extended to schools.
Kent School Nursing Conference
Public Health England Conference – Mr Gibbens had spoken at this about Public Health Intelligence. Kent was performing well in this field and was a national leader.

He responded to comments and questions from Members, as follows:-

a) health visitors would be partly funded by Kent Community Health Trust (KCHT) and partly by the County Council, and as they would not be employed by the County Council it could not set their terms and conditions. This would meant the County Council would not have the challenge of competing with other local authorities' terms and conditions, as it did for social workers. Mr Ireland added that, at a KCHT meeting on 22 September, it had been confirmed that health visitor recruitment was on track;

b) similarly, the County Council could seek to influence but could not direct the administration of flu vaccinations. Broadening the range of locations at which vaccinations could be offered, eg to include children's centres, older people's day centres, nursing homes and schools, could be suggested but not directed, as the national standard delivery route was via GPs' surgeries; and

c) retaining health visitors, once recruited, and exploring possible locations at which to base them, was also a challenge, and Mr Oakford said he had some ideas about how this could be achieved. Mr Scott-Clark added that remuneration for health visitors would need to be addressed, as for social workers, to maximise retention rates. The County Council and Medway Council had agreed that accommodation costs could be included in health visitors' contracts of employment.

5. RESOLVED that the verbal updates be noted.

6. Kent Teenage Pregnancy Strategy 2015-2020
(Item B1)

1. Mr Scott-Clark introduced the report and outlined the process of drafting the strategy and the consultation which had taken place.

2. In discussion, Members made the following comments:-

a) disappointment was expressed that no mention had been made in the strategy of the work undertaken in 2007 by the County Council's Select Committee on PSHE, and a view expressed that the current strategy should build on the work of the Select Committee and its recommendations, which had, at the time, influenced legislation. Mr Scott-Clark undertook to look back at the Select Committee's report and ensure that the strategy referenced it appropriately. He assured Members that good progress had been made in recent years in reducing teenage pregnancy rates but there were still pockets of higher rates which needed to be addressed;

b) concern was expressed that the most current data available was from 2011/12. Mr Scott-Clark agreed that it was an ongoing frustration that national data was always a couple of years behind and that there was always some discrepancy between proxy data and national reporting. He reassured Members, however, that this did not cause any hindrance to the County Council establishing its strategy;

c) in response to a question about any bearing that the ethnic background of a young person might have on their likelihood of having a teenage pregnancy, Mr Scott-Clark explained that, although some cultural groups had a custom of becoming parents at a younger age, the status of a young person, eg being in care, was more important than ethnic background in assessing their chances of having a teenage pregnancy. Rates of teenage pregnancy were also linked to areas of deprivation;

d) although a family could often cope with supporting one baby born to a teenage parent, a second baby would be a bigger problem. Childcare costs and finding other facilities, such as workplace nurseries, would make supporting two babies too much of a challenge for many families. Mr Scott-Clark explained that services focussed on providing emotional support to young parents and that a key part of sexual health support services was geared to discouraging second or subsequent births. It was this education element which had been a key part of Kent's success in reducing its teenage pregnancy rates; and

e) a certain amount of change would inevitably take place during the life of any strategy, and Mr Scott-Clark assured Members that there would be a process for reviewing the strategy as time passed, and that it would be adopted around the county by local Children's Health and Wellbeing Boards. Continuous monitoring would also take place, and would be reported to the Committee, as reduction of teenage pregnancy rates was a public health performance indicator.

3. The Cabinet Member, Mr Gibbens, thanked Members for their comments and undertook to take account of them when taking a decision to approve the strategy. He agreed that ongoing monitoring was critical to the success of the strategy and

offered to establish a working group of Members to monitor progress on reducing rates of teenage pregnancy.

4. RESOLVED that:-

a) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to approve the teenage pregnancy strategy, be endorsed;
b) the work of the County Council's Select Committee on PSHE be reviewed and its recommendations built into the new teenage pregnancy strategy; and
c) a Member working group be established to monitor the progress of the reduction in teenage pregnancy rates.

7. School Public Health
(Item B2)

1. Mr Scott-Clark introduced the report and, in response to a question, explained that data from the service would be used to input into needs assessments, and that more detail of the work of school nurses would be included in future monitoring report to the Committee.

2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to extend the contracts with Kent Community Health Trust and Medway Foundation Trust until 30 September 2015, to allow the outcome of the Healthy Child Review to influence a future procurement of the school public health service, be endorsed.

8. Developing a Public Health Strategy
(Item B3)

1. Mr Scott-Clark presented a series of slides which set out the context of and process for establishing a public health strategy and summarised the strategy's key components. The slides had been included in the agenda pack for the meeting. He responded to comments and questions from Members, as follows:-

a) in setting its public health strategy, the County Council would need to involve its district council partners as many public health issues would be easier to tackle at a local level. Mr Scott-Clark agreed that local working was vital as it was locally that lifestyle changes could be delivered, eg via housing and leisure facilities;

b) the 'health improvement' section of the strategy featured smoking rather than obesity, whereas the latter was of at least equal concern and should be addressed frankly. Smokers contributed to the treatment of smoking-related illnesses via the taxes they paid on tobacco products, whereas those with a habit of overeating did not make the same contribution to the treatment of obesity-related illnesses. Mr Scott-Clark responded that smoking was known to have the greatest impact on health, so work to minimise this would continue, with the aim of building on past successes. However, obesity was the next area to be targeted by high-profile work, with a review of the healthy weight service. An obvious issue to be

addressed would be the habit of retail outlets of displaying sweets and chocolate at checkouts, although obesity was about more than just addressing a calorie-rich diet; promoting physical activity was also important;

c) people should take responsibility for their own health and would need to be encouraged to address their own diet and lifestyle choices. Mr Scott-Clark supported this view and said this was a key element of the Health and Wellbeing Strategy. The message needed to be about the twin priorities of good diet and increased physical activity and their importance in addressing general health and such things as the vascular element of dementia;

d) a speaker who served as a school governor added that some children who lived very close to their school were driven there by car rather than being allowed to walk. There was a need to encourage a change of lifestyle and attitudes, and co-working between County Council Directorates to address this was welcomed. In France, all new housing developments were built with integral cycle routes, and cycling could be promoted more in the UK;

e) to make informed decisions to address such issues as smoking and obesity, the County Council would need to have good knowledge via reliable data. Mr Scott-Clark explained that data collection had improved in recent years and data collation was now a key role of Public Health England, with a fully-staff team there dedicated to it. It was important to collate data from all partners – eg from the Kent and Medway Fire and Rescue Authority, whose boiler-check programme aimed to minimise incidence of illness caused by CO2 emissions - and there was still some work to do in this area;

f) a view was expressed that the County Council could set an example of healthy eating by serving healthy meals to staff and Members in the County Hall restaurant; and

g) health inequalities were a big part of the public health issues which Kent needed to address.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments, of which he undertook to take account when approving the strategy. He supported the comments made about working with district partners and the importance of addressing smoking. He assured Members that health inequalities were a top priority for him and outlined his commitment to addressing this issue in his local area.

3. RESOLVED that the presentation be noted and the outline public health strategy be welcomed and commended.

9. Update on progress of the Transformation of Children's Services, specifically the 0 - 25 programme supported by Newton Europe
(Item B4)

Mr T Wilson, Head of Strategic Commissioning (Children's) was in attendance for this item.

1. Mr Wilson presented the series of slides, which had been included in the agenda pack, to set out the progress made so far on phase 1 of the transformation of Children's Services and the plans for phase 2, for which a decision would be reported to the Committee's December meeting. He and Mr Ireland responded to comments and questions from Members, as follows:-

a) elected Members would be involved in the process via the Transformation Advisory Group. It was requested that the dates of, and arrangements for, that group be sent to Members so all could be aware of its work; and

b) disappointment was expressed that an external consultant had been needed to identify variations in the level of spend per child across different areas of the county, and the need to have an ongoing method of identifying such patterns in future was emphasised. Mr Wilson explained that Newton Europe and County Council staff had been trained together and had shared skills. It was important that lessons learnt from Newton Europe be remembered.

2. The Cabinet Member, Mr Oakford, said that Newton Europe's approach had been honest and thorough in highlighting any issue which needed attention, and said that they had his full support. The efficiency savings they had identified were realistic and achievable and supported the County Council's work. Whilst the approach taken to identifying changes was refreshing, effective implementation of those changes would be vital. Mr Ireland agreed that changes identified were achievable and had the support of County Council staff. Newton Europe's success with transformation of adult services gave confidence that the transformation of the children's services would also be good.

3. RESOLVED that the Committee note:-

a) the progress of the 0-25 Programme, and the way in which County Council officers were working alongside Newton Europe to re-design services; and

b) that a further report be presented to this Committee in December 2014, at which potential key decisions in relation to delivering changes, and the way in which they would be implemented, would will be set out for discussion and comment.

10. Proposed Revised Policy on Financial Allowances for Children's Arrangements
(Item B5)

1. Mr Segurola introduced the report and explained that the current change was being proposed to regulate and bring the payment levels in line with recent case law judgements and to introduce appropriate uplifts.

2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Specialist Children's Services, to revise the policy on financial allowances, as set out in the report, be endorsed.

11. Public Health Performance - Children and Young People
(Item D1)

Ms K Sharp, Head of Public Health Commissioning, was in attendance for this item.

1. Ms Sharp introduced the report and responded to a question about the target for the recruitment of health visitors by explaining that the County Council aimed to transfer 320 health visitors from the NHS in October 2015, with 22 more being commissioned by Public Health England, to make a total of 342. Mr Scott-Clark added that the target figure for health visitor recruitment was shaped by the population need across the county and that the number actually appointed would always lag behind the target a little as they needed to go through a period of training before being formally appointed.

2. RESOLVED that the current performance and action taken by public health, and the fact that the breastfeeding statistics for Kent had not been published as they had not met validation criteria, be noted.

12. Specialist Children's Services Performance Dashboard
(Item D2)

Ms M Robinson, Management Information Service Manager for Children's Services, was in attendance for this item.

1. Ms Robinson introduced the report and responded to comments and questions from Members, as follows:-

a) in response to a question about the apparent lack of budget monitoring as part of the dashboard process, Mr Ireland explained that budget spend was monitored but that the primary role of the dashboard was to monitor activity against performance indicators. He reminded Members that Cabinet Committees had not wished to receive budget monitoring papers at their meetings as the information contained in them was not sufficiently current to allow them to make useful comment on it;

b) the speaker expressed a view that financial implications must surely be identified through the year as performance was monitored and trends noted, and asked about the possibility of adding a financial element to future dashboards. Ms Robinson explained that key activity data was included in budget reports;

c) it was good to see fewer indicators than previously rated as red on the dashboard but achieving this level of performance must have had cost implications; and

d) it was helpful to see the number of children in care placed within 10 miles of their home. The County Council had a good record in relation to placing children in care within the Kent boundaries.

2. RESOLVED that the Specialist Children's Services dashboard be noted.

13. Equality and Diversity Annual Report
(Item D3)

Ms A Agyepong, Corporate Lead, Equality and Diversity, was in attendance for this item.

1. Ms Agyepong introduced the report and responded to comments and questions from Members, as follows:-

a) the current report was concerned mostly with processes, and an interim report was requested, before the next annual report, about other parts of the County Council's equality and diversity work. The chart in appendix 1 to the report listed the ways in which data was profiled, ie by age, gender, disability and ethnicity, and it would be useful to be able to see the service impact on these various groups of clients. Ms Agyepong explained that analysis was undertaken of various groups where such work had an identifiable service application, eg health checks for children in care; and

b) another speaker who had also served on the Strategic Equalities Group had been advised at that group that some cinemas offered screenings of films just for autistic children and that leisure facilities opened swimming pools for sessions just for disabled children. It would be interesting to find out if there were more scope for such arrangements.

2. RESOLVED that:-

a) current performance and the proposed changes to equality objectives be noted, and revised objectives be reported to future meetings;

b) equality governance continue to be observed in relation to decision making;

c) the Committee continue to receive annual reports in order to comply with the Public Sector Equality Duty; and

d) a report on the service impact on client groups, broken down by age, gender, disability and ethnicity, be made to a future meeting of the Committee.

14. Recruitment and Retention of Children's Social Workers
(Item D4)

Ms K Ray, Human Resources Business Partner, was in attendance for this item.

1. Ms Ray introduced the report and highlighted key aspects of recruitment and retention, including ensuring that Kent had a presence in the market place, addressing key career points at which a social worker was more likely to leave their post, provision of care allowances and the number of first-line manager and supervisor posts filled by agency staff. Ms Ray, Mr Ireland and Mr Segurola responded to comments and questions from Members, as follows:-

a) the proposed improvements to the recruitment and retention strategy were supported as a sensible way in which to address the challenge, and the Cabinet Member, Mr Oakford, said he was seeking the Committee's comment before taking a key decision to commit to the cost of the proposed improvements;

b) in response to a question about the levels of seniority which accompanied the comparisons of salary across other local authorities, Ms Ray undertook to supply the required information to the questioner outside the meeting;

c) in response to a question about the feasibility of recruiting team managers from within existing internal staff rather than from an agency, Mr Segurola said that in-house recruitment would always provide a stronger staff base;

d) the Liberi IT system, introduced in December 2013, was more user-friendly than the previous system and had proved more successful so far in reducing the time social workers needed to spend on administrative tasks. It was fulfilling the vital role of providing management information from which supervisors and team leaders could monitor workloads;

e) although some social workers may wish to work flexibly – eg part-time – it was vital to balance this desire for flexible working against the needs of children being cared for, which were paramount; and

f) an update on the recruitment figures was sought for the Committee's December meeting.

2. RESOLVED that the proposed improvements to the recruitment and retention strategy for children's social workers, outlined in the report, be endorsed.

15. Work Programme
(Item D5)

1. The Democratic Services Officer referred to the discussion about the work programme at the July meeting and asked if Members wished to trial the option of having executive summaries to help reduce the bulk of the agenda papers. Members said they wished to have an executive summary for those who did not wish, or did not have time, to read a full report but also have the full repot in the papers for those who wished to read more detail. Members needed to have access to all available detail in order to be fully informed about an issue on which they we being asked to comment. What would be welcomed was a move to more concise reports.

2. RESOLVED that the work programme for 2014/15 be agreed.

KENT COUNTY COUNCIL

CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 4 September 2014.

PRESENT: Mrs A D Allen, MBE (Chairman), Mr R E Brookbank, Mrs P T Cole, Mr D S Daley (Substitute for Mr M J Vye), Ms S Dunstan, Mr S Griffiths, Mr G Lymer, Mr B Neaves, Mr R Truelove and Mrs Z Wiltshire

ALSO PRESENT: Mr P J Oakford

IN ATTENDANCE: Mr P Segurola (Interim Director of Specialist Children's Services), Mr P Brightwell (Head of Quality Assurance, Children's Safeguarding Team), Mr T Doran (Head Teacher of Looked After Children - VSK) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

29. Substitutes

(Item A1)

The Democratic Services Officer reported that Dan Daley was present as a substitute for Martin Vye and that apologies had been received from Teresa Carpenter, Carolyn Moody and Jenny Whittle.

30. The Openness of Local Government Bodies Regulations 2014

1. The Democratic Services Officer advised the Panel that new Regulations had come into effect in August which allowed members of the press and public to record or film the proceedings of any local authority meeting open to the public. Guidance on the new Regulations for Committee Members would be issued shortly by the Head of Democratic Services.

2. Panel Members asked how the new Regulations might impact on minors and other vulnerable service users participating at meetings. The Democratic Services Officer reassured speakers that this and other practical issues arising from the new Regulations had been raised and were being addressed.

31. Minutes of the meeting held on 19 June 2014

(Item A2)

RESOLVED that these be approved as a correct record and signed by the Chairman.

32. Chairman's Announcements

(Item A3)

1. The Chairman welcomed Philip Segurola to his first Panel meeting in his new role as Interim Director of Specialist Children’s Services.

2. She then congratulated Sophia Dunstan on the excellent presentation that she and her OCYPC colleagues had given about the updated 'Care to Listen' DVD and the Pledge to the County Council on 15 July.

3. She also encouraged all Panel members to attend the forthcoming VSK awards day which was to be held on 14 September at Canterbury cricket ground.

33. Verbal Update from Our Children and Young People's Council (OCYPC)
(Item A4)

1. Sophia Dunstan gave an update on the following issues:-

Participation days – six participation days had been organised through the summer holidays, which had been attended by a total of 128 young people, 35% more than had attended similar events last summer. The days had included a range of activities, including T-shirt printing, canoeing and horse-riding. Feedback from participants had been good and many young people had said they appreciated the participation days as a chance to meet up with their friends and siblings.

OCYPC – the OCYPC had also held participation days and was planning a taster day in October so young people could see how it worked and what it did, the aim being to attract new participants. The Council had taken part in focus groups about the LILAC assessment and had been asked to give feedback on this and other issues via questionnaires. Young people were tired of responding to surveys and were not keen to respond to them repeatedly. They would much prefer to submit comments via an App or by using Twitter. Mr Brightwell added that IROs explored methods of engagement as part of their role and said that he was looking into using different technologies. Such facilities would cost the KCC approximately £4,000 as part of a package of technical services for the Council's whole children in care population. Mr Doran added that the 'Kent Cares' App offered young people a way of giving feedback online, but a wider range of methods was needed. He gave the view that a limit of one survey in a year was enough to expect young people to respond to. *A report on methods of engagement would be submitted to a future meeting of the Panel.*

2. The updates were noted, with thanks.

34. Verbal update by the Head Teacher of VSK

Mr Doran gave an impromptu update on issues relating to the VSK.

1. He reported that Sophia had completed a level 2 NVQ qualification and was about to embark on a level 3. Sophia received the Panel's congratulations.

2. He reported the latest performance achieved by children in care against national indicators NI99 and NI101:-

- Key Stage 2 results were the best ever achieved in Kent.
- improvements had been seen across both maths and literacy.

- Key Stage 4 results had shown an overall improvement on previous years.

- he had written to all Head Teachers to outline his expectation that GCSE results for 2014 would vary greatly due to the changes made this year to the marking of course work.

3. In response to a concern about the potential impact of these changes on vulnerable children, and how the achievements of those who had scored below the target level could be suitably celebrated, Mr Doran explained that a press release would be prepared when the results were known. However, as the results would take a long time to be verified, they would not be released until October. This would mean that they could not share the media coverage and celebration of GCSE and A-level results in the summer. Celebrating the achievements of VSK students would provide an opportunity to validate the resources put into VSK. The Chairman reminded the Panel that the annual awards ceremony gave corporate parents the opportunity to celebrate the achievements of Kent's children in care.

4. The updates were noted, with thanks.

35. Cabinet Member's Verbal Update
(Item A5)

1. Mr P Oakford gave a verbal update on the following issues:-

Social Worker recruitment – recruitment was currently being targeted at management and supervisor levels in an effort to establish stability at those levels first, as it was known that that good leadership and supervision support was vital to retain staff. Research had shown that a time of particular vulnerability in a social worker's career was around the three year mark, so particular efforts would be put in place to seek to support and retain staff into years four and five. Vehicle insurance costs and the feasibility of helping young social work graduates to afford these had been a challenge historically. It was hoped that, as part of its recruitment package, the County Council could help with such costs. This issue was shared by many local authorities nationwide. A report would be submitted to Cabinet on 8 September setting out current work to boost recruitment.

Fostering awareness at the Mela event in Calverley Grounds Tunbridge Wells – he had attended the Mela to help raise awareness of fostering

VSK Awards Day (September 14, Canterbury Cricket Ground) – he echoed the previous references to the awards day and urged Panel members to attend it.

Adoption Activity Day (September 28, Oakwood) – this was the latest in a series of events arranged to give an opportunity for approved adopters to meet children seeking adoption, as part of the matching process.

