CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Tuesday, 8th September, 2015

1.00 pm*

Council Chamber*, Sessions House, County Hall, Maidstone

Please note the change of meeting room and later start time

AGENDA

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Tuesday, 8 September 2015 at 1.00 pm	Ask for:	**Theresa Grayell**
Council Chamber, Sessions House, County Hall, Maidstone	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 of this committee held on 22 July 2015 (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 18 June 2015 (Pages 17 - 26)

To note the minutes.

A6 Meeting Dates for 2016/2017

To note that the following dates have been reserved for the committee's meetings in 2016/17:-

Friday 22 January 2016
Tuesday 22 March 2016
Friday 13 May 2016
Tuesday 5 July 2016
Tuesday 6 September 2016
Thursday 10 November 2016

Wednesday 11 January 2017
Thursday 23 March 2017

All meetings will commence at 10.00 at County Hall.

A7 Verbal updates (Pages 27 - 28)

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 Director of Public Health.

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

B1 Kent Teenage Pregnancy Strategy 2015 - 2020 (Pages 29 - 56)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to approve the Kent Teenage Pregnancy Strategy 2015 – 2020.

B2 Children's Emotional Wellbeing and Mental Health services - update (Pages 57 - 72)

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 note the new whole-system approach to emotional wellbeing and mental health, leading up to a Cabinet Member decision in autumn 2015 on the award of contract.

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

D - Monitoring of Performance

D1 Annual Equality and Diversity Report 2014 - 2015 (Pages 73 - 80)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing, outlining current performance and future plans for reporting equalities information.

D2 Specialist Children's Services Performance Dashboard (Pages 81 - 92)

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

D3 Complaints and Representations 2014/15 (Pages 93 - 108)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing, outlining the operation of the Children Act 1989 Representations Procedure (England) Regulations 2006.

D4 Work Programme 2015/16 (Pages 109 - 116)

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

Friday, 28 August 2015

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 Wednesday, 22 July 2015.

PRESENT: Mrs A D Allen, MBE (Chairman), Mrs M E Crabtree (Vice-Chairman), Mr R E Brookbank, Mrs P T Cole, Ms C J Cribbon, Mrs V J Dagger, Mrs M Elenor, Mrs S Howes, Mr G Lymer, Mr C P Smith, Mr M J Vye, Mrs J Whittle 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 (Director of Public Health), Mr P Segurola (Interim Director of Specialist Children's Services) and Mrs A Hunter (Principal Democratic Services Officer)

UNRESTRICTED ITEMS

62. Introduction/Webcast announcement
(Item A1)

The Chairman proposed and the committee agreed that the items on the agenda be considered in the following order:

Items 1-5	
Item 6	Verbal updates from Mr Oakford and Mr Ireland
Item B3	Update on Millbank Reception Centre and the provision of reception accommodation for male unaccompanied asylum seeking children aged 16 to 17
Item C1	Action Plans arising from previous Ofsted inspections – progress update
Item C2	Update on actions regarding Child Sexual Exploitation
Item D2	Specialist Children’s Services Performance Dashboard
Item 6	Verbal updates from Mr Gibbens and Mr Scott-Clark
Item B1	Commissioning Transfer of the Health Visiting Service
Item B2	The Public Health Strategic Delivery Plan and Commissioning Strategy
Item D1	Public Health Performance – Children and Young People
Item D3	Work Programme

63. Apologies and Substitutes
(Item A2)

Apologies for absence were received from Mr Neaves.

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

There were no declarations of interest.

65. Minutes of the meeting of this committee held on 21 April 2015
(Item A4)

(1) Resolved that the minutes of this committee's meeting held on 21 April 2015 are correctly recorded and they be signed by the Chairman.

(2) In response to questions about the recruitment and retention of new social work graduates (minute 57), Mr Segurola said that 38 new graduates had been recruited and that a second cohort would be recruited in September. He also said that organisations across the South-East were working on a memorandum of co-operation to agree a threshold level of payment for agency social workers.

(3) It was agreed that an update on the effectiveness of the memorandum of co-operation be considered for inclusion on a future agenda of the cabinet committee.

66. Minutes of the meeting of the Corporate Parenting Panel held on 9 April 2015
(Item A5)

Resolved that the minutes of the meeting of the Corporate Parenting Panel held on 9 April 2015 be noted.

67. Verbal updates
(Item A6)

(1) Mr Oakford (Cabinet Member for Specialist Children's Services) gave a verbal update. He said he had visited a number of children's centres as part of a regular programme of visits as well as visiting the children's services office in Gravesend. He said he had received briefings on the children's centres that were being reviewed by Early Help and Prevention Services in a similar way to an Ofsted inspection and that the Integrated Children's Services Board had been briefed on child sexual exploitation.

(2) Mr Oakford spoke about the impact of Operation Stack on the number of young migrants arriving at Dover and said that KCC services were stretched as a result. He said he had met with the Leader and Kent MPs to discuss a programme of dispersal and the Leader had written to the Home Secretary, Theresa May. Ministers had been advised that KCC would have no option but to place children out of the county. He said that consideration was being given to opening a temporary reception centre in a former residential home in Whitstable. The former home was due for demolition in 2016 and commitments had been given to parents of children at the school and nursery and to the local community that the planned school expansion would go ahead and that the proposed reception centre would be temporary. He said the English Defence League had posted unpleasant comments on social media and planned to protest outside a consultation event planned for Thursday 23 July.

(3) Mr Ireland (Corporate Director for Social Care, Health and Wellbeing) said that given the current rate of arrivals a second reception centre would become full very quickly. He also said that the ability to place those who had been through the assessment process was very limited and services were operating at capacity. He said additional staff to conduct assessments and independent reviewing officers to ensure the needs of look after children were met had been recruited but the rate of arrivals was continuing to increase and on a number of occasions there had been no alternative to leaving the children in the port overnight.

(4) Mr Ireland said that a national enquiry into historic child abuse chaired by Justice Goddard was underway and all local authorities had been advised about the scope of the enquiry and the type of records they might be asked to provide. He said the authority was