2. The updates were noted, with thanks.

36. Looked After Children placement breakdowns
(Item B1)

1. Mr Brightwell introduced the report and explained that it had been prepared in response to a request from the Panel. The report sought to raise the profile of foster carers and highlight the vital nature of the role they played in supporting young people in care and in helping the County Council to deliver good quality care to its children in care population. It set out the key issues on which attention should be focussed to improve placement stability. Mr Brightwell and Mr Segurola responded to comments and questions from Panel members and the following points were highlighted:-

a) the implications of the most recent Ofsted report were that local authorities placing a child in a neighbouring authority's area had a duty to tell the hosting authority of any risks to the child, of which they were aware;

b) Kent's children were not at any additional risk than those of any other authority in the UK, in terms of trafficking. KCC was always open and honest in the way in which it reported and dealt with any trafficking issues when they did arise;

c) reference was made to recent media coverage of safeguarding issues and the lessons which could be learnt from this to ensure that such problems were not repeated at other authorities. Such cases were a timely reminder for other authorities to check their own practices;

d) foster carers considering fostering a child would need to be given as much information as possible about the child by social workers before committing to the placement, but this preparatory briefing had not always happened in the past;

e) some children seemed to benefit from contact with their birth family after fostering and others did not, and working out what would be right for any individual child must be very difficult. Mr Segurola agreed that such a judgement was difficult to make and assured the Panel that all relevant information would be considered. The belief among social workers had been previously that contact between a fostered child and their birth family could only be beneficial but this had sometimes been shown not to be correct;

f) in response to a question about how breakdown of placements might be predicted, Mr Brightwell explained that there were some predictors which could be used to help identify children for whom a breakdown was most likely. These were similar to the reasons which had brought a child into care in the first place and included being out of school, being one of siblings placed together (which was a challenge, especially if a foster carer had their own children) and having unaddressed health needs (particularly mental health and emotional issues);

g) concern was expressed about the problems which had caused the break-up of a birth family being passed on to the child's foster family. Mr Brightwell explained that national research had shown that a child who returned home from care was vulnerable to returning to care in the future, so it was important that support for the birth family was extended some time beyond a child returning home, to lessen the risk of them needing to

go back into care. National guidance aimed to promote permanence for children and a key role of the IRO service was to help support this, by using unification plans. Mr Segurola confirmed that edge-of-care services were currently being reviewed and reassured the Panel that taking a child into care would not necessarily transfer the problem to the foster family. It was often shown that a child's problems and behaviour improved once they were taken away from a dysfunctional birth family;

h) another Panel member emphasised that it was important to remember that it was not only a child's behavioural problems which may have caused them to be taken into care but often the treatment they had received which had contributed to their situation;

i) in response to question about reducing changes of social worker, Mr Brightwell explained that, although it was important to understand the potential impact of this, and it had been cited by the OCYPC as being a problem for some young people, the OCYPC and young people in care understood that change was sometimes inevitable as social workers changed jobs or retired and that a good handover practice could help minimise the negative effects of any change; and

j) in response to a question about the possible negative effect on a foster carer's own children of the placement in their household of potentially troubled children, Mr Brightwell explained that support was available, with a focus on foster siblings. Good matching of a foster child and foster family was important, and it was helpful to avoid placing a child in a foster family which already had a child of the same age. However, sometimes it was simply not possible to avoid doing this (eg if the placement were in response to an emergency). If the likely challenges in a placement were identified as early as possible, suitable support for the foster family could be put in place.

2. Mr Brightwell reassured the Panel that a paper on this subject had been considered by the Kent Corporate Parenting Group on 4 September and that further work arising from this would be reported to a future meeting of the Panel.

3. RESOLVED that the information contained in the report be noted and the comments made by the Panel be taken into account in future work to address the issue of placement breakdowns.

37. Independent Visiting and Advocacy Services - update
(Item B2)

1. Mr Brightwell introduced the report and reminded the Panel that both services were shortly to be re-tendered. He responded to comments and questions from Panel members. The following points were highlighted:-

a) part of the role of IROs was to quality-assure Kent's Pledge to its children in care and care leavers, and this would involve auditing feedback from young people to social workers and managers. The key question to be answered was whether or not the relevant parts of the Pledge were being met for the child in question. For 95% of children in care in Kent, the

answer to this was ‘yes’. Although past surveys had shown that many children in care said they were unaware of the Pledge, they were aware of, and understood, the parts of it which most interested or related to them. Indeed, some young people were not so interested in the fact that the Pledge existed as they were in the fact that it said they should have their own computer, for example;

b) some social workers were also apparently unaware of the content of the Pledge, but Mr Brightwell reassured the Panel that all IROs were very aware of its content and were required to refresh their knowledge of it every six months as part of their role; and

c) a view was expressed that the ‘pledge’ title was unlikely to mean much to young people; ‘pledge’ was a word used by politicians! The Chairman asked Panel members for suggestions of an alternative title and ‘promise’ was suggested. It was important to think creatively and use terminology to which young people could relate.

2. RESOLVED that the content of the update report be noted, with thanks.

By: Mr P J Oakford, Cabinet Member for Specialist Children's Services

Mr G K Gibbens, Cabinet Member for Adult Social Care and Public Health

Mr A Ireland, Corporate Director of Social Care, Health and Wellbeing

Mr A Scott-Clark, Interim Director of Public Health

To: Children's Social Care and Health Cabinet Committee - 3 December 2014

Subject: **Verbal updates by Cabinet Members and Corporate Directors**

Classification: Unrestricted

The Committee is invited to note verbal updates on the following issues:-

Children's Social Care

Cabinet Member for Specialist Children's Services - Mr P J Oakford

1. Child Sexual Exploitation awareness session for Members of this Committee and the Corporate Parenting Panel
2. Visits with principal practitioner to Folkestone
3. Kent Safeguarding Children Board Annual Conference – 'Voice of the Child'
4. E.safety

Corporate Director of Social Care, Health and Wellbeing – Mr A Ireland

1. 0 – 25 Programme Transformation Update
2. Child Sexual Exploitation
3. Virtual School Kent Awards

Children and Young People's Public Health

Cabinet Member for Adult Social Care and Public Health - Mr G K Gibbens

Key Decisions
1. School Public Health Service – contract extensions
2. Contract awards for Community Sexual Health Service

Events
1. 1 October - attended Kent Malnutrition Conference at Ashford International Hotel
2. 10 October - attended Public Health Mental Wellbeing Celebration Day at Sessions House

3. 15 October - hosted Professor Chris Bentley Health Inequalities Members' Briefing at Sessions House
4. 19 November - spoke at the Wellbeing Symposium at Detling Showground
5. 26 November - attended Environment, Health & Sustainability Conference at Ashford International Hotel

Interim Director of Public Health – Mr A Scott-Clark

1. Update on health visiting
2. Family nurse partnership
3. Work with preventative services
4. Maternity

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

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

To: Children's Social Care and Health Cabinet Committee – 3 December 2014

Subject: *The Way Ahead*: Draft Emotional Wellbeing Strategy for Children, Young People and Young Adults (0-25) in Kent – Part 1.

Classification: Unrestricted

Past Pathway: Kent Children's Health and Wellbeing Board, 12 September 2014
Kent Health and Wellbeing Board, 19 November 2014

Electoral Division: All

Summary:
In April 2014, the Kent Children's Health and Wellbeing Board appointed a multi-agency subgroup to lead development of a new Emotional Wellbeing Strategy for 0-25 year olds.

Following engagement activity with children, young people, families and professionals, Part 1 of the draft Strategy has been written, setting out a shared partnership vision to promote and improve emotional wellbeing.

Kent Children's Health and Wellbeing Board approved Part 1 of the draft Strategy on 12th September for a period of wider consultation, seeking feedback on the proposed outcomes and principles set out in Part 1, as well as views about how these might be translated into a Delivery Plan (which will form Part 2 of the Strategy, to be developed by February 2015).

Recommendation:
The Children's Social Care and Health Cabinet Committee is asked to:

a) **REVIEW** and **ENDORSE** the draft Emotional Wellbeing Strategy for Children, Young People and Young Adults (0-25).

1. Context

1.1. Emotional wellbeing is recognised as having a crucial influence on children and young people's life chances and their ability to achieve positive outcomes across a range of domains, including educational engagement and attainment, social inclusion and physical health. Nationally and locally, demand has been rising for specialist child and adolescent mental health services, with a wide range of studies and reviews concluding that this is likely to continue until more effective support is available to catch problems at an early stage.

1.2. In response to these pressures across the system, the Kent Children's Health & Wellbeing Board established an Emotional Wellbeing Subgroup in April 2014 with the remit of:

- Leading a multi-agency **Emotional Wellbeing Summit** (which took place in July 2014) to set the strategic direction for future delivery of emotional wellbeing services, including mental health;
- Developing a multi-agency **Emotional Wellbeing Strategy**, to encompass a broader age range of 0-25 (in response to emerging national and local data around the importance of integrated care pathways spanning adolescence and early adulthood).

1.3 A multi-agency group was formed, with a high level of participation from partners indicating a real commitment to work together on this agenda. This commitment was underlined in the achievement of its original aims within just over three months.

1.4 The group included representatives from across Kent County Council (including Public Health, Strategic Commissioning, Adult Services, Safeguarding, and Education and Young People's Services, including schools), from Kent's Clinical Commissioning Groups and GPs, as well as from District Councils and the voluntary sector. The group has also taken a partnership approach to its chairing arrangements, with a shared lead between Public Health, West Kent CCG and Strategic Commissioning.

2. Key principles of the draft Emotional Wellbeing Strategy

2.1 The draft Emotional Wellbeing Strategy, entitled 'The Way Ahead', has been owned and developed at real pace by multi-agency partners on the Emotional Wellbeing Subgroup, guided by the findings of consultation exercises with children, young people and families as well as views expressed at the Emotional Wellbeing Summit.

2.2 It is proposed that the Strategy becomes a supporting element of the *Kent Joint Health and Wellbeing Strategy*, since it forms a key part of the response to two of its overarching outcomes: to ensure that 'every child has the best start in life' and that 'people with mental health issues are supported to live well'. To this effect, *The Way Ahead* has adopted a complementary approach, and sets out a framework of **four key outcomes** (with **promoting emotional wellbeing** as a fifth overarching outcome, to be delivered across each level of need).

2.3 The framework of outcomes (within which commissioning intentions will be developed in Part 2: Delivery Plan) are as follows:

Outcome 1 - **Early Help**: Children, young people and young adults have improved emotional resilience and where necessary, receive early support to prevent problems getting worse.
Outcome 2 – Access: Children, young people and young adults who need additional help receive timely, accessible and effective support.

Outcome 3 – Whole-family approaches: Children, young people and young adults receive support that recognises and strengthens their wider family relationships.

Outcome 4 – Recovery and Transition: Children, young people and young adults are prepared for and experience positive transitions between services (including transition to adult services) and at the end of interventions.

Promoting Emotional Wellbeing is envisaged as a 'golden thread' running each of these four outcomes, and influencing activity at each level of need.

2.4 These outcomes have been identified through consultation with children, young people, young adults and families. The consultation broadly indicated a need for renewed focus on improving both:

- the **visibility** of emotional wellbeing support (including promoting resilience and positive emotional wellbeing, as well as offering accessible services);
- the **experience** of accessing support (including communication with families and the need for clarity around what support is available, and from whom).

2.5 The vision that this Strategy seeks to set out is therefore:

- **A model designed and implemented in partnership** with children, young people, families, responding to their articulation of the priorities.
- **A re-balancing of approach**, with emphasis on supporting professionals within the wider children's workforce, particularly universal services, to **promote emotional wellbeing and respond appropriately** where there are concerns about a child or young person. Overall, the aim will be to **engage earlier** to reduce escalation to more targeted and specialist services. The multi-agency partnership required to do this will be pivotal – and needs to be practically-focussed, appropriately prioritised and resourced. This ambition is vitally linked to the 0-25 Transformation vision of KCC, and particularly the Early Help agenda, but also includes the wider role of multi-agency partners.
- **A 'whole-system' view,** with consideration given not only to the design and structure of commissioned services, but to the ways in which they interact with universal services.
- **An extended pathway to support young people up to age 25**, recognising emerging evidence of the need to improve transition at 18 and the findings that 50% of all lifetime mental illness occurs by age 14, and 75% by age 25 (*National Institute of Mental Health*, 2004).

2.6 With all of this in mind, the Strategy itself has been deliberately framed as an accessible document, non-clinical in tone and emphasising the need for partnership with children, young people and families – as well as with a much broader range of professionals within the children's workforce. It is concise, but has been well-researched and reflects principles identified in national guidance as being essential to achieving good outcomes.

3. Next steps

3.1 Delivery Plan (Part 2)

A period of wider engagement is currently underway around the proposed outcomes and principles in Part 1 of the Strategy, as well as to ensure a robust multi-agency approach to the development of Part 2, the supporting Delivery Plan. Engagement is taking place through a variety of channels including:

- Online consultation via the Kent.gov, Live it Well and CCG websites, promoted to the public, partner organisations and stakeholder groups through shared distribution lists;
- Presentation across a wide range of countywide and local strategic groups, including Local Health and Wellbeing Boards, CCGs, COGs, and Patient Involvement Groups;
- Targeted workshop activities for multi-agency professionals around specific themes, including outreach to vulnerable groups including young offenders, children in care, and children and young people affected by child sexual exploitation;
- Further engagement with children, young people and young adults;
- A large event planned in December to draw together attendees of the July Summit and additional representatives, reviewing emerging findings from the consultation activities.

3.2 The Delivery Plan will synthesise findings from this range of activities, as well as research into best practice and alternative models, and set out recommendations for a 'whole system' approach to promoting and improving emotional wellbeing support. This will include future commissioning options for both internal and external services.

4. Timeline

4.1 An interim report on the engagement process will be taken back to the Children's Health and Wellbeing Board on 28th November 2014, with the aim of returning with the full findings, and a draft Delivery Plan, to the meeting in February 2015.

4.2 The implementation date of this model, if approved, will depend upon the outcome of decisions regarding existing commissioned services across Tiers 2-4 (delivered by Young Health Minds, Sussex Partnership Foundation Trust and South London & Maudsley NHS Trust) which are all due to end in October 2015. The Young Healthy Minds and Sussex Partnership Foundation Trust contracts both have an option to extend for up to two years.

4.3 A key principle agreed by the Children's Health and Wellbeing Board was that we need to work together to seize the opportunity that all contracts ending together presents. It was strongly emphasised that new arrangements should be decided jointly, in line with this multi-agency approach.

4.4 Work is currently underway to scope a draft procurement timetable, and discussions are taking place regarding the possible extension of existing contracts. It is recommended that where possible these decisions are informed by the recommendations within the Strategy and forthcoming Delivery Plan.

5. Conclusion

5.1 The draft Emotional Wellbeing Strategy for Children, Young People and Young Adults represents a recognition by partners in Kent that emotional wellbeing is 'everybody's business', and a significant step forward towards developing an integrated approach to the design and delivery of appropriate support services. This work will be continued at pace over coming weeks, with a draft Delivery Plan

anticipated for review in February 2015 which will influence decisions about future service models from 2015/16.

6. Recommendations

6.1 The Children's Social Care and Health Cabinet Committee is asked to:

a) **REVIEW** and **ENDORSE** the draft Emotional Wellbeing Strategy for Children, Young People and Young Adults (0-25).

b) Members of the Committee are also invited to take part in an Emotional Wellbeing Summit to be held on Thursday 18th December, 1.30 – 5.00pm at Clive Emson Conference Centre, Detling, Maidstone. This event will support further development of the Delivery Plan. Please RSVP to rose.hadlow@kent.gov.uk by 1st December 2014.

Background Papers
None

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September 2014

The way ahead

Kent's Emotional Wellbeing Strategy

for children, young people and young adults

DRAFT

Part one: Strategic Framework

Published by Kent County Council on behalf of the Kent Health and Wellbeing Board

Kent County Council kent.gov.uk

Part one: Strategic Framework

The way ahead

Kent's Emotional Wellbeing Strategy

for children, young people and young adults

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Foreword

Emotional wellbeing is a vital factor in each of our lives, shaping the way in which we understand ourselves and one another, and influencing a range of long-term outcomes.

In the journey from childhood to adolescence and early adulthood, it becomes even more vital. Enjoying positive ***emotional wellbeing*** (which includes mental health) opens the door to improved physical and cognitive development, better relationships with family members and peers, and a smoother transition to independence.

As partners in Kent, we want to support children, young people, young adults and their families as they make this journey, and work together in helping them respond to and overcome specific challenges that they may face.

This first part of our strategy describes the ***principles*** we will follow to do this, and lays the foundation for part two: a multi-agency delivery plan (expected in January 2015).

Why now?

Emotional wellbeing is an area of both national and local concern, with studies suggesting a marked decline in children and young people's satisfaction with their lives within the last five years[1]. The Good Childhood Report (2013) found that around 20% of children now experience below average levels of wellbeing, and 10% will have a diagnosable mental health condition: that translates to around three children in every class.

The case for change is both moral, and economic.
We know that the long-term consequences of inadequate support for children and young people with emotional difficulties can be enormous: one study suggests that half of all adults with mental health problems were diagnosed in childhood – but less than half were treated appropriately at the time[2], leaving them at an increased risk of disengagement from school, poor employment prospects and reduced physical health[3]. Until we have effective support embedded at an early stage, we will continue to see specialist mental health services across the country overwhelmed by demand, and children exposed to these poor outcomes.

In Kent, we are also responding to a real ***call to action*** at this time from children, young people, families, professionals and politicians to focus our attention on securing ***a comprehensive Emotional Wellbeing offer*** for children, young people (up to 25) and their families. We have made significant progress in recent years, but we know that more is needed if we are to fully respond to the needs of our families in Kent: and the solution is far bigger than any individual organisation.

1 Rees, G., Goswami, H., Pople, L., Bradshaw, J., Keung, A. and Main, G. (2013) *The Good Childhood Report 2013*, The Children's Society, London.

2 Kim-Cohen, J., Caspi, A., Moffitt, TE., et al (2003): *Prior juvenile diagnoses in adults with mental disorder. Archives of general psychiatry*, Vol 60, pp.709-717.

3 Richards (2009): Sainsbury Centre for Mental Health: *Childhood Mental Health and Life Chances in post-war Britain*.

What is our vision for Emotional Wellbeing in Kent?

This strategy focuses on the groundwork needed to envision and establish a '***whole-system***' of support for children, young people and young adults experiencing emotional and mental health difficulties - because we simply can't meet all of the needs from individual commissioned services.

In the first instance we depend hugely upon skilled and supportive professionals working with children, young people / adults and families in schools, community groups, health settings and beyond, to help identify children and young people experiencing emotional wellbeing difficulties (which can range from low-level, short-term needs to more complex difficulties and issues of serious harm, such as those affected by trafficking or child sexual exploitation). However, these people also have a wider day-job to perform, and there is a need to build capacity, knowledge and confidence among those who work with children and young people every day, promoting and protecting emotional well-being.

Confidence, in particular, will also rest upon knowing that there are ***effective services*** available to offer extra support to those children and young people who have a higher level of need. We need much greater collaboration in designing and resourcing Emotional Wellbeing services to ensure that what we put in place meets need ***swiftly, flexibly and effectively*** – and that it will be understood and valued by those professionals referring to it.

In partnership with children, young people, young adults and families, we need to define what a 'good' system of Emotional Wellbeing support would look like – and this strategy is the first step.

We've been listening to children, young people and families over the last few months and they have given us some clear messages about the way that they want to see – and experience – support being delivered. They aren't necessarily surprising, but we underestimate their importance at our peril.

This strategy is therefore:

*i. **Purposefully focussed*** on the messages we have been given by members of the public and professionals, responding to the issues raised and improving the overall experience for children, young people and families who are seeking support;

*ii. **Mindful*** of the journey that we have been on in recent years as professionals aiming to improve our local offer: the progress we have made, the areas where improvement is still needed, and the learning we have gained about the best ways to target our efforts;

*iii. **Committed to a partnership-approach:*** overcoming organisational boundaries and individual agendas to articulate and bring to life our vision of a 'good' system of emotional wellbeing support for 0 – 25 year olds in Kent.

As partners on the Children's Health and Wellbeing Board, we will work together in implementing this strategy, and the four key principles which follow, through service re-design and commissioning to take place from 2014/15 onwards. Success will depend upon leadership and commitment from a wide range of agencies, and on our continuing dialogue with the children, young people, young adults and families that we seek to support.

Andrew Ireland,
Corporate Director, Health and Social Care
Chair of Kent Children's Health and Wellbeing Board

September 2014

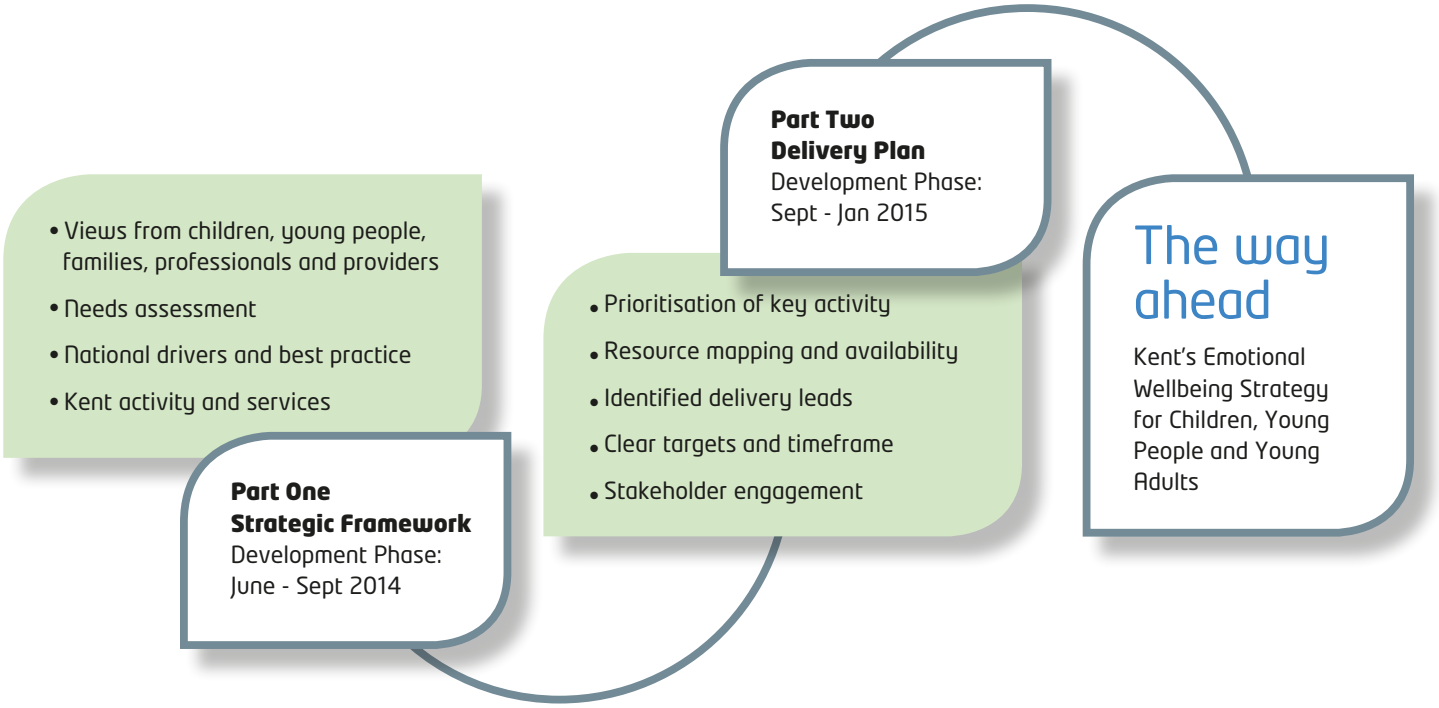
What is 'The way ahead'?

This is the first of two documents which together will form our vision as Kent partners for improving the emotional wellbeing of our children and young people.

Part One, outlined in this document, articulates the ***outcomes that we are seeking and the principles we will follow*** to achieve them. These outcomes respond directly to views expressed by children, young people, families, professionals, and providers, as well as the findings of local and national data and best practice.

Part Two will translate these outcomes and principles into ***a practical, multi-agency delivery plan***. This will identify key performance measures, delivery leads, resources and timeframes within which actions will be implemented.

The complete Strategy, comprising both elements, is expected to be presented to the Children's Health and Wellbeing Board in February 2015.



Where have we come from?

Although there is still work to do, we've made significant progress in the last few years.

Since the Child & Adolescent Mental Health Services (CAMHS) National Support Team visited Kent in 2010, we've put in place a number of key recommendations which have led to:

- The introduction of a county-wide Emotional Wellbeing Service for children and young people aged 4-18. This has enabled us to respond earlier to emerging emotional health needs and deliver complementary support to families and frontline professionals.
- The development of a broader, countywide Early Help offer to support children, young people and families who are at risk of experiencing poor outcomes;
- A single service and service provider in place to deliver Tier 2 and 3 mental health services, offering more unified and consistent approach across the county.
- A reduction in waiting times for assessment and treatment from mental health services – but we know there is still more to do.
- An improved partnership between Health and Kent County Council around emotional wellbeing, which has enabled greater sharing of skills and knowledge: to the extent that we are now ready to plan and commission the next generation of these services from a shared viewpoint, together with our wider partners.

We know there is still improvement needed to achieve the ambitions we set ourselves in 2010, and our strengthened partnership now puts us in the right place to do this. This strategy will identify some of the key priorities that we will address together over the coming years.

What do we know?

The following summary is based upon emerging priorities from the Joint Strategic Needs Assessment in Kent, led by KCC's Public Health Department. The full needs assessment will be available from November 2014.

> "Emotional wellbeing is defined as a positive state of mind and body: feeling safe and able to cope, with a sense of connection with people, communities and the wider environment."
>
> ***World Health Organisation, 2004***

Emotional wellbeing fluctuates, often rapidly for children and young people, in response to life events – and their ability to overcome these challenges without long-term harm is determined by the interplay of ***risk and protective factors*** available to them. As professionals working in children's services, we have a unique opportunity to influence this balance.

- ***Universal settings, particularly schools, play a crucial role*** in supporting children and young people to be resilient and emotionally healthy, identifying children or young people who show early signs of difficulty, and knowing when and how to request additional support - as recognised in the recent 'Mental Health and Behaviour in Schools' guidance (DfE, 2014). Many schools in Kent place real emphasis on whole-school approaches to emotional wellbeing, and offer additional pastoral support, counselling, or therapeutic services. ***We need to support these efforts and continue building capacity and skill, as well as knowledge of what is available locally and how to access it, among the children's workforce.***
- ***The vast majority of children, young people and young adults will not need any additional support*** beyond the reach of universal services – however, it is estimated that approximately 15% (approximately

34,000) in Kent will display a higher level of need. Many of these can be supported with some additional '***early help***': an evidence-based approach[4] which seeks to minimise the risks of problems occurring (particularly among at-risk groups) and to act quickly to improve outcomes where there are signs of difficulty. The success of these approaches, particularly around emotional well-being, often depends upon ***working in partnership with families*** –recognised in KCC's recent Early Help Prospectus (2014).

- However, some young people will remain at particularly ***high risk of emotional ill-health due to on-going circumstances*** in their lives, including children in care, those with learning difficulties or disabilities, children of parents with mental health or substance misuse problems, and young carers. Of these groups, statistics indicate that in Kent, we particularly need ***to secure more support for children in care/care leavers and young offenders.***

- ***Specialist services*** exist to meet the needs of children, young people and young adults experiencing acute or prolonged periods of complex emotional, behavioural or relationship difficulties. ***Our local needs assessment in Kent suggests that we particularly need to place more focus on the following groups:***

  - Presentation of self-harm at A&E among the 16-24 year old group
  - The high predicted number of children with Autistic Spectrum Disorder (ASD).
  - Children of parents, particularly mothers, who have mental health problems (among whom there is a 37% higher incidence of developing problems themselves)
  - Young people and young adults who have a 'dual diagnosis' and need support with substance misuse and emotional wellbeing difficulties.

We also know that emotional wellbeing difficulties present as the most common health issue among young people from 16 to 25 – but traditionally services have been divided into a 'child' and 'adult' offer at age 18, with differing resources available. This can cause real difficulty and distress for young people and their families who need consistency at a key point of transition. Research suggests that we need instead ***an integrated offer and pathway that extends from birth to age 25*** [5].

Levels of need [6]

1% Severe
of children and young people will experience episodes of being seriously mentally ill requiring intensive support from specialist services and potentially inpatient care.

9% Complex
of children and young people will experience significant emotional and behavioural difficulties which are complex and / or enduring, and will require support from specialist services. Signs may include anxiety, conduct or behavioural problems, attachment issues and eating disorders.

15% Early Help
of children, young people and young adults may need some additional help from services. Indicators may include responses to bullying, low mood, behavioural problems, relationship difficulties and school non-attendance.

75% Prevention
of children, young people and young adults will not need any additional support from emotional wellbeing services. This doesn't mean that they won't experience periods of emotional instability - but that they will receive sufficient support from their families, peers, schools, and the wider children's workforce to overcome challenges that they face.

4 See *Our Children Deserve Better: Prevention Pays – Annual Report of the Chief Medical Officer* 2012.

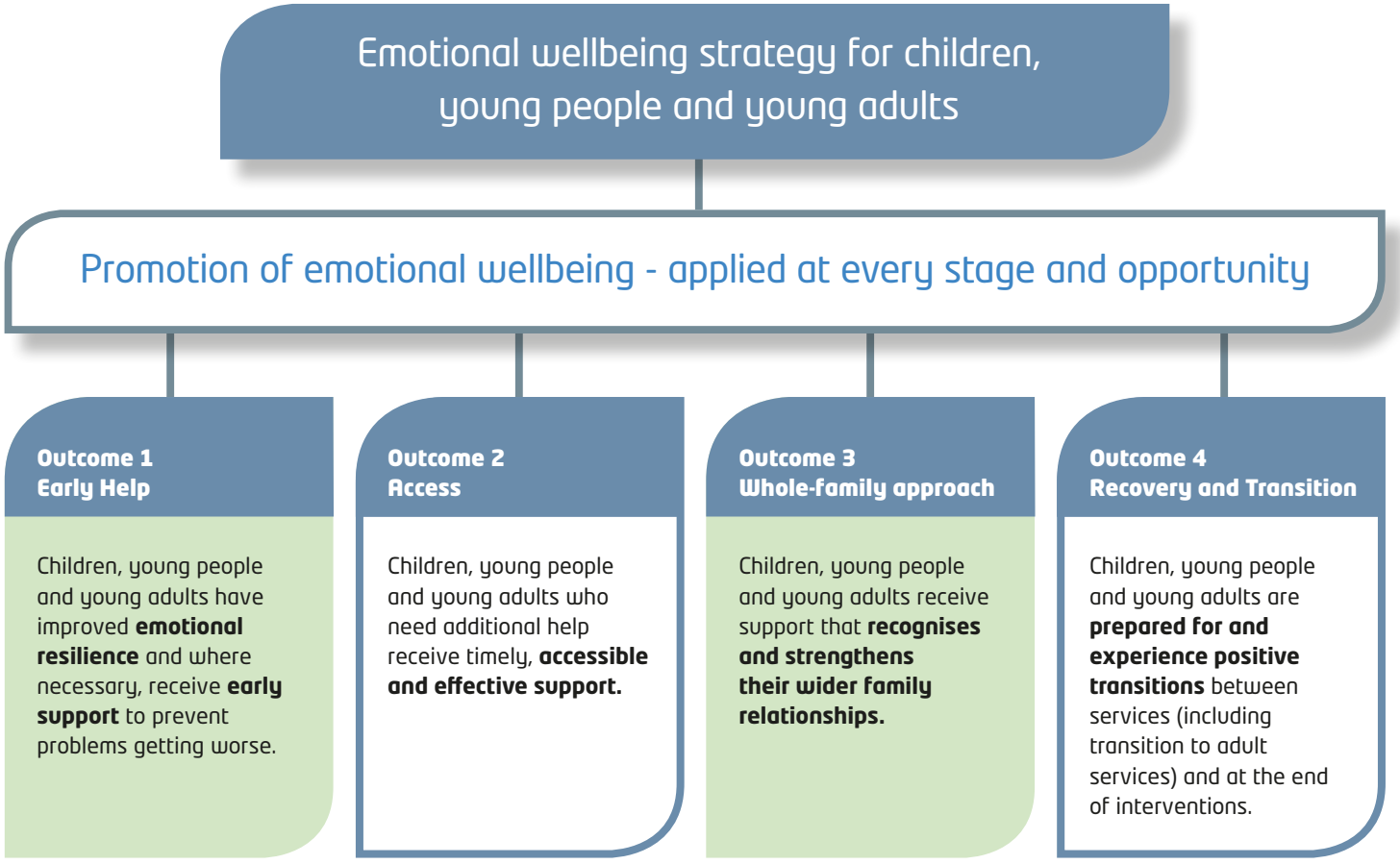
5 Supporting Young People's Mental Health: *Eight Points for Action: A Policy Briefing from the Mental Health Foundation* (2007) and International Association for Youth Mental Health: *International Declaration on Youth Mental Health* (2013)

6 Diagram based on Health & Social Care Advisory Service (HASCAS) model; all percentages approximate.

What do children, young people and families think a 'good' system would look like?

This strategy has been designed in response to the messages we have heard from children, young people, young adults and their families about the principles that matter most to them about the ways in which they are supported, whether in universal settings or from targeted and specialist services.

Over 200 responses have been gathered between May – July 2014 through surveys, focus groups and interviews, with a further 50 frontline professionals offering the benefit of their experience. The feedback has been analysed and grouped into priorities that fall within ***four overarching outcomes,*** which will form the basis of our strategy and the guiding principles for future service design. These outcomes are shown in the following diagram and discussed in more detail over the next few pages.



Outcome 1: Early help

*Children, young people and young adults have improved **emotional resilience** and where necessary receive **early support** to prevent problems getting worse.*

Early Help means doing all we can to prevent or minimise the risk of problems arising, and responding early if difficulties do emerge.

This is the definition at the heart of KCC's recent Early Help and Preventative Services Prospectus: a document which sets out the broader offer of preventative support available to children, young people and families where there are risks of poor outcomes.

Efforts to improve emotional wellbeing are a vital part of this offer, and so the two strategies are intrinsically linked, and we will specifically share the following aims:

- To ***develop self-esteem and resilience among children and young people***, particularly those who are most at risk of poor outcomes due to circumstances in their lives.
- To ***support schools and early years settings*** in improving the emotional resilience of children and young people.
- To ***support parents who are experiencing mental health issues.***

In addition, we want to respond to the following priorities identified by children, young people, young adults and families:

1 To support children, young people, young adults and families in ***developing and securing their own emotional wellbeing,*** and where necessary, in navigating and negotiating access to support that meets their needs.

2 To ***improve skills and confidence among staff in the children's workforce at all levels,*** through training in identifying and responding to the needs of children and young people who have emotional wellbeing difficulties. This includes consideration of external factors which may affect children and young people's emotional wellbeing, including domestic violence, child sexual exploitation and trafficking.

3 To build upon our work to date in ***developing a high-quality, flexible and visible Emotional Wellbeing offer*** within schools and community settings, linked to the broader suite of Early Help support.

"We need more 'drop-in' provision available locally, where we can access help quickly, preferably without an appointment."

"Parents/carers, teachers, and other front-line professionals need more support to identify and work with children and young people who have emotional wellbeing difficulties."

Outcome 2: Access

Children, young people and young adults who need additional help receive ***timely, accessible and effective support.***

Effective support for emotional wellbeing isn't just about the quality of the service offered.

It is about how easy it is to ask for help; how it feels to have your needs assessed; and (where necessary) how simple and responsive the pathway to getting the right kind of treatment in place. These experiential factors play a determining role in how successful the eventual intervention can actually be - and so they are a priority for us as we think about designing a 'whole system' approach.

In aiming to improve this overall experience, there are a number of priorities which we will need to address and which have been highlighted by children, young people, young adults and their families:

1. A range of options about the ways in which support can be delivered, whether face-to-face, over the phone or virtually.

2. A more flexible approach to service delivery, with more visible local facilities and (where appropriate) the potential for a 'drop in' offer available within the community.

3. Better understanding by professionals (including teachers and GPs) of the kind of support available locally – and a simpler process to access it.

In addition, our needs assessment and feedback underlines the need to:

4. Improve our specialist pathways, particularly for children and young people with Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Conditions (ASC0) and families.

5. Improve our targeted outreach to the most vulnerable groups, particularly young offenders, children in care, and care leavers.

"The adults working with us (teachers, GPs etc) need to understand the total offer of support available to meet our needs locally - and we need a simple process to access it."

"We need a range of different ways to access support: in person, peer-to-peer, in safe online spaces (including social media) and via text or telephone."

Outcome 3: Whole family approaches

There is a broad consensus of evidence to suggest that professionals and services make most impact on the lives of children, young people and young adults when they work in partnership with the wider family [7].

Parents/carers have a unique and critical opportunity to influence the emotional wellbeing of their children, and often understand their needs best. With this in mind, our priorities will be to:

1. Improve the ways in which services ***work alongside and in partnership with parents/carers*** and the wider family to manage their own risk and resilience (as far as this is safe to do and, particularly where young adults are involved, consent is given).

2. ***Promote the importance of maintaining positive family relationships***, where this is appropriate, and encourage good communication within families.

3. Ensure that where interventions are offered to a child or young person, their parents and carers are engaged as much as possible in ***understanding the work being done and what they can do to support it***. Within this, we will link to local parenting support opportunities where appropriate.

4. Finally, to pay particular attention to whether there are on-going support needs among families at the point at which services begin to ***step back*** – recognising that this can be a time of real pressure.

"Our wider families need support too: to understand what is happening to us, what work is being done, and how they can best help."

"Stick with our families after the point of 'stepping down' – this is often when we (and they) need most help."

7 See *Think Family Toolkit: Improving Support for Families at Risk – strategic overview*. Department for Children, Schools and Families (2009).

Outcome 4: Recovery and transition

*Children, young people and young adults are **prepared for and experience positive transitions** between services (including transition to adult services) and at the end of interventions.*

The process of ending support from a service, whether goals have been achieved or needs have changed, is every bit as important as the beginning.

If successful progress is to be sustained, then the partnership with children, young people, parents/carers, families, and schools is vital – and these key 'partners' need to be supported too, and prepared for the next step. In some cases, this may mean a more gradual 'stepping down' process – and a clear plan needs to be agreed, with routes 'back in' if concerns re-emerge.

When it becomes necessary to change the kind of support that is offered, then this too needs to be a carefully managed process, with children, young people and young adults involved wherever possible in decisions about how best their needs can be met: an overwhelming call from the young correspondents to our surveys [8].

Through designing a 'whole system' offer that meets needs across a continuum from birth to 25, we will aim to ensure that support is no longer shaped by a watershed at age 18, but that it responds instead to the individual needs of a young person as they follow their own unique path into adulthood [9].

Our priorities are therefore:

1. To work ***in close partnership with children, young people, parents/carers and families, as far as possible, in preparing for and implementing transitions*** whether at the end of an intervention or when another service becomes involved.

2. To set out ***clear lines of communication and 'routes back'*** if concerns re-emerge.

3. To design an extended offer that is led by the needs of young people as they approach and enter adulthood, with ***consistency and continuity of support available post-18.***

"Make sure that there is a clear plan and clear communication between the different people working with us, especially when we need to move between services."

"Young people who are approaching 18 must be able to access the same level of support from adult services if they need it, and experience a smoother transition."

8 See also *Report of the Children and Young People's Health Outcomes Forum 2013/14*

9 A priority within: *Closing the gap: priorities for essential change in mental health* (Department of Health, 2014).

Where next?

This document sets out a framework of four key outcomes which will form the cornerstones of our vision to improve emotional wellbeing for all children, young people and young adults in Kent.

The next stage of activity, to take place from September 2014 – January 2015, will involve wider engagement with the public, partners and professionals around the design of Part 2 – The Delivery Plan. This process will define the key actions needed to achieve our four outcomes, including service design, commissioning intentions, performance measures and resources.

The Children's Health and Wellbeing Board will continue to oversee this work and hold responsibility for ensuring that both elements of this strategy are widely understood and committed to by partners.

For further information and updates on this work, please visit xxxxxxxxx (TBC).

Strategic links:

The Way Ahead: Kent's Emotional Wellbeing Strategy for Children, Young People and Young Adults has been written in reference to the following key local strategies:

Kent Joint Health and Wellbeing Strategy (Kent Health and Wellbeing Board, 2014).

Every Day Matters: Kent County Council's Children and Young People's Strategic Plan. (Kent County Council, 2013).

Social Care, Health and Wellbeing Directorate: 2014/2015 Strategic Priorities Statement (see p.23). Kent County Council (2014).

Education and Young People's Services Directorate: 2014/2015 Strategic Priorities Statement (p.14-16) (Kent County Council, 2014).

Early Help and Preventative Services Prospectus (Kent County Council, 2014)

Joint Strategic Needs Assessment for Children in Kent 2011 (Kent Public Health, 2011)

References:

Rees, G., Goswami, H., Pople, L., Bradshaw, J., Keung, A. and Main, G. (2013): *The Good Childhood Report 2013.*

Kim-Cohen, J., Caspi, A., Moffitt, TE., et al (2003): *Prior juvenile diagnoses in adults with mental disorder.*

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Fraser, M., Blishen, S. (2007): *Supporting Young People's Mental Health: Eight Points for Action: A Policy Briefing from the Mental Health Foundation.*

International Association for Youth Mental Health (2013): *International Declaration on Youth Mental Health*

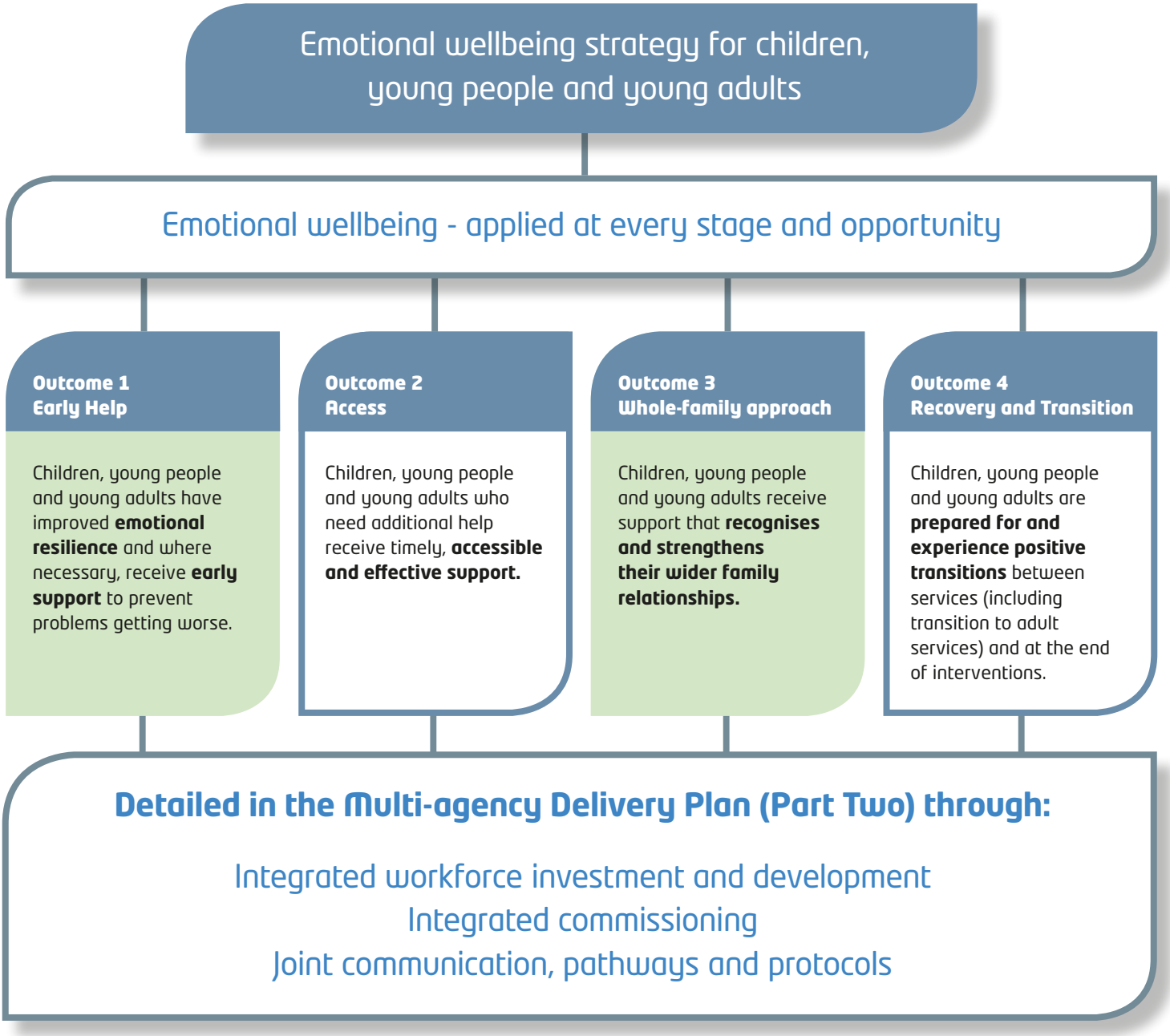
Department for Children, Schools and Families (2009): *Think Family Toolkit: Improving Support for Families at Risk – strategic overview.*

Department of Health (2013): *Report of the Children and Young People's Health Outcomes Forum 2013/14*

Department of Health (2014): *Closing the gap: priorities for essential change in mental health.*

Department for Education (2014): *Mental Health and behaviour in schools: Departmental Advice for School Staff.*

Quick reference: Outcomes Framework



Notes

Part one: Strategic Framework

The way ahead

Kent's Emotional Wellbeing Strategy

for children, young people and young adults

This publication is available in other formats and can be explained in a range of languages.
Please email: fsccommissioningadmin@kent.gov.uk

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

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

To: Children's Social Care and Health Cabinet Committee – 3 December 2014

Subject: Ofsted Inspection Mapping: Single Inspection Framework

Classification: Unrestricted

Summary: This paper provides an overview of the key themes emerging from the inspections conducted under the Ofsted single, combined inspection framework: 'Inspection of services for children in need of help and protection, children looked after and care leavers and Review of the effectiveness of the local safeguarding children board', from framework launch in November 2013 until October 2014.

Recommendations:

The Children's Social Care and Health Cabinet Committee is asked to:

a) **NOTE** the findings outlined in this report.

b) **AGREE** that the County Council should look to prepare for inspection, with attention paid to these areas of scrutiny.

1. Introduction

1.1 In order to enable the County Council to fully prepare for the next inspection of our Specialist Children's Service and Early Help & Prevention service, Policy & Strategic Relationships has undertaken a review of all published inspection reports conducted under the new single inspection framework between framework launch in November 2013 and October 2014. This was done in order to identify key emerging themes common to all the inspections, and to distinguish areas which received particular Ofsted attention and/or scrutiny.

1.2 The following report outlines those topics/areas which received recurrent focus over multiple inspections.

1.3 This information can be used to help focus KCC's inspection preparation over the coming weeks and months.

2. Background and Context

2.1 The single inspection framework differs from its predecessor in that it brings together the assessment of local authority child protection services and services for Children in Care (including fostering, adoption, and leaving care services) into a single, combined framework. Furthermore, Ofsted usually

undertakes a simultaneous review of Local Safeguarding Children Boards (LSCB) under this new arrangement.

2.2 The single inspection examines the experiences of children who need help, protection and care from the time this support is first needed until a young person who is Looked After has made the transition to living independently as a young adult i.e. it provides a holistic assessment of the child's journey.

2.3 The framework is set to take place over a three-year cycle. However, it is anticipated that the single inspection will be replaced by an integrated multi-agency inspection of 'children in need of help and protection, children looked after and care leavers services' from April 2015.

3. Key Themes of Well Performing Authorities

3.1 ***Multi-agency working:***
In-line with changes made to the 'Working Together' guidance in 2013, inspectors are looking for evidence that local authorities are working effectively with their multi-agency partners in order to safeguard children. Evidence of close, integrated cross-agency working is being sought e.g. effective sharing of information/intelligence; a shared understanding of provision; and clarity regarding access to services i.e. thresholds. This is particularly important in relation to transition between Early Help services and social care. Inspectors also commend effective multi-agency systems of managing contacts and referrals, and consistently focus their attention on multi-agency approaches to dealing with Child Sexual Exploitation (CSE) e.g. shared professional understanding and responses.

3.2 ***Early Help services:***
Inspections are seeking evidence of effective Early Help services, especially in relation to multi-agency working. Ofsted commends targeted service provision that is well coordinated; has clear thresholds for support; is well resourced; and is responsive to children, young people and families' needs.

3.3 ***Social work practice:***
The main categories of focus in relation to social work practice do not seem to differ significantly from previous inspections in the main. Ofsted is still looking for evidence of:

- Comprehensive case recording.
- Reflective social work practice that is analytical and shows evidence of applied learning.
- Appropriate levels of risk management, with timely, decisive action taken as appropriate (especially in relation to whether children should become Children in Care (CIC), or remain in care).
- Clear assessment and planning activity that is focused, measurable and timely. Permanence should be a focus of planning from the moment a child comes into care; care leavers should have adequate pathway planning; and social workers should strive to ensure placement stability.
- Good 'front door' keeping and implementation of thresholds.
- Robust supervision and management oversight.

However, under the single inspection framework Ofsted is also looking for clear evidence that the right children are becoming looked after; that families get as much support as possible so that children can stay at home; and that children only come into care if this best meets their needs (please see 'The voice of the child', page 4). The child's voice and experiences should be evident in all stages of planning and recording.

3.4 ***Consistent & comprehensive provision:***

Inspectors are looking for evidence that local authorities have good provision in place to assist their care leavers to live independently. The relationship that care leaves have with their social workers has been noted on a number of occasions, with authorities that enable their care leavers to access good accommodation, support for their physical and emotional health needs and information about what they should receive, including financial support, being commended. Inspectors are also looking for proof of consistent and comprehensive provision for children and young people who go missing or are at risk of CSE; and for evidence that long term planning to secure children's futures is always seen as a priority.

3.5 ***Legal:***

Ofsted will check to see whether there is a good working relationship between social care and the judiciary, and inspectors praise effective working between local authorities, the Children and Family Courts Advisory and Support Service (Cafcass) and the Family Justice Court.

3.6 ***Leadership and management:***

Leaders and managers at all levels are commended for being self-aware, and for maintaining links - and fostering a collective understanding and commitment between - senior levels and their staff 'on the ground.' Furthermore, senior managers are expected to provide a consistent and visible vision for children's services, and to have clear plans for current and future development in relation to service planning, design and provision. It is also expected that strategic planning processes can evidence adaptation and change in response to lessons learnt from past experiences. Likewise, Ofsted is positive about elected Members whom it finds exhibit a strong commitment to children's services and to their corporate parenting responsibilities; Members who display high aspirations for Children in Care are also praised.

3.7 ***Challenge and scrutiny:***

Inspectors appear to be actively looking for an organisational commitment to continual learning and improvement, and for evidence that such learning is challenging (and lifting the bar of) the status quo e.g. that audit findings are being aggregated and used systematically to inform and improve service delivery. Ofsted also expects managers at all levels to understand, and use, their performance information (and that by extension, recording/performance systems are providing accurate and reliable data). Another recurrent theme is an expectation that managers will ensure assessments and plans are of high quality i.e. that they are outcome focused; are regularly tracked and reviewed; and that cases are not subject to drift. Inspectors look to see that complaints are being collated and that the information gleaned is being used to strengthen future provision.

3.8 ***Resourcing:***

Ofsted appears to approve of authorities which advocate that their children and young people only come into care when there is no other satisfactory alternative - that treat care as an option of 'last resort', if it is the only way to improve children's outcomes. For example, Essex County Council is praised for creating a culture whereby it prioritises 'avoid[ing] the necessity of children having to come into care and always look[ing] for safe and appropriate alternatives in the first'[1]; for having policies which reduce the amount of time that children spend in the care system to a minimum; and for emphasising permanency planning from the moment a child becomes a CIC. This stance affirms the approach taken by a number of local authorities to reduce their highest cost services, and shows that Ofsted, in common with LAs, believes that improved outcomes can actually be successfully achieved by making targeted efficiencies.

3.9 ***Educational Outcomes:***

As with previous frameworks, inspectors focus on the educational outcomes of children in the care system, and praise any positive measures LAs have in place to improve attainment. In particular, inspectors seek evidence of effective Virtual Schools (VS) and strong leadership from VS headteachers.

3.10 ***The Voice of the Child:***

Ofsted views the voice of the child as having paramount importance under the single inspection framework. This extends from the views and experiences of children and young people being recorded in casework, to evidence that children's views have informed and shaped strategic thinking and service design. Inspectors view Children in Care Councils as essential and repeatedly commend local authorities which use CIC Council feedback and learning to develop business processes and to inform corporate decision making.

4. Key Themes of Authorities that Perform Poorly

4.1 In addition to the themes outlined above, there are also a number of themes which recur in relation to authorities that perform poorly under the single inspection framework. These include:

4.2 ***Casework and Outcomes:***

In LAs where social work staff have high caseloads and high numbers of unallocated cases; where too many cases are awaiting assessment and casework is subject to 'drift', inspectors are unanimous in their condemnation. Likewise, inspectors are critical if they feel the pace of improvement is too slow, especially if delays are putting children and young people at any unnecessary risk. Inspectors have been markedly critical of authorities which have high numbers of NEET care leavers (Not in Education, Employment or Training); where high numbers of care leavers are not supported by the service; where adoption timescales have been too slow; and where numbers of Children in Care have not received health and dental checks, medical assessments and immunisations.

4.3 ***CAMHS:***

[1] Essex County Council, *Multi-Agency Looked After Children Strategy, 2001-2016*

Children and young people accessing appropriate Child and Adolescent Mental Health Services (CAMHS) is a focus of the inspections, and concerns raised by inspectors include delays in CAMHS referrals and long waiting times to access services.

4.4 ***Proactively and Learning from Experience:***
It is expected that local authority strategic planning processes can evidence adaptation and change in response to lessons learnt from past experiences. Authorities which do not do this are not viewed favourably by inspectors.

4.5 ***Challenge and Scrutiny:***
Inspectors are highly critical of what appear to be prevalent sector failings in relation to consistent and effective Independent Reviewing Officer (IRO) and Child Protection Conference Chair challenge. Senior managers and IROs are expected to drive plans and ensure progress is made within timescales. Authorities which do not have effective quality assurance mechanisms and performance management systems are berated by inspectors.

4.6 ***Workforce Stability:***
Recruitment and retention is an ongoing issue for all providers, though some authorities have made inroads in these arenas. However, Ofsted continue to be clear that multiple changes of social worker can have a negative impact on children and families.

4.7 ***Local Children Trust Boards (LSCBs):***
Inspectors are critical of LSCBs that have overly complicated structures and which lack robust oversight. LSCBs are also expected to exhibit a grip of performance data and to have the ability to own and drive forward improvements within timescales. In Kent, the LSCB is the Kent Safeguarding Children Board which has Gill Rigg as its independent chair.

4.8 To see the full list of local authorities whom have had their inspection reports published to date, see Appendix 1. Please note that at the time of writing, the following authorities are known to have been inspected but their results are yet to be published: Rotherham; Isle of Wight; Rochdale; Bristol; Lincolnshire; Plymouth.

5. Important Statistics

5.1 Under the single inspection framework (between November 2013 and October 2014):

- 0 local authorities have been rated ‘Outstanding’
- 9 local authorities have been rated ‘Good’
- 18 local authorities have been rated ‘Requires Improvement’
- 6 local authorities have been rated ‘Inadequate’
- **This means that 71% of local authorities have been rated as failing to meet the required standards by Ofsted under the single inspection framework.**
- 0 LCSBs have been rated ‘Outstanding’
- 11 LCSBs have been rated ‘Good’
- 15 LCSBs have been rated ‘Requires Improvement’

- 6 LCSBs have been rated 'Inadequate'.
- **This means 65% of LSCBs have been rated as failing to meet the required standards by Ofsted under the single inspection framework.**
- 22% of all LAs have been inspected under the single inspection framework since it was launched. If this pace continues, it is anticipated it will take Ofsted 3.5 - 4 years to complete their full inspection cycle.

6. Conclusion

6.1 This information could be helpfully used to focus KCC's inspection preparation over the coming weeks and months.

7. Recommendations:

The Children's Social Care and Health Cabinet Committee is asked to:

a) **NOTE** the findings outlined in this report.
b) **AGREE** that the County Council should look to prepare for inspection, with attention paid to these areas of scrutiny.

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Date: 28 October 2014

Annex 1: Inspection Details

Local Authority	Overall Judgment	LCSB effectiveness
Barking & Dagenham	Requires Improvement	Requires Improvement
Barnsley	Requires Improvement (Care Leavers: Good)	Requires Improvement
Bexley	Requires Improvement	Inadequate
Birmingham	Inadequate	Inadequate
Blackpool	Requires Improvement	Requires Improvement
Bolton	Requires Improvement (Children in Care: Good)	Requires Improvement
Bournemouth	Requires Improvement (Adoption: Good)	Requires Improvement
Bradford	Requires Improvement (Children in Care, Leadership & Management: Good CIC)	Good
Buckinghamshire	Inadequate (Adoption, Care Leavers: Requires Improvement)	Inadequate
Cambridgeshire	Good (Child Protection: Requires Improvement)	Good
Coventry	Inadequate (Children in Care: Requires Improvement)	Inadequate
Derbyshire	Good	Requires Improvement
East Sussex	Good (Adoption: Outstanding; Care Leavers: Requires Improvement)	Good
Essex	Good	Requires Improvement
Hampshire	Good (Adoption, Leadership & Management: Outstanding)	Good
Haringey	Requires Improvement	Requires Improvement
Hartlepool	Good	Requires Improvement
Herefordshire	Requires Improvement (Adoption: Good)	Requires Improvement
Hillingdon	Requires Improvement (Adoption: Good)	Requires Improvement
Hounslow	Requires Improvement	Requires Improvement
Knowsley	Inadequate (Children in Care: Requires Improvement)	Inadequate
Liverpool	Requires Improvement	Requires Improvement
Manchester	Inadequate (Children in Care, Care Leavers: Requires Improvement)	Inadequate
Newham	Requires Improvement (Adoption, Care Leavers: Good)	Good
North Yorkshire	Good	Good
Nottingham	Requires Improvement	Requires Improvement
Oxfordshire	Good	Good
Portsmouth	Requires Improvement (Children in Care, Leadership & Management: Good)	Good
Sheffield	Requires Improvement (Child Protection, Care Leavers, Leadership & Management: Good)	Good
Slough	Inadequate (Adoption: Requires Improvement)	Inadequate
Southampton	Requires Improvement (Care Leavers: Inadequate)	Requires Improvement
Staffordshire	Good	Good
Swindon	Requires Improvement (Adoption: Good)	Good

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From:	Peter Oakford, Cabinet Member Specialist Children's Service Andrew Ireland Corporate Director Social Care, Health and Wellbeing
To:	Children's Social Care and Health Cabinet Committee - 3 December 2014
Subject:	Recruitment and Retention of Children's Social Workers
Classification:	Unrestricted
Electoral Division:	All

Summary: This paper provides an update to Children's Social Care and Health Cabinet Committee on recruitment and retention, following the agreement to enhancements to the remuneration package for key staff in Specialist Children's Services presented to this Cabinet Committee on 23 September 2014.

Recommendation:

The Children's Social Care and Health Cabinet Committee is asked to**:**

a) **NOTE** the update in relation to recruitment and retention activity as outlined in this paper.

1. Introduction

1.1 Following the discussion at Children's Social Care Cabinet Committee on 23 September 2014, it was agreed that an update on the activities would be presented to the next Cabinet Committee meeting.

2. Context

2.1 A detailed and comprehensive recruitment and retention plan is in place and is regularly reviewed by the Specialist Children's Services Resourcing Group. Progress against this plan has been good, but the national shortage of children's social workers has meant that the target of 85% of posts filled by permanent staff has not been achieved. In case-holding teams at the end of September, 75.6% of posts were filled by permanent employees (compared to 69.6% in July) with a further 18.9% being filled by agency staff (compared to 20.6% in July).

2.2 The recruitment activity that has taken place during August and September is summarised in the table below:

Social Workers	Senior Practitioners	Team Managers
30 applications received (29 external, 1 internal)	23 applications received (4 external, 19 internal)	18 applications received (12 external, 6 internal)
6 shortlisted	19 shortlisted	10 shortlisted
1 offered (External from Thurrock)	7 offered (6 internal, 1 external from Reading Borough Council)	4 offered (1 internal, 3 external from Newham Council, Powys County Council, London Borough of Bexley)
(3 still to be interviewed)	(6 still to be interviewed)	(3 still to be interviewed)

2.3 The proposals below were endorsed by this Committee on 23 September 2014.

a) Targeted advertising for experienced social workers. Senior practitioners and team managers has been agreed and planned up to April 2015. This will include targeted on-line advertising, radio advertising, and maximisation of the google search facility to drive potential applicants to our website.

Peridot (a specialist executive search agency) have been engaged to undertake targeted recruitment of Team Managers. The research process has started and plans are in place to make 9 appointments early in the new year.

b) Equalisation of market premium payments for Senior Practitioners and Social Workers will be implemented from the December 2014 payment cycle and will mean that all identified eligible social workers, senior practitioners and team managers will receive a payment of £1500.

c) Additional retention/market premium payments targeted at staff reaching significant length of service landmarks have been finalised and will be implemented from January 2015

d) A new car market premium has been agreed and will be implemented from January 2015

2.4 It is important that the other aspects of the recruitment and retention plan are maintained, particularly in relation to supportive, strong supervision, and the

introduction of the professional capability framework which links to professional development, both of which are known to be valued by staff.

2.5 The ability to attractive high quality Newly Qualified Social Workers has continued this year and is fundamental to the underlying importance of planning for the longer term by growing our own supply of social workers.

3. Conclusions

3.1 It is anticipated that the agreed initiatives will be instrumental in ensuring we attract and retain the calibre of staff that are required within Specialist Children's Services to continue the improvement journey.

4. Recommendation

The Children's Social Care and Health Cabinet Committee is asked to**:**

a) **NOTE** the update in relation to recruitment and retention activity as outlined in this paper.

Background Documents

Children's Social Care and Health Committee report 23 September 2014

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

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

To: Children's Social Care and Health Cabinet Committee - 3 December 2014

Subject: Action Plans arising from Ofsted inspection

Classification: Unrestricted

Previous Pathway: Children's Services Improvement Programme

Electoral Division: All

Summary

This report provides Children's Social Care and Health Cabinet Committee with an update on progress regarding the 'improvement journey' of Kent's services for children and young people, encompassing the collective efforts of both Specialist Children's Services, and Early Help and Preventative Services.

Members are asked to **NOTE** the progress that has been made since the last report.

---

1. Introduction

1.1 This is the eighth regular report to Cabinet Committee on progress made in improving practice and performance in services provided to children and young people in Kent. The last report of this nature, was December 2013, and outlined progress to that date.

1.2 These reports previously had a specific focus on the Children's Services Improvement Programme (CSIP); a programme designed to manage, and drive forward work-streams to address the issues highlighted by the 2011 Improvement Notice.

1.3 As a result of mutual agreement between the Department for Education (herein DfE), Liz Railton, Chair of the Safeguarding and Looked After Children Improvement Board (herein Improvement Board), and KCC; the Improvement Notice was lifted in December 2013.

1.4 Children's Services remain committed to improving the quality of outcomes for children, young people and their families. One of the top 3 priorities for Specialist Children's Services remains "Continue to improve the quality of social work practice; keeping all children and young people safe." (Social Care Health and Wellbeing Directorate Strategic Priorities Statement 2014-15).

1.5 Since 2012, KCC Specialist Children's Services have undergone five further Ofsted inspections:

- Fostering Services – published report 31July 2012 (adequate)
- Children in need of help and protection (Safeguarding) – published report 15 January 2013 (adequate)
- Adoption support services – published report 18 June 2013 (adequate)
- Children in Care / Care Leavers – published report 23 August 2013 (adequate)
- Thematic Inspection of Child Sexual Exploitation (CSE) –joint national report expected to be published November 2014

1.6 Action plans were put in place to respond to each of the priorities recommended by Ofsted for further development, after each inspection.

1.7 In order to robustly monitor and quality assure the improvements being made against these actions, regular updates on progress with the Ofsted Inspection Action Plans have been submitted to the Corporate Parenting Panel, the Children's Services Improvement Panel, and Kent Integrated Children's Services Board.

1.8 It is clear Kent remains on an 'improvement journey', and there is work still to be done if we are to meet the collective aspiration to achieve a "good" Ofsted rating.

1.9 This report replaces the former CSIP update to Cabinet, but retains the focus on the Children's Services improvement journey as a whole. This report acts as a broad position statement - setting out where we believe the service to be, the progress made since December 2013, and the direction of travel looking forward to 2015.

2. Key Developments

2.1. <u>The Improvement Notice Assurance Review</u>

When the DfE lifted the Improvement Notice placed on KCC in 2011, it was agreed that the independent Chair of the Improvement Board, Liz Railton, would return in 2014 to review Kent's progress in relation to 'key enablers for practice improvement' and the achievement of better outcomes for children and young people. The review took place in July 2014, with the aim of affirming the work progressed since the Improvement Notice was lifted in December 2013.

As part of this process, Jonathan Pearce (previous Chair of the Adoption Sub-Group) also conducted a review of Kent Adoption Services' improvement journey.

The key enablers subject to review were:

1. Recruitment and retention of qualified social workers
2. Learning and development opportunities
3. Quality assurance and performance management
4. Implementation of a new information system for children's social care (Liberi)

5. Multi-agency contributions, particularly Early Help and Child and Adolescent Mental Health Services (CAMHS)
6. Implementation of Kent Safeguarding Children Board's 2013\14 business plans, particularly quality assurance and performance management across agencies
7. Effective and timely planning for and achievement of permanent families for children in care (CiC)

This review set out to answer the question:

> *"Has the work intended to improve the quality of Safeguarding and Children in Care Services across Kent continued according to plan and what evidence has KCC and KSCB been able to assemble about the impact so far of their plans for improvement?"*

Overall, Liz Railton felt there was a "positive picture of an improvement journey that remains largely on track albeit with the continuing challenge of delivering good services across the large county of Kent."

Over 55 documents were submitted in total. The breadth of KCC's submitted evidence, demonstrated the strong focus by elected Members and officers on sustaining the level of progress made to date. It was clear from the interviews conducted with senior managers and focus groups of front-line staff that there has been any let-up in the pace of activity. Scrutiny and challenge of practice and performance is clearly embedded into business-as-usual activity.

One of Kent's primary strong points was the strength of our self-assessment, and that we 'know our own story'. Particularly positive progress was highlighted in the Adoption Service, recruitment and training of Newly Qualified Social Workers (NQSWs), the Virtual School Kent, and in the embedding of quality assurance measures.

Areas for further development were identified as:

- Ensuring supervision continues to develop as a reflective activity, and does not become overly task focused or lacking in analysis
- Recruitment and retention of experienced social work qualified staff, to complement the successful recruitment programmes for NQSWs.
- The timeliness, responsiveness and accessibility of CAMHS assessments and treatments.
- Further incorporation and integration of adoption processes into Liberi. It was also noted that more broadly, further adjustments are required in order for the service and front-line staff to utilise the full potential of the Liberi system.
- Further developing the range and volume of post adoption support services.

It was recognised by the Improvement Notice Assurance Review that KCC is taking appropriate steps to address these issues.

2.2. Annex A Peer Review

KCC joined a self-evaluation and Peer Review of Ofsted Annex A preparations in October 2014. Annex A is the documented performance information required to support the lead Inspector to understand the work of the local authority. Annex A comprises of some twenty two specific numerical data requests, and thirty written pieces of evidence.

The Peer Review was run by the South East Region Sector Led Improvement Programme (SESLIP). This is a forum of local authorities from across the south east, with a work programme based on data bench-marking, action-learning, peer challenge, self-assessment and appraisal. SESLIP, alongside the Local Government Association (LGA) and Solace work to achieve a coherent and consistent self-improving system for Children's Services. West Sussex led Kent's review.

An 'Annex A' key findings self- assessment report was submitted to West Sussex's Peer Review team. The document provided a useful position statement. Any areas of Annex A which were under development were highlighted within this report, with an accompanying narrative of why this work was in the process of receiving further, targeted attention:

1. The Joint Strategic Needs Assessment is currently being refreshed; this work is due to be complete by December 2014. SCS, Children's Commissioning and Public Health are working together to ensure the update is child-focussed and covers all necessary areas of need.
2. The CAMHS strategy scope has been widened to focus on Emotional Health and Wellbeing. This strategy is currently out to consultation;
3. The Sufficiency Strategy is currently under review as a result of the Council's collaborative 0-25 Unified Programme work with Newton Europe
4. Multi-agency audits are due to be completed by the KSCB (Kent Safeguarding Children Board) by late 2014/ early 2015

The Peer Review was an extremely valuable activity for Kent, allowing the opportunity to benchmark our performance against that of other local authorities. The review raised a number of minor data quality and data reporting issues; as a result these have been amended and resolved.

3. Ofsted Thematic Inspection of Child Sexual Exploitation (CSE)

3.1 Following on from the recent report by Alexis Jay OBE into Child Sexual Exploitation in Rotherham between September and October 2014, Ofsted also conducted eight thematic inspections of how Local Authorities are tackling Child Sexual Exploitation (CSE).

3.2 Rotherham, Rochdale, Bristol, Luton, Oldham, Camden and Brent as well as Kent, were all inspected.

3.3 Kent's CSE Thematic Inspection took place between 13 and-17 October. This was a targeted one week inspection, and not the full four week inspection under the Single Inspection Framework. As a result, there will not be a Kent-specific inspection report published.

3.4 Evidence collated from all eight enquires will form the basis of a single published report, highlighting best practice and areas which, nationally, local authorities need to improve upon in order to keep children safe.

3.5 Feedback was issued by Her Majesty's Inspectors verbally to senior managers, Friday 17 October. Key observations were:

- In the 18 cases that were tracked, the interventions brought about improvements for the child.

- Ofsted Inspectors praised the quality of Kent and Medway Safeguarding Children Boards' CSE Risk Assessment Toolkit, Sexual Exploitation Procedures and CSE Strategy; although noted their utilisation in front-line practice was not always as evident as it could be.

- There continue to be variances in practice across the County. This echoes the findings of Liz Railton's Assurance Review, that there continue to be challenges in delivering consistent services across a county the size of Kent.

- Although return interviews are happening, this practice is not always routine and the quality of the interviews is inconsistent. At the moment there is also not a mechanism to analyse this activity across the county.

- Ofsted were pleased that Kent had a CSE and Trafficking sub-group in place; however felt that the progress of the group would be further assisted by a detailed work plan. The Ofsted Inspectors also felt a detailed self-assessment of the partnership's collective CSE activity; both preventative and reactive would be beneficial to ensure efforts are joined up on a strategic level.

- Ofsted were particularly impressed by the coordinated joint investigation with the Police that took place earlier on this year as part of Operation Lakeland. They have indicated an interest in using this work as a good practice template once criminal proceedings are concluded.

3.6 Issues identified which pertain to the Kent Safeguarding Children's Board (KSCB) will receive additional scrutiny from a further SESLIP Peer Challenge review due to be conducted in December 2014.

4. Children's Services Improvement Plan April 2014-April 2016

4.1 Outstanding recommendations from all five Ofsted inspections, learning from our own quality assurance processes, and actions arising from recent audit activity have been collated into a single Children's Services Improvement Plan. This plan was agreed by SCSDivMT in August 2014, and as a result, there has been a renewed cross-directorate focus on this work.

4.2 The plan is based around five key themes:

(1) Quality of Practice
(2) Effective Front Door
(3) Effective Early Help
(4) Improved Outcomes for Children in Need and those in need of protection
(5) Improved Outcomes for Children in Care

4.3 In line with Kent's challenges around consistency of practice, different districts face different challenges. This is the result of a variety of factors: variances in demographic need, localised variances in process, staffing challenges, management changes, and relationships with partner agencies/ providers.

4.4 This Improvement plan has been shared internally. Individual districts have since begun to formulate their own localised plan to target areas which require further attention. This continues to be assisted by the increasing breadth of management information available from Liberi.

4.5 There is a strong focus throughout the Improvement Plan on quality, and consistency. There is excellent work happening within Specialist Children's Services, however challenge remains in ensuring local innovation and expertise is shared across Kent's considerable expanse..

4.6 The Children's Services Improvement Plan is closely aligned to the Transformation Agenda (0-25 Unified Programme), and the current partnership work with Newton Europe. In reducing back office processes, and streamlining service delivery, it is hoped this will create a more flexible service, enabling practitioners to have more contact time with children and families.

5. Legal Implications

5.1 There are no legal implications.

6. Financial Implications

6.1 There are no financial implications.

7. Conclusion

7.1 General progress has continued to be made since the lifting of the Improvement Notice and the majority of the targets and performance indicators as agreed by Cabinet ae being met. However, there are some areas where progress is proving to be more challenging and identified shortfalls are being urgently addressed in expectation of Ofsted's return.

7.2 Experience from the recent thematic inspection has shown that the benchmark applied by Ofsted has been raised with any practice falling short of good viewed as requiring improvement. In line with this we are striving to develop a culture of aspiration that is intolerant of poor practice and entirely focused on the consistent attainment of good practice standards.

8. Recommendations

8.1 Members are asked to **NOTE** the progress that has been made since the last report.

Contact lead officer

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Background Documents

- Children's Services Improvement Plan April 2014-April 2016

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From:	Peter Oakford, Cabinet Member for Specialist Children's Services Andrew Ireland, Corporate Director Social Care, Health and Wellbeing
To:	Children's Social Care and Health Cabinet Committee – 3 December 2014
Subject:	Annual Report on Complaints and Representations 2013/14
Classification:	Unrestricted
Past Pathway;	Specialist Children's Services Divisional Management Team, Social Care and Health Directorate Management Team
Future Pathway:	Publication via www.Kent.Gov.UK
Electoral Division:	All

Summary: This report provides information about the operation of the Children Act 1989 Representations Procedure in 2013/14 as required by the regulations.

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

1. Introduction

1.1 Specialist Children's Services work with the most vulnerable children and families in Kent. Much of the work is focussed on intervening in family life and is governed by complex legislation, guidance and policy. Included in the legislation is a requirement to operate a robust complaints procedure for children and those closely involved with them. The procedure provides people with the right to be heard, the opportunity to resolve issues and to take matters further if they are not resolved, an additional safeguard for vulnerable people, and information which contributes towards quality assurance and service development.

1.2 The statutory requirement to produce an annual complaints report in respect of Children's Social Services is laid down by the Children Act 1989 Representations Procedure (England) Regulations 2006. The associated guidance states that this should be presented to staff and to Members and be made available to the regulator and the general public.

2. Financial Implications

2.1 No decision is sought that has financial implications for the Council's capital or revenue budgets.

3. Bold Steps for Kent and Policy Framework

3.1 The report relates to the rights of citizens directly affected by Specialist Children's Services to make complaints and challenge decisions. A number

of the complaints relate to services to support disadvantaged children and families.

4. Representations made to the local authority

4.1 A total of 19,744 referrals about children were made to Kent Specialist Children's Services in 2013/14. All Children in Care in Kent are advised how to make a complaint. Information is available in leaflets, cards, on the website and via partner organisations, so that all children in receipt of services, and the adults in their lives, are encouraged to exercise their right to complain should they wish to.

Type of Record	**2010/11**	**2011/12**	**2012/13**	**2013/14**
Statutory complaints	267	305	224	222
Enquiry	166	151	149	148
Compliment	54	59	93	76
Non-statutory complaints	139	198	172	105
Other representations and miscellaneous contact	*	267	269	316
Complaints total	406	503	396	328

*not previously reported

4.2 Representations via elected representatives

Issues raised via MPs and County Councillors are usually registered and responded to as enquiries but the elected representative is also advised of their constituent's right to make a statutory complaint if applicable.

4.3 Non-statutory complaints and representations

By definition non-statutory complaints are either from people who are neither clients nor directly affected by the service, or are about functions such as child protection investigations or court action where there are other routes for challenging the Local Authority which would make an independent investigation inappropriate. Where there is another route the contact is recorded as a representation and advice provided.

4.4 105 complaints were received which fell outside the statutory requirements. In these cases the complainants received a response from a senior manager. Complainants were advised of their right to challenge the response via the Local Government Ombudsman.

4.5 Most non-statutory complaints were from relatives who were not directly affected by the service and with whom information could not be shared. Non-statutory complaints from parents were about processes such as child protection investigations or were disputing decisions taken by, or the role of the Local Authority in, a court of law. A change to procedures was introduced in September 2013 which meant that some contacts previously recorded as "non-statutory complaints" or "miscellaneous contacts" are now recorded as "representations" however this in itself does not account for the 39% reduction in the number of "non-statutory complaints" received.

4.6 The Complaints Team received 316 miscellaneous contacts and representations in 2013/14. Many of these were directed along alternative routes including child protection referrals, fostering panels, legal action, HR and the police. 39 cases were in the child protection process and 31 cases were involved in legal proceedings. Some were about other local authorities and organisations; advice was provided as appropriate. In 90 cases advice was given about the complaints procedure and a record of the issues made but the complainant decided to take it no further or decided to try to resolve the issue informally with the social worker or team leader before making a formal complaint.

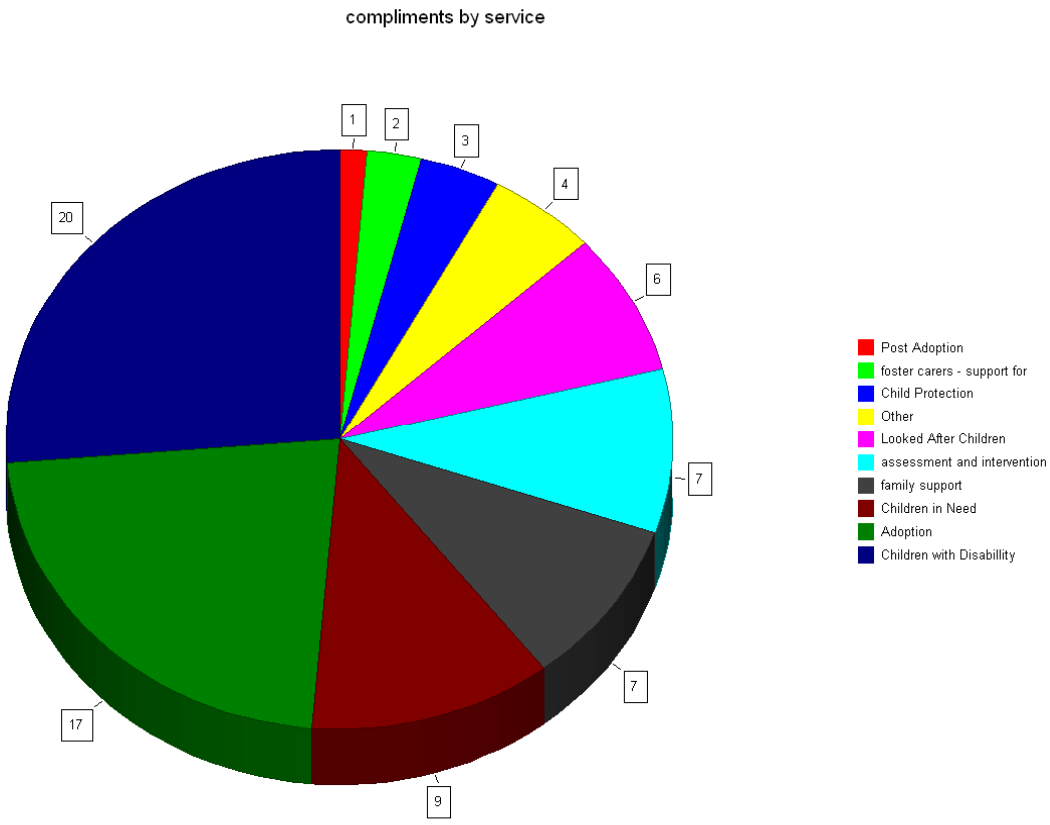
Contact method

Type of Record	Card/ Gift	Email	Letter	Other	Telephone	Text	Website	Total
Children Act	0	104	67	0	47	0	04	222
Non-statutory Complaint	0	44	34	0	26	0	1	105
Enquiry	0	43	105	0	0	0	0	148
Compliment	9	49	12	5	1	1	0	77

4.7 For the first time the number of complaints received by email is greater than complaints received by letter. As in previous years, it remains unusual for people to complain online; there is no increase in use of the website to provide feedback of any kind. Telephoned complaints decreased by 26%.

5. Compliments

5.1 Unsolicited representations made to the local authority from external sources and which provide positive feedback about staff and services, are registered as compliments.



5.2 Significant increases over the previous year were recorded in compliments about child protection, children in care and adoption services.

The compliments were made by the following groups

Involvement	Number	%
Advocate	1	1.3%
Client (Child/Young Person)	4	5.3%
Close Relative	8	10.5%
County Councillor	1	1.3%
Foster Carer	5	6.6%
Friend	1	1.3%
Health Representative	1	1.3%
Legal professional (including the judiciary)	7	9.2%
Other	2	2.6%
Other Local Authority	2	2.6%
Parent	29	38.2%
Partner	1	1.3%
Prospective Adopter	8	10.5%
School staff member	1	1.3%
Service Provider	4	5.3%
Special Guardian	1	1.3%
Total	***76***	***100.0%***

The compliments from legal professionals were for social workers involved in care proceedings and included three judges and two court Guardians.

6. The number of statutory complaints at each stage and those considered by the Local Government Ombudsman

6.1 It is a legal requirement to handle complaints from clients and closely associated people complaining about services for Looked After Children,

Children in Need and certain other specified functions, according to the three stage procedure. This requirement applies irrespective of where in the Local Authority the complaint is received. Clients and certain other people have the right to access the procedure and the Local Authority would be at risk of legal challenge if complaints were not handled according to the requirements. The requirements are detailed and prescriptive in terms of the eligibility of complainants and which complaints must be handled under the procedure, as well as the process and timescales.

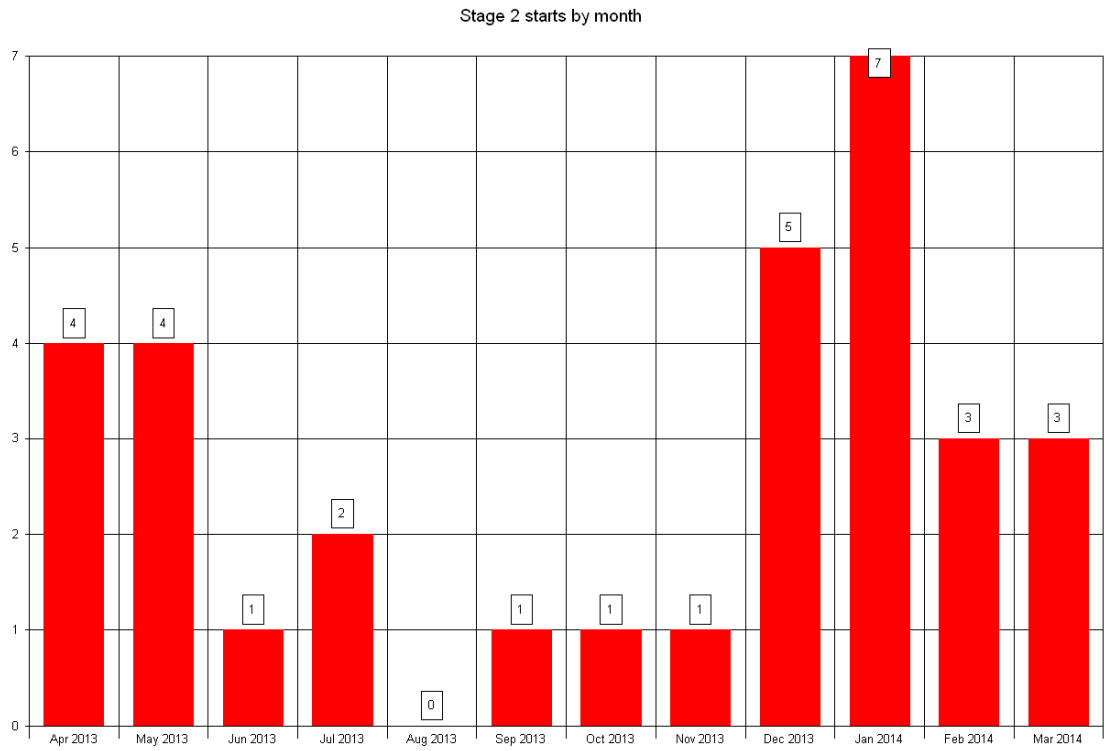
6.2 There are three stages to the statutory complaints procedure:

- Stage One - Local Resolution,
- Stage Two – Investigation,
- Stage Three - Complaints Review Panel.

	2010/11	2011/12	2012/13	2013/14
Stage One – Local Resolution	267	305	223	228
Stage Two – Formal Investigation	26	26	27	33
Stage Three – Complaints Review Panel	2	1	0	2
Local Government Ombudsman referral *	11	18	23	30

*includes non-statutory complaints and enquiries about new complaints

6.3 Where a complaint is not resolved at Stage One, or Stage One is unreasonably lengthy, the complainant has the right for the complaint to be considered at Stage Two (Investigation Stage). This involves a thorough investigation into the issues and consideration of the complaint by an off-line Investigating Officer and an Independent Person. Complainants have the right for their complaints to progress to a Complaints Review Panel if they remain dissatisfied and the main issues are not upheld at Stage Two. Stage Two investigations involve valuable, in-depth examination of cases which frequently influences practice.



6.4 14% of statutory complaints received escalated to Stage Two in 2013/14. This is an increase over the previous two years when the resolution rate was improving (10% in 2010/11, 8.5% in 2011/12 and 12% in 2012/13)

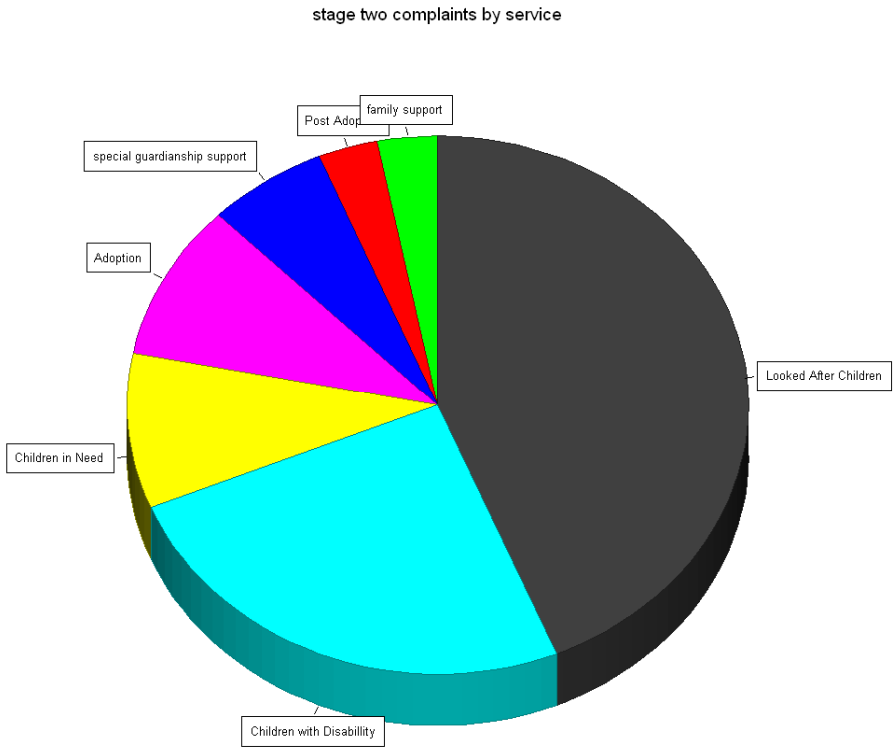
6.5 50% of Stage 2 complainants had received a written response at Stage One within timescale. Three complaints escalated because there was no written response at Stage One. In one case a meeting took place but no written response was sent.

6.6 The emphasis in the legislation and guidance is on early resolution at a local level. Kent's policy is that local managers should usually meet, or at least speak with, complainants, unless there is a good reason not to, to attempt resolution before writing. This approach is reinforced in guidance and support provided by the Complaints Team. Areas of the service that adopt this approach have a lower proportion of stage 2 investigations. Staff are also encouraged to continue to seek to resolve complaints at a local level when they escalate to Stage Two or beyond.

6.7 Meetings were held at Stage One in 28% of cases. The offer of a meeting following the Stage Two request resulted in the resolution of two complaints. Two further complaints were withdrawn when action was taken to provide the outcomes sought: the reinstatement of the adoption allowance and compensation for a young person's lost belongings. One complaint was closed when it became clear that an investigation would not be able to produce the complainant's desired outcome. An earlier discussion with the complainant in each case may have prevented the complaints escalating.

6.8 Two complaints were investigated at stage 2 without having been registered at Stage One.

- Attempts had been made to resolve one complaint locally but this had not been registered as a formal complaint.
- Another complaint had been delayed while safeguarding issues were reviewed. This took four months by which time it was too late to attempt local resolution on the outstanding complaints.



6.9 There has been a steady increase in referrals to the Local Government Ombudsman over the last three years and 2013/14 saw a 30% increase over the previous year.

6.10 Of the 30 referrals to the Local Government Ombudsman, eight related to statutory complaints (six from parents, one from grandparent with parental responsibility and one from a relative carer) about services to children in need or children in care. 15 of the complaints had been handled under the Council's corporate complaints procedure and the remainder as representations. All of the representations were related to child protection cases and/or referrals made to the Central Duty Service.

7. Which Customer Groups made the complaints

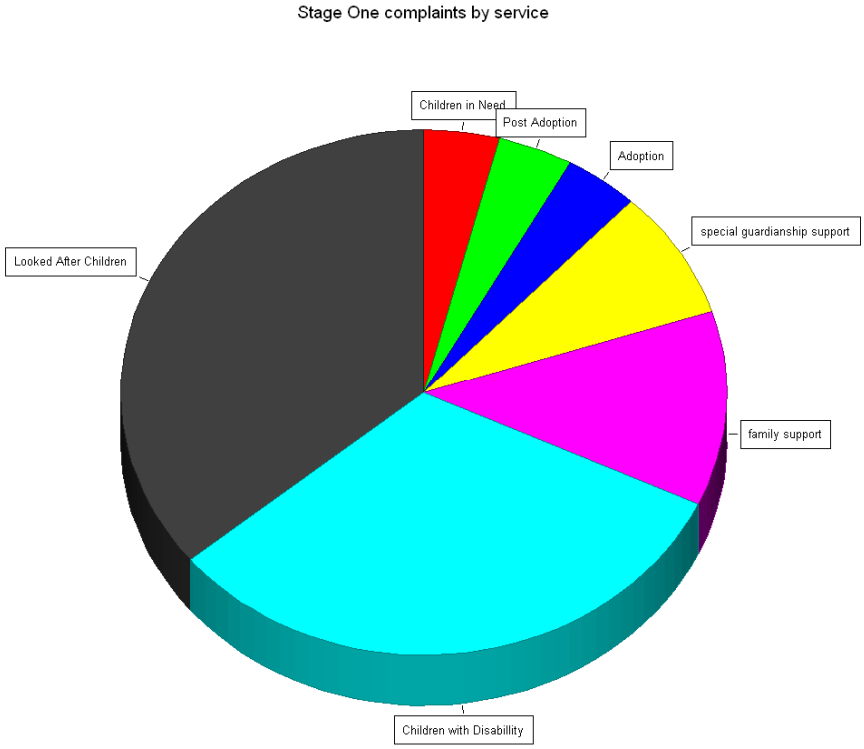
Statutory complaints

Originator	**2010/11**	**2011/12**	**2012/13**	**2013/14**
Child or young person	36	29	36	43
Parent	191	230	149	138
Close relative	17	20	12	6
Carer	3	8	9	17
Foster carer	10	11	13	5
Other	3	0	0	5
Legal representative	4	6	1	0
Prospective adopter	0	0	4	0
Special Guardian	3	0	1	8
Total	*267*	*305*	*225*	*222*

8. The types of complaints made

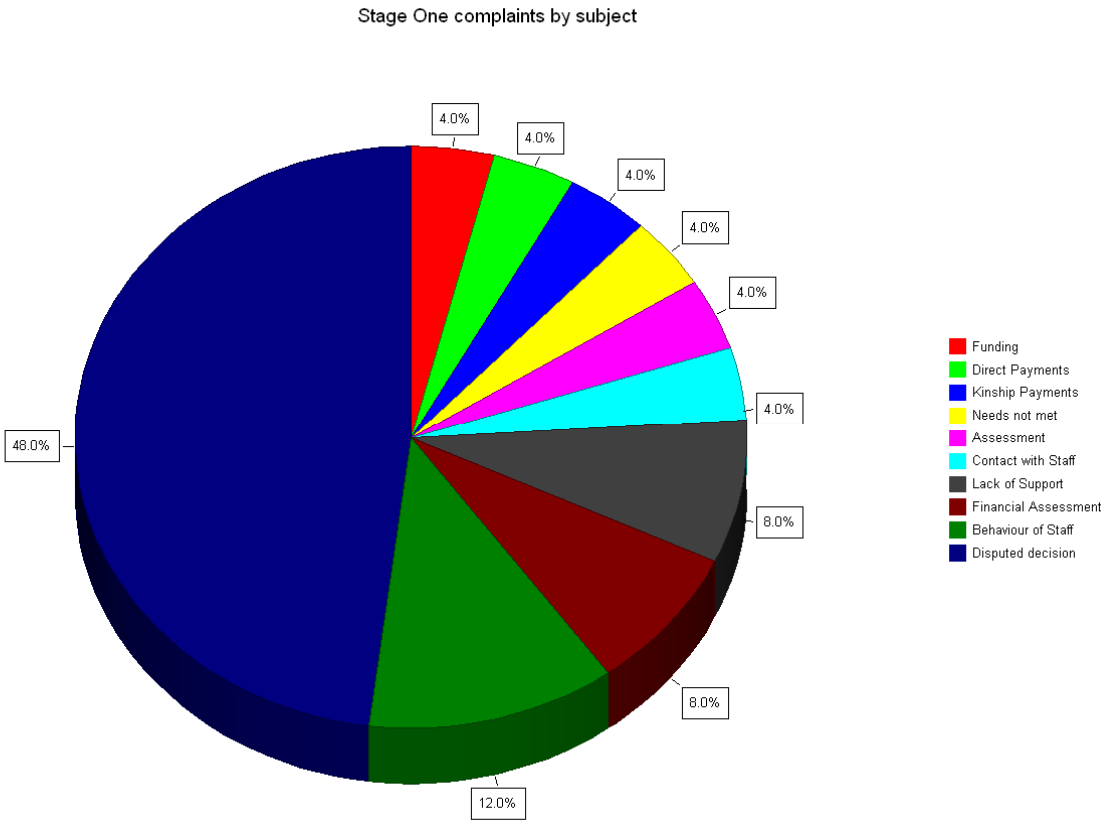
8.1 This section sets out the issues raised by complainants: what the statutory complaints were about. While most complaints were not upheld they do

provide insight into how people directly affected by services experience them.



8.2 The main themes in 2013/14 were:

- parents of disabled children wanting more support and some evidence of a belief that the service provided by SCS will determine the service to be provided in adulthood – this largely accounts for the increase in Stage Two complaints in December and January.
- complaints from children and young people alleging that they were being moved from placements for purely financial reasons.
- some increase in complaints about financial issues including financial support for relative carers, Special Guardians and adoptive parents, and decisions about direct payments
- a range of issues for young people leaving care including education bursaries, housing and the policy for paying leaving care grants
- communication with parents of children in care who felt excluded from decisions For example late minutes of meetings, failure to invite to meetings, failure to return phone calls
- dissatisfaction with contact arrangements



8.3 The breakdown by subject reflects how the complaints were presented by the complainants themselves. There is some overlap between categories. Parents unhappy with intervention by Specialist Children's Services and/or decisions taken by the Local Authority or a court of law were more likely to complain about the social worker than complain directly about a decision. Children and Young People were more likely to complain about specific actions and decisions and be clear about the outcome they wanted.

8.4 Disputed decision

For the first time the majority of complaints disputing a decision in relation to child in care services were made by children and young people (79%). 78% of those were about proposed placement moves, the overwhelming belief being that they were being moved for financial reasons.

8.5 Eight of the complaints from parents were about decisions taken in relation to disabled children and were seeking more support in the form of direct payments, travel costs, respite care and short breaks packages.

8.6 Behaviour of staff

Almost all of these complaints were from parents. It remains unusual for children and young people to complain about their social worker (2 complaints). The complaints from parents included allegations that social workers threatened, lied, and were negative or biased towards them. A number of parents said that they were not taken seriously.

8.7 It should be noted that it is not uncommon for complainants to personalise their disagreement with decisions made or to focus their distress about the

situation they find themselves in onto the worker with whom they have most contact. As in previous years the complaints reflect a public perception that decisions are taken by individual social workers in isolation and that a change of social worker could result in a different decision.

8.8 Financial Assessment

The complaints about financial decisions were made by relative carers, largely Special Guardians (67%). Some felt that they had not been given the correct information about their entitlement to financial support. Other Special Guardians complained that they had not received the financial support they took to be agreed when the Order was made.

8.9 Lack of support / needs not met

- A quarter of the complaints were made by relative carers some of which included issues about financial support.
- 17% of the complaints were from parents of children with disabilities.
- 11% of the complaints were from children and young people.
- 5% were from foster carers feeling unsupported and 5% from adoptive parents.

9. The outcome of complaints

Overall Outcome statutory complaints	Number	%
Advice	16	5.3%
Apology	70	23.1%
Complaint withdrawn	2	0.7%
Court action	1	0.3%
Decision Changed	2	0.7%
Explanation	139	45.9%
Financial Settlement	10	3.3%
Issue Resolved	14	4.6%
Meeting Offered	33	10.9%
No Reply Sent	6	2.0%
Other	3	1.0%
Other Agency Issue	1	0.3%
Other SSD procedural Issue	1	0.3%
Practice Issues	5	1.7%
Total	***303***	***100.0%***

9.1 Some complaints had more than one outcome. For example an upheld complaint may generate an apology and a financial payment. It should be noted that "Apology" is recorded only when fault has been identified. Explanation remains the most common outcome of a complaint. "Issue resolved" is recorded when the complainant has agreed resolution, usually in a meeting, before the written reply is sent.

9.2 29 Stage Two complaints were closed in 2013/14. Seven complaints were fully upheld, 12 were partially upheld and four were not upheld. Six complaints were withdrawn.

9.3 Concerns and themes emerging in upheld complaints are set out in Section 11 on Lessons learned.

9.4 Outcome of complaints considered by the Local Government Ombudsman

Complainants may contact the Local Government Ombudsman at any time but the Ombudsman will usually refer them back to the Local Authority as premature if it has not had the opportunity to consider the complaints under its own procedures. Sometimes the Local Government Ombudsman will decide to investigate a complaint prematurely on the grounds of urgency or because of the serious nature of the complaint. In some cases people complain to the Ombudsman if they are ineligible to access the statutory complaints procedure. The outcomes in 2013/14 were as follows.

Ombudsman Decision	Detail
Investigation discontinued 9 complaints	• Grandmother complained on behalf of her daughter about CP plan • Grandparent complained that Letterbox contact is not taking place. LGO closed as resolved by KCC. • Prospective adopter and foster carer complaining about the assessment process. LGO closed when action agreed to resolve the issue. • Father complained about decisions made because of an allegation against him of rape from 15yrs before. LGO closed as resolution sought cannot be provided. • Complainant unhappy with how she was treated when placement broke down – felt unfairly treated by the social worker who she felt was judgemental. Meeting held to resolve. • Father unhappy that Social Services classified a malicious and anonymous referral as Child Protection. LGO closed on receipt of the Local Authority's letter to him. • Mother unhappy with the decision making and investigation of an anonymous referral received about her family. LGO closed on receipt of signed apology from the Director. • Father complained about child protection investigation carried out jointly with the police. LGO closed as Local Authority provided a more detailed explanation as to why it would be inappropriate to investigate as a complaint. • Mother complained that the family had not been given a valid reason for the referral being followed up and for the case to remain be open. LGO accepted the Local Authority's explanation.
Local Settlement 4 complaints	• Parents complained that their child's name was recorded on the client system and wanted the details removed immediately. Settled when the Local Authority agreed to add a statement by the family to the record making their position clear. • Breach of confidentiality - says IA report incorrectly identified him as the abuser. Financial remedy agreed. New process introduced to prevent the incorrect information being shared. • Young asylum-seeking mother disputed the decision to deduct payments for utilities from her support payments. Decision was sound but the Local Authority had not given sufficient notice and had taken too long to respond to the complaint. £50 payment made to the complainant for the late notification and £50 for the delay in resolving. • Parents complained not sent copies of minutes from CP conferences and lack of information being shared. Complainant also unhappy that letters have been sent out addressing parent by wrong name. Apology and £100 remedy paid to the complainant.
Maladministration and Injustice 1 complaint	Young person complained that the Council failed to deal properly with his requests for assistance and accommodation after his parents left him to go abroad. The complainant was housed and the LGO thanked the Local Authority for the efforts made to resolve this very difficult case.
No fault found 3 complaints	• Carer disagreed with the Local Authority's decision not to provide funding for a larger car with seating for her 4 children and the 3 children placed with her. • Father complained that his children's social worker would not disclose any information about his children. • Father unhappy with treatment by the Team Manager and other social workers involved in his child's case.
No Maladministration 2 complaints	• Allegation that address and details of past history of possessing indecent images were incorrect • Mother complained about a lack of support for her family in dealing with her son's behaviour which led to him being excluded from several nursery settings.
Outside jurisdiction 2 complaints	• Grandparent complained that the social worker prevented him from obtaining a Residence Order in court. • Mother complained that the Local Authority told her children they will not see her again, that minutes of meetings were inaccurate and information held was falsified.

Not investigated 8 complaints	• Mother complained about lack progress getting appropriate seating at home for her son causing problems feeding and injury to herself. LGO closed as under active consideration by the Local Authority. • Parent who adopted children from abroad wanting funding complained that the social worker asked questions about use of benefits. • Grandparent complained that contact has been stopped with granddaughter. . • Father complained he was treated as a criminal when he has not been found guilty in court of sexual abuse. • Parent complained she is never kept informed and the Local Authority made false accusations against her. • Grandparent complained that son-in-law was given bad advice by Duty worker • Complaint about delays in adoption process and disagreement with need to check husband's past. • Parents alleged the assessment for their children was biased and based on hearsay, not facts.

10. Details about advocacy services provided under these arrangements

10.1 It is a statutory requirement for the Local Authority to offer an advocate to a child or young person wishing to make a complaint.

10.2 43 statutory complaints were made by children and young people.

10.3 17 complaints were made by advocates on behalf of children / young people. 26 children and young people contacted the Local Authority direct themselves to make a complaint and were then offered an advocate. 8 children/young people declined and one complaint was resolved before an advocate became involved. .

10.4 In total 34 children and young people used an advocate to help them pursue their complaints. 32 used the Voice service, one young person used an advocate from the Young Lives Foundation and one used an advocate provided by a provider.

11. Compliance with timescales, and complaints resolved within extended timescale

11.1 Whilst County performance against timescales shows some negative movement there is significant variation between services and teams.

11.2 Changes to the process were introduced in April 2014 to enable improved performance against timescales and introduce greater management accountability. The first quarter's figures in 2014/15 indicate a significant improvement.

11.3 <u>Statutory timescales</u>

The Local Authority must consider and try to resolve Stage One complaints within 10 working days of the start date. This can be extended by a further 10 working days where the complaint is considered to be complex. Timescales have been extended for particularly difficult or complex cases, for example when more than one agency or service is involved or when cases are involved in other processes such as court proceedings.

- 98% of stage 1 acknowledgements were sent out within three working days.
- 79% of stage 1 responses met the 10 day timescale.

- 50% of stage 1 responses met the 20 day (extended) timescale (down by 10%).
- 52% of all stage 1 responses were completed within 20 days (down by 11%).

11.4 Local Authority should consider Stage Two complaints within 25 working days of the start date (the date upon which a written record of the complaints to be investigated has been agreed) but this can be extended to 65 working days where this is not possible. It should be noted that the complexity of the complaints made a 25 day target unachievable and all were extended. One Stage Two complaint was fully completed within 65 working days.

11.5 It is also a statutory requirement to try to resolve complaints and care must be taken not to jeopardise resolution or quality when seeking to improve performance against timescales.

11.6 Corporate timescales

- 96% of non-statutory complaints were acknowledged within three working days
- 51% of non-statutory complaints met the 20 day timescale.
- 96% of enquiries were acknowledged within three working days.
- 50% of enquiries were completed within 20 working days.

12. Learning the Lessons from Complaints

12.1 Complaints often result in actions on particular cases. The lessons summarised in this section are those with wider implications which have needed to be shared across the county to improve the service to children and their families. They are mainly taken from complaints which were upheld in full or partially, and resulted in an apology, change of decision, change of policy or some other action taken as the direct consequence of a complaint. Some lessons learned came out of stage two investigations and were not necessarily the main issues that complainants themselves had raised.

12.2 Most lessons learned were practice and communication issues. The main issues arising were as follows.

- Communication issues including ambiguities and misunderstandings exacerbated by not confirming decisions in writing and the poor quality of recording
- Use of abbreviations and terminology without explanation
- The need to explain to children and young people the temporary nature of emergency placements and to explain the need to complete assessments so that suitable long-term placements are identified that meet their needs
- The importance of listening to and recording the child or young person's wishes and feelings and evidencing that they were taken into account in decision-making
- Inconsistent practice around the payment of leaving care grants

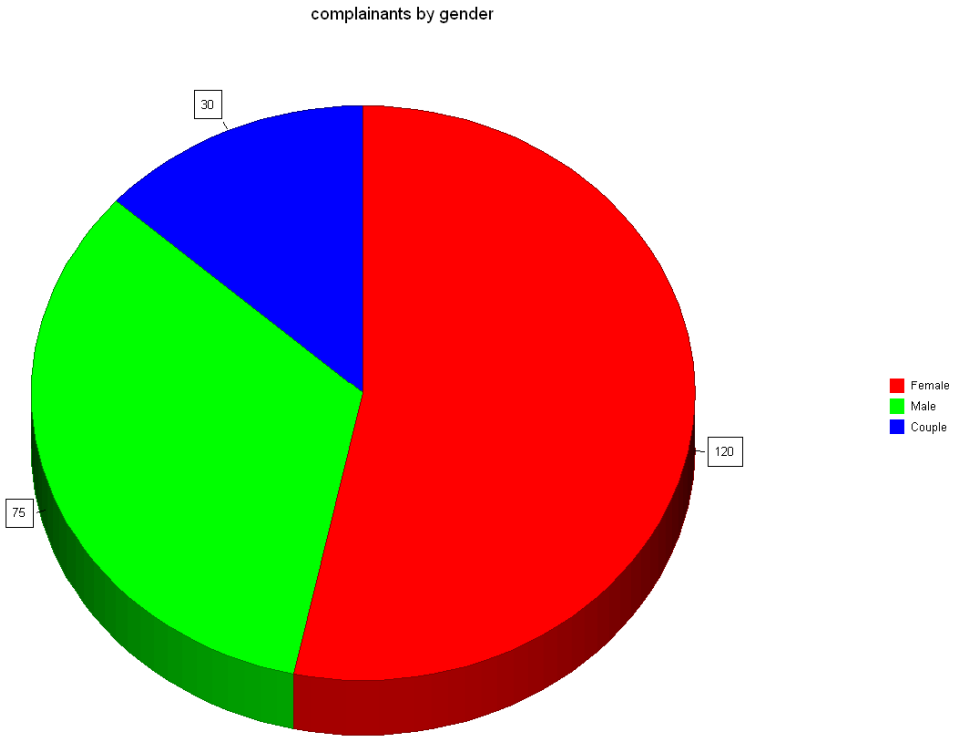
- YP leaving care needing to complain in order to receive the education bursary to which they were entitled
- Life story work not completed in a timely manner
- Delay in providing financial support to relative carers, Special Guardians and Adoptive Parents.

12.3 In all cases action was taken to resolve locally. Action was taken or is planned to address issues raised which may not be isolated incidents; for example financial payments to carers are managed robustly since the introduction of the policy for payments to connected persons. Other financial support to carers is currently under review to ensure a fair and consistent approach across the county and all complaints about financial support are currently scrutinised in this context. Themes identified in previous years not repeated in the year's complaints are also an indication that lessons have been learned and that system and practice changes have had an effect. The main themes identified in 2012/13 which showed a significant reduction in 2013/14 were:

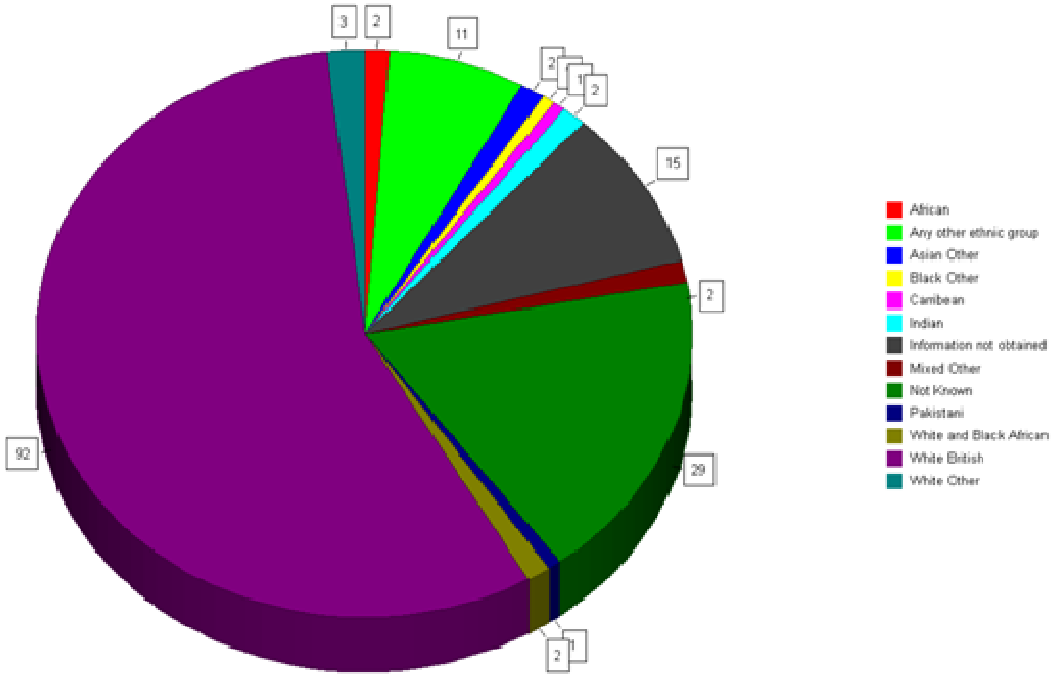
- The need to address the needs of homeless young people appropriately
- Lack of planning for placement moves

13. Summary of statistical data about complainants

13.1 Diversity information is taken from the client system in respect of Children and Young People and a form is sent with every complaint acknowledgement seeking information on the ethnicity, gender and age of complainants because for most people this information is not already held by the Local Authority.



complainants by ethnicity



complainants by age

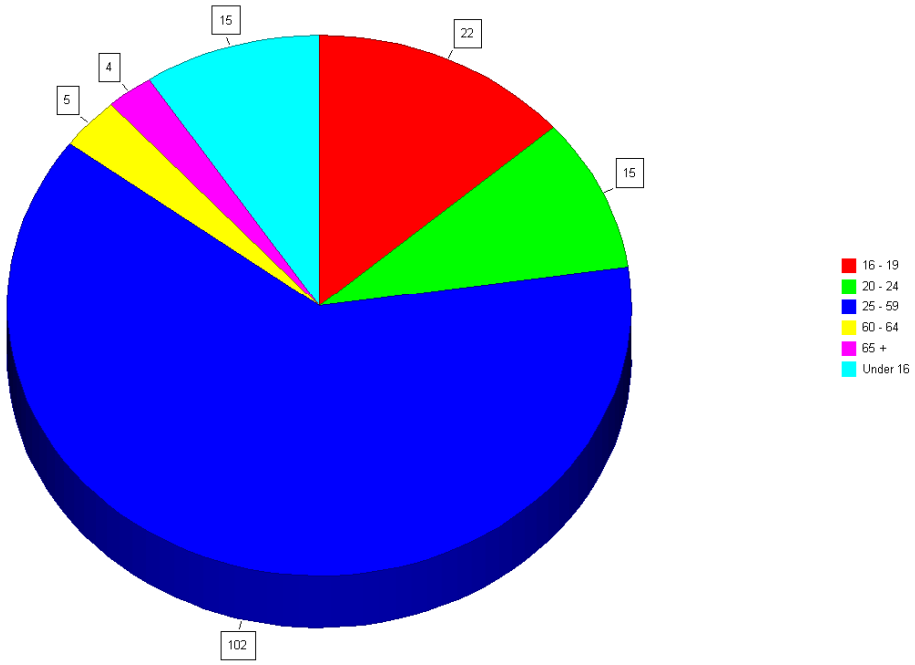


chart excludes complaints where age is not known

13.2 One of the main purposes of the introduction of the complaints procedure was to provide a voice for children and young people. While closely associated adults also have the right to complain about how they are affected by services, it is right that the Council continues to seek ways to make the procedure more accessible to children. The increase in

complaints from children and young people should be welcomed on this basis.

14. Review of the effectiveness of the complaints procedure

14.1 The quality of responses to enquiries and performance against timescales for enquiries and complaints were reviewed in February 2013. The Divisional Management Team agreed changes to procedures in March 2014 to improve standards and to improve the experience of the customer. New guidance has been produced for staff, timescales have been shortened and senior managers are automatically alerted earlier in the process if complaints are not addressed within a week of receipt. The changes were implemented in April 2014 and are having a significant positive effect upon performance against timescales.

14.2 A review of the policy for handling complaints which fall outside the scope of the regulations was carried out and recommendations considered by the Divisional Management Team in August 2013. A new Representations policy was introduced in October 2013 to ensure compliance with the regulations and minimise risk to child protection investigations.

14.3 Actions needed and practice issues to be disseminated are discussed and agreed at each adjudication meeting held to decide the outcome of a stage 2 investigation. Adjudication meetings were chaired by Assistant Directors or the Director and outcomes shared more widely when appropriate.

14.4 The Complaints Team responded to a number of team/unit requests for information about complaints relating to their services in 2013/14 and attended seven management team meetings to provide a presentation on complaints handling. Information was also made available for Ofsted inspections.

14.5 Three half-day training sessions for team managers and social workers were provided using “Complaints Made Easy”.

14.6 The Complaints Team monitors complaints by service unit and area. Weekly reports were provided for management in 2013/14 summarising complaints and highlighting overdue responses. Complaints highlighting issues with policies, practice across the county or serious failings were brought to the attention of the Divisional Management Team. Other regular reports about complaints and representations included quarterly monitoring to SCS DivMT via MIU, to CMT via the Strategic and Corporate Services Directorate, and to the Adoption Improvement Board. Complaints data on performance and subject was also provided for the Area Deep Dives.

14.7 The Complaints team ceased to be managed by Adult Services in 2013 and is now managed as part of the Practice Improvement Unit in Specialist Children’s Services.

15. Conclusions

15.1 Kent continues to operate a robust service for people making complaints about Specialist Children’s Services.

16. Recommendation

Recommendation:

The Children's Social Care & Health Cabinet Committee is asked to **NOTE** the content of the report.

17. Background documents

17.1 None

18. Contact details

Report Author

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Relevant Director:

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

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

To: Children's Social Care and Health Cabinet Committee – 3 December 2014

Subject: Specialist Children's Services Performance Dashboard

Classification: Unrestricted

Past Pathway: Social Care, Health and Wellbeing Directorate Management Team

Electoral Division: All

Summary: The Specialist Children's Service performance dashboards provide Members with progress against targets set for key performance and activity indicators.

Recommendation: Members are asked to **NOTE** the Specialist Children's Services performance dashboard

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1. Introduction

1.1 Appendix 2 Part 4 of the Kent County Council Constitution states that:

"Cabinet Committees shall review the performance of the functions of the Council that fall within the remit of the Cabinet Committee in relation to its policy objectives, performance targets and the customer experience."

1.2 To this end, each Cabinet Committee receives performance dashboards.

2. Children's Social Care Performance Report

2.1 The dashboard for Specialist Children's Services (SCS) is attached as **Appendix A.**

2.2 The SCS performance dashboard includes latest available results which are for September 2014.

2.3 The indicators included are based on key priorities for Specialist Children's Services as outlined in the Strategic Priority Statement, and also includes operational data that is regularly used within the Directorate. Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes.

2.4 The results in the dashboard are shown as snapshot figures (taken on the last working day of the reporting period), year-to-date (April-March) or a rolling 12 months.

2.5 Members are asked to note that the SCS dashboard is used within the Social Care, Health & Wellbeing Directorate to support the Transformation programme.

2.6 A subset of these indicators is used within the KCC Quarterly Performance Report which is submitted to Cabinet.

2.7 As an outcome of this report, members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.

2.8 Performance results are assigned an alert on the following basis:

Green: Current target achieved or exceeded

Red: Performance is below a pre-defined minimum standard

Amber: Performance is below current target but above minimum standard.

3. Financial Implications

3.1 There are no financial implications

4. Legal Implications

4.1 There are no legal implications

5. Recommendations

5.1 Members are asked to: **NOTE** the Specialist Children's Service performance dashboard.

Contact Information

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Background Documents: Appendix A – SCS Monthly Performance Report – September 2014

Social Care, Health and Wellbeing

Specialist Children's Services Performance Management Scorecard

September 2014

Guidance Notes

POLARITY

H	The aim of this indicator is to achieve the highest number/percentage possible.
L	The aim of this indicator is to achieve the lowest number/percentage possible.
T	The aim of this indicator is to stay close to the target that has been set.

RAG RATINGS

R	A red rating indicates that the current performance is signficantly away from the target set.
A	An amber rating indicates that the current performance is close to the target set.
G	A green rating indicates that the current performance has met the target that has been set.
No RAG Rating	RAG ratings are not applied to activity based indicators. Also, if the denominator is 0 no RAG rating has been applied

DIRECTION OF TRAVEL (DOT)

A green arrow indicates that performance has improved this month when compared to last month. Depending on the polarity of the indicator, an improvement in performance could either be a reduction or increase in numbers/percentage.

An amber arrow indicates that performance has remained the same as last month.

A red arrow indicates that performance has worsened this month when compared to last month. Depending on the polarity of the indicator, a worsening in performance could either be a reduction or increase in numbers/percentage.

KEY TO ABBREVIATIONS

YTD	Year to Date (April to March)	IA's	Initial Assessments
Num	Numerator	CA's	Core Assessments
Denom	Denominator	CIN	Child in Need
R12M	Rolling 12 Months	CP	Child Protection
CAF	Common Assessment Framework	LAC	Looked After Children
TAF	Team around Family	SGO	Special Guardianship Order
PEP	Personal Education Plan	UASC	Unaccompanied Asylum Seeking Children
QSW	Qualified Social Worker	SS	Snapshot

PERFORMANCE INDICATOR GRAPHS AND CHILD LEVEL DATA

The latest graphs and Child level data are published on the SCS Performance Management website

KEY CHANGES MADE TO THE REPORT THIS MONTH

New indicator showing percentage of agency Team Managers now included

SMALL DENOMINATORS

Caution should be applied in the overinterpretation of all RAG ratings for those performance measures which are calculated against low numbers. In order to highlight this, any denominators with a value between 1 and 9 have been highlighted in light blue.

YTD DATA

Many of the performance indicators on the scorecard are measured using a Year to Date (YTD) approach - April to the end of the current month. For the first few months, it is advisable to treat the results of these indicators with a little caution as they are often based on a small cohort of children and therefore the percentages can be easily skewed.

DISTRICT LEVEL PAGES

Please note that as a result of the move to Liberi, we are currently unable to provide accurate district level pages and therefore they have been temporarily removed. These will be re-instated as soon as possible.

MANAGEMENT INFORMATION CONTACT DETAILS

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Gareth Harris 7000 4886

Chris Nunn 7000 6010

Pete Stockford - 7000 4582

Paul Godden 7000 1577

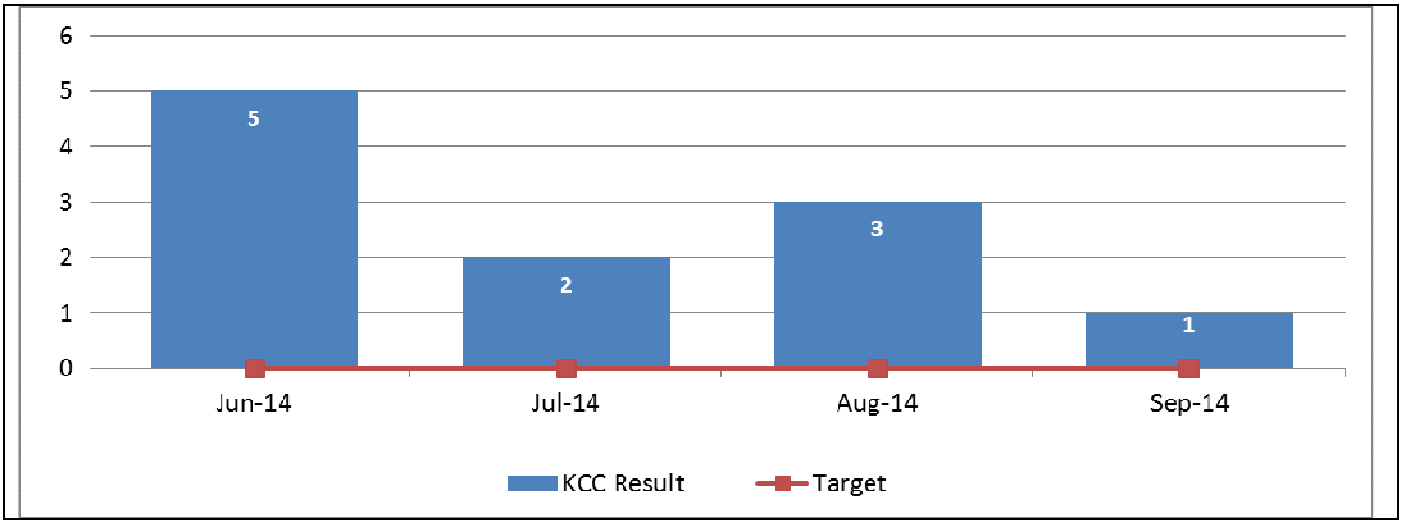
Scorecard - Kent, inc UASC

Sep 2014

	Indicators	Polarity	Data Period	LATEST RESULT				Target for 14/15	PREVIOUS RESULT		OUTTURN RESULT	
				Latest Result and RAG Status		Num	Denom		Previous Reported Result	DoT from previous to latest result	Outturn (March 14) Result	DoT from outturn to latest result
	REFERRAL AND ASSESSMENTS											
1	Number of Referrals per 10,000 population under 18		R12M	611.6		19939	326000	522.6	613.8		605.7	
2	Percentage of referrals with a previous referral within 12 months	L	YTD	29.6%	A	2895	9771	25.0%	29.8%	↑	26.6%	↓
3	Percentage of C&F Assessments that were carried out within 45 working days	H	YTD	79.8%	A	6754	8467	85.0%	78.8%	↑	74.0%	↑
4	C&F Assessments in progress outside of timescale	L	SS	63	G			100	77	↑	317	↑
5	Percentage of Children seen at C&F Assessment (excludes unborn/missing)	H	YTD	97.0%	A	7732	7972	98.0%	96.8%	↑	97.3%	↓
	CHILDREN IN NEED											
6	Number of CIN per 10,000 population under 18 (includes CP and CIC)		SS	306.7		9997	326000	315.0	301.6		326.8	
7	Numbers of Unallocated Cases	L	SS	1	R			0	3	↑	0	↓
	CHILD PROTECTION											
8	Numbers of Children with a CP Plan per 10,000 population under 18		SS	38.9		1269	326000	35.7	40.6		36.1	
9	Percentage of Current CP Plans lasting 18 months or more	L	SS	4.3%	G	54	1269	10.0%	4.3%	↑	3.6%	↓
10	Percentage of children becoming CP for a second or subsequent time within 24 mo	T	YTD	6.3%	G	51	808	7.5%	6.0%	↑	8.0%	↓
11	Child protection cases which were reviewed within required timescales	H	SS	97.2%	A	889	915	98.0%	97.7%	↓	90.2%	↑
12	Child Protection Plans lasting 2 years or more at the point of de-registration	L	YTD	2.6%	G	19	721	5.0%	2.8%	↑	4.8%	↑
13	Percentage of CP Visits held within timescale (Current CP only)	H	SS	91.2%	G	14393	15779	90.0%	91.3%	↓	88.0%	↑
14	Number of S47 Investigations per 10,000 population under 18		R12M	135.2		4409	326000	100.9	135.4		129.4	
15	Percentage of S47 Investigations proceeding to Initial CP Conference	T	YTD	37.4%	A	892	2383	45.0%	35.9%	↑	46.7%	↓
16	Percentage of Children seen at Section 47 enquiry (excludes unborn)	H	YTD	99.0%	G	2201	2223	98.0%	98.9%	↑	97.4%	↑
17	Number of Initial CP Conferences per 10,000 population under 18		R12M	50.3		1640	326000	47.4	50.7		51.2	
18	Percentage of ICPC's held within 15 working days of the S47 enquiry starting	H	YTD	77.6%	G	648	835	70.0%	77.3%	↑	35.7%	↑
19	Percentage of Initial CP Conferences that lead to a CP Plan	T	YTD	90.8%	G	808	890	88.0%	92.2%	↑	89.5%	↓

	Indicators	Polarity	Data Period	LATEST RESULT: Latest Result and RAG Status		LATEST RESULT: Num	LATEST RESULT: Denom	LATEST RESULT: Target for 14/15	PREVIOUS RESULT: Previous Reported Result	PREVIOUS RESULT: DoT from previous to latest result	OUTTURN RESULT: Outturn (March 14) Result	OUTTURN RESULT: DoT from outturn to latest result
	CHILDREN IN CARE											
20	Children in Care per 10,000 population aged under 18 (Excludes Asylum)		SS	47.0		1533	326000	48.0	47.7		49.8	
21	Percentage of LAC Starters who have had a previous episode of care in Kent		YTD	10.1%		48	474	-	10.7%		14.6%	
22	CIC Placement Stability: 3 or more placements in the last 12 months	L	SS	**7.1%**	G	129	1829	9.0%	7.5%	↑	8.9%	↑
23	CIC Placement Stability: Same placement for last 2 years (Excludes 16+)	H	SS	**63.7%**	A	345	542	70.0%	65.6%	↓	66.6%	↓
24	Percentage of CIC in KCC Foster Care (Excludes Asylum)	H	SS	**64.1%**	G	983	1533	60.0%	64.3%	↓	63.2%	↑
25	Percentage of CIC in Foster Care placed within 10 miles from home (Excludes Asylu	H	SS	**58.7%**	A	737	1256	65.0%	59.3%	↓	62.1%	↓
26	Participation at CIC Reviews	H	YTD	**93.2%**	A	1976	2120	95.0%	93.9%	↓	94.3%	↓
27	CIC cases which were reviewed within required timescales	H	SS	**95.1%**	A	1665	1751	98.0%	95.0%	↑	-	-
28	CIC Dental Checks held within required timescale	H	SS	**87.8%**	A	1277	1454	92.0%	88.9%	↓	96.6%	↓
29	CIC Health assessments held within required timescale	H	SS	**89.4%**	A	1300	1454	92.0%	88.6%	↑	85.6%	↑
30	Ave. no of days between bla and moving in with adoptive family (for children adop	L	YTD	**539.6**	A	52877	98	426	542.6	↑	650.0	↑
31	Ave. no of days between court authority to place a child and the decision on a mat	L	YTD	**207.6**	A	20138	97	121	206.7	↓	217.0	↑
32	% of Children who wait <14 mths between bla and moving in with adoptive family	H	YTD	39.2%		102	260	-	38.4%	↑	35.9%	↑
33	Percentage of Children leaving care who were adopted	H	YTD	**21.3%**	G	98	461	13.0%	20.3%	↑	16.1%	↑
	QUALITY ASSURANCE											
34	Percentage of Case File Audits judged adequate or better	H	YTD	**86.0%**	A	294	342	100.0%	86.9%	↓	88.6%	↓
35	Percentage of Case File Audits completed	H	YTD	**85.9%**	A	342	398	90.0%	87.4%	↓	66.2%	↑
	STAFFING											
36	Percentage of caseholding posts filled by agency staff	L	SS	**18.3%**	G	86.3	472.4	19.0%	**19.6%**	↑	18.8%	↑
37	Percentage of caseholding posts filled by KCC Permanent QSW	H	SS	**75.6%**	R	357.2	472.4	81.0%	72.2%	↑	73.8%	↑
38	Percentage of Team Manager posts filled by agency staff	L	SS	16.6%		14.8	89.3	-	18.6%	↑	-	-
39	Average Caseloads of social workers in CIC Teams (District Teams Only)	L	SS	**13.8**	G	1243	90.2	15.0	14.4	↑	16.9	↑
40	Average Caseloads of social workers in non CIC Teams (District Teams Only)	L	SS	**21.4**	A	5267	246.0	20.0	21.6	↑	22.6	↑

Number of Unallocated Cases (for over 21 days)			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Jun 14	Jul 14	Aug 14	Sep 14
KCC Result	5	2	3	1
Target	0	0	0	0
RAG Rating	Red	Red	Red	Red

The definition for this measure was changed for 2014/15, reducing the timescale from 28 to 21 working days.

Unallocated cases are closely monitored and daily reports are available for use by operational managers.

The one case unallocated for more than 21 days on 30/09/14 was allocated to a Team Manager and has since been appropriately allocated to a Social Worker.

Data Notes

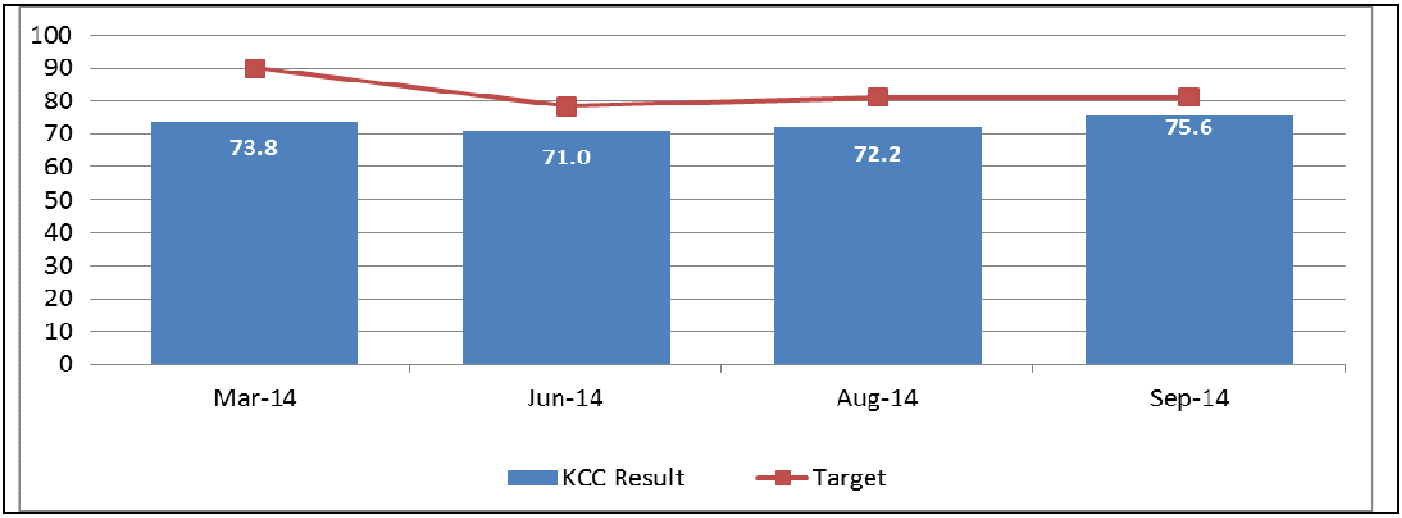
Target: 0 (RAG Status set as: Red for 1 and above, Green for 0. There is no Amber banding against this measure).

Tolerance: Lower values are better

Data: Figures shown are a snapshot as at the end of each month/quarter

Data Source: Liberi

Percentage of case holding posts filled by permanent Qualified Social Workers			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Mar 14	Jun 14	Aug 14	Sep 14
KCC Result	73.8	71.0	72.2	75.6
Target	90	78.5	81.0	81.0
RAG Rating	Red	Red	Red	Red

This performance measure is a calculation of qualified social workers employed in *'case holding'* posts within Specialist Children's Services. As at 30/09/14, 75.6% of the Establishment level for this group of staff was filled by KCC employees, with 18.3% of the remaining posts being filled by Agency Staff who continue to be used to ensure that average caseloads remain at manageable levels.

The improved performance for September 2014 demonstrates the results of an active recruitment campaign and the recruitment of newly qualified Social Workers.

Future actions to improve performance against this measure include:

- a second round of recruitment for newly qualified Social Workers which is scheduled for October/November 2014
- Launch of new branding for a 6 month recruitment campaign to recruit Team Managers, Qualified Social Workers and Senior Practitioners.
- Review of market premium payments for frontline staff.

Data Notes:

Target: 78.5 for Quarter 1; 81.0% Quarter 2; 83.5% Quarter 3; 86.0% Quarter 4 (March 2015)

Tolerance: Higher values are better

Data: Data is provided as a snapshot as at the last working day in the Month.

Data Source: HR Establishment Spreadsheets maintained on behalf of the AD for SCS

From: Graham Gibbens, Cabinet Member, Adult Social Care and Public Health

Andrew Scott-Clark, Interim Director of Public Health

To: Children's Social Care and Health Cabinet Committee

3rd December 2014

Subject: Public Health Performance – Children and Young People

Classification: Unrestricted

Summary: This report provides an overview of the performance indicators monitored by the Public Health division which directly relate to services delivered to children, or services which aim to improve the health and wellbeing of children and young people.

National Child Measurement Programme figures for 2013/14 are due to be published in mid-to-late December and therefore no update has been provided within this report. Breastfeeding data continues to be of concern, with data completion not meeting the required standards for publication. Newly-published figures presented on the Public Health Outcomes Framework show a decrease in the proportion of women with a smoking status at time of delivery, Kent has also decreased the smoking rate to just 1% higher than the national rate.

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to note the current performance and actions taken by Public Health.

1. Introduction

1.1. This report provides an overview of the key performance indicators for Kent Public Health which directly relate to services delivered to children and young people, or services which aim to improve the health and wellbeing of children and young people.

2. Performance Indicators

2.1. There is a wide range of indicators for public health, including the indicators contained in the Public Health Outcomes Framework (PHOF). This report will focus on the indicators which are presented to KCC Cabinet, and which are relevant to this committee. The key to the tables is available in appendix 1.

Indicator Description	2010/11	2011/12	2012/13	2013/14	Direction of Travel
Prescribed Data Return					
National Child Measurement Programme (NCMP) - Participation Year R	95.0% (G)	93.7% (G)	92.2% (G)	Not yet available	⇩
NCMP Year R Excess Weight (overweight or obese)	22.9%	21.7%	21.7%	Not yet available	⇔

Indicator Description	2010/11	2011/12	2012/13	2013/14	Direction of Travel
NCMP - Participation Year 6	93.2% (G)	95.0% (G)	95.4% (G)	Not yet available	⇧
NCMP Year 6 Excess Weight (overweight or obese)	33.3%	32.7%	32.7%	Not yet available	⇔

2.2 2013/14 child measurement data is due to be released in December 2014; internal monitoring of the programme indicates that the provisional participation rates have continued to exceed the 85% minimum.

2.3 The 2014/15 child measurement programme commenced in September 2014 with the beginning of the school year; this will continue to be monitored by Public Health throughout the year to ensure participation rates continue to exceed the minimum target and outcomes maintain their levels of significance.

2.4 Data quality problems have meant that breastfeeding prevalence figures in Kent continued to fail the validation process and have not been nationally published for 2013/14; it is important to continue to monitor the indicator, therefore actual numbers for each category have been included below. These are publically available but are heavily caveated against having conclusions drawn from them.

2013/14 CCG	Infants due a 6-8 week check	Total or Partial breastfeeding	Not at all breastfeeding	Unknown breastfeeding status
Ashford	1,391	470	598	323
Canterbury & Coastal	1,857	752	820	285
Dartford, Gravesham & Swanley	3,153	1,055	1,567	531
South Kent Coast	1,978	591	909	478
Swale	1,334	285	640	409
Thanet	1,567	424	810	333
West Kent	5,219	2,236	1,977	1,006

2.5 These figures show that the number of unknown statuses is too high and further measures are needed from the responsible agencies to limit the use of 'unknown' as an option in recording and reporting.

3. Annual Public Health Outcomes Framework (PHOF) Indicators

3.1 There have been no updates or additions to the annual PHOF indicators on conception rates or smoking status at time of delivery since the last committee meeting.

Annual PHOF Indicators	2008	2009	2010	2011	2012	DoT
Under 18s conception rate (per 1,000)	36.5 (G)	34.1 (G)	34.6 (A)	31.0 (A)	25.9 (A)	⇧

3.2 It is expected that the 2013 figures on under-18 year old conceptions will be released early in the 2015. Public Health currently does not have any proxy measures.

Local Indicator[1]	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	DoT
Smoking status of pregnant women at time of delivery	**13.6%**	**12.8%**	**12.8%**	**13.1%**	**12.6%**	⇧

3.3 Newly published figures on smoking status at time of delivery gives Kent as having 13.0% for 2013/14; this is a decrease on previously-published figures for 2011/12; where Kent was 15.2%. Although Kent remains worse than the national percentage, Kent has reduced the gap to just 1% above national rates. KMPHO receives and analyses local figures on smoking status. These are presented above, however these are subject to amendment and may differ from future published figures.

3.4 The local figures indicate that there has been a decrease in the proportion for Kent from Quarter 1 2013/14 to Quarter 1 2014/15, albeit with a small fluctuation during 2013/14. Proportions at CCG level are also being monitored, for Quarter 1 2014/15 and range from Swale at 17.4% to 8.6% in Canterbury.

3.5 Local data on smoking status of pregnant women will continue to be monitored alongside the ongoing BabyClear project and activity of the commissioned smoking cessation services. During Quarter 1 2014/15, 58 pregnant women set a quit date with the smoking cessation service, of which 21 had successfully quit at the 4-week follow-up (16 reported not quitting, and 21 were lost to follow-up).

4. Health Visiting

4.1 In October 2015, KCC will assume responsibility for commissioning health visiting services in Kent. The Committee will be receiving a report on Health Visiting in the New Year. KCC Public Health staff are attending the provider performance monitoring meetings with the current commissioners, NHS England Area Team. In line with the transition of the Health Visiting Service to Local Authorities, the Government intends to mandate certain universal parts of the service. These are:

- Ante-natal Health Promoting visits
- New baby review
- 6-8 week assessment
- 1 year assessment
- 2-2½ year review

4.2 The current key target for the service is to increase the workforce numbers. For May 2015, there is a target of 342.2 whole time equivalents (WTE). Most recently-available figures show that there were 254.07 WTE Health Visitors, against a target of 265.10. Targets are currently under review. These are shown in the table below.

	April 2014	May 2014	June 2014	July 2014	August 2014
Actual number of Health Visitors employed - FTE	248.25	250.23	253.63	253.60	254.07
Target number of Health Visitors - FTE	258.10	262.10	263.10	264.10	265.10
Difference	-9.85	-11.87	-9.47	-10.50	-11.03

[1] Source: Kent and Medway Public Health Observatory

5. Conclusion

5.1 Where nationally-published figures are unavailable, local data has been sourced and presented to ensure monitoring by Public Health can continue. Both locally-sourced figures are included in the commissioning plans for Public Health; commencement has begun on the new provision of community infant feeding services in Kent and there is the ongoing BabyClear programme being delivered across Kent in 2014/15.

6. Recommendations

Recommendation**:** The Children's Social Care and Health Cabinet Committee is asked to note the current performance and actions taken by Public Health.

7. Background Documents

7.1 None

8. Contact details

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Appendix 1:

Key to KPI Ratings used:

(G) GREEN	Target has been achieved or exceeded
(A) AMBER	Performance at acceptable level, below Target but above Floor
(R) RED	Performance is below a pre-defined Floor Standard
⇧	Performance has improved relative to targets set
⇩	Performance has worsened relative to targets set
⇔	Performance has remained the same relative to targets set

Data quality note**:** Data included in this report is provisional and subject to later change. This data is categorised as management information.

From: Peter Sass, Head of Democratic Services

To: Children's Social Care and Health Cabinet Committee – 3 December 2014

Subject: **Work Programme 2015**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Standard item

Summary: This report gives details of the proposed work programme for the Children's Social Care and Health Cabinet Committee.

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to consider and agree its work programme for 2015.

1. Introduction

1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decision List, from actions arising from previous meetings and from topics identified at agenda setting meetings, held six weeks before each Cabinet Committee meeting in accordance with the Constitution and attended by the Chairman, Mrs Allen, the Vice-Chairman, Mrs Crabtree and three Group Spokesmen, Ms Cribbon, Mr Vye and Mrs Wiltshire.

1.2 Whilst the Chairman, in consultation with the Cabinet Member, is responsible for the final selection of items for the agenda, this item gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Terms of Reference

2.1 At its meeting held on 27 March 2014, the County Council agreed the following terms of reference for the Children's Social Care and Health Cabinet Committee:- "*To be responsible for those functions that sit within the Social Care, Health and Wellbeing Directorate which relate to Children"*. The functions within the remit of this Cabinet Committee are:

Children's Social Care and Health Cabinet Committee

Commissioning

- Children's Health Commissioning
- Strategic Commissioning - Children's Social Care
- Contracts and Procurement - Children's Social Care
- Planning and Market Shaping - Children's Social Care
- Commissioned Services - Children's Social Care

Specialist Children's Services

- Initial Duty and Assessment
- Child Protection
- Children and young people's disability services, including short break residential services
- Children in Care (Children and Young People teams)
- Assessment and Intervention teams
- Family Support Teams
- Adolescent Teams (Specialist Services)
- Adoption and Fostering
- Asylum (Unaccompanied Asylum Seeking Children (UASC))
- Central Referral Unit/Out of Hours
- Family Group Conferencing Services
- Virtual School Kent

Child and Adolescent Mental Health Services

Children's Social Services Improvement Plan

Corporate Parenting

Transition planning

Health – when the following relate to children

- Children's Health Commissioning
- Health Improvement
- Health Protection
- Public Health Intelligence and Research
- Public Health Commissioning and Performance

2.2 Further terms of reference can be found in the Constitution at Appendix 2 Part 4 paragraph 21 and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2015

3.1 An agenda setting meeting was held on 10 October 2014, at which items for this meeting's agenda and future agenda items were agreed. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in an appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion in the agenda of future meetings.

3.3 When selecting future items, the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any 'for information' or briefing items will be sent to Members of the Cabinet Committee separately to the agenda, or separate Member briefings will be arranged, where appropriate.

4. Conclusion

4.1 It is vital for the Cabinet Committee process that the Committee takes ownership of its work programme to help the Cabinet Member to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions for future items to be considered. This does not preclude Members making requests to the Chairman or the Democratic Services Officer between meetings for consideration.

5. Recommendation:

The Children's Social Care and Health Cabinet Committee is asked to consider and agree its work programme for 2015.

6. Background Documents

None.

7. Contact details

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Last updated: 20 November 2014

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE – WORK PROGRAMME 2015

Agenda Section	Items
20 JANUARY 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions	• **Children/Adults – Transition update** *(12 months on from report at Jan 2014 mtg)* • **Post Sexual Abuse Service** re-tendering • **Newton Europe 0 – 25 work** • **Future service model and delivery of Kent Adoption Services from 2016** requested by Thom Wilson, 18/9/14 • **Health Visitor recruitment**
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Budget Consultation and Draft Revenue and Capital Budgets 2015/16**
D – Performance Monitoring	• **SCS Performance Dashboards** • **PH Performance Dashboard - Health Improvement Programme Performance report** • **Work Programme** • **Strategic Priority Statement**
E – for Information - Decisions taken between meetings	
21 APRIL 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions	• **Public Health Strategy –** for approval
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Health Inequalities update** *(12 months on from report at Jan 2014 mtg)* • **Impact of services on particular client groups** (arose during Equalities discussion at Sept mtg)
D – Performance Monitoring	• **Strategic Priority Statements** incl **Risk Registers** • **Action Plans arising from Ofsted inspection** (replaces former CSIP update) now to alternate meetings • **SCS Performance Dashboards** • **PH Performance Dashboard - Health Improvement Programme Performance report** • **Work Programme**
E – for Information - Decisions taken between meetings	
4 JUNE 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions	
C – Other items for Comment/Rec to Leader/Cabinet Member	
D – Performance Monitoring	• **SCS Performance Dashboards** • **PH Performance Dashboard - Health Improvement Programme Performance report** • **Work Programme**
E – for Information -	

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Decisions taken between meetings	
22 JULY 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions	
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Action Plans arising from Ofsted inspection** (replaces former CSIP update) now to alternate meetings • **Teenage Pregnancy Strategy** one year on update
D – Performance Monitoring	• **SCS Performance Dashboards** • **PH Performance Dashboard - Health Improvement Programme Performance report** • **Work Programme**
E – for Information - Decisions taken between meetings	
8 SEPTEMBER 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions	
C – Other items for Comment/Rec to Leader/Cabinet Member	
D – Performance Monitoring	• **SCS Performance Dashboards and ? Strategic Priority Statement** (previously mid-year business plan Monitoring) • **PH Performance Dashboard - Health Improvement Programme Performance report** • **Work Programme**
E – for Information - Decisions taken between meetings	
2 DECEMBER 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions	
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Action Plans arising from Ofsted inspection** (replaces former CSIP update) now to alternate meetings •
D – Performance Monitoring	• **SCS Performance Dashboards** • **PH Performance Dashboard - Health Improvement Programme Performance report** • **Work Programme**
E – for Information - Decisions taken between meetings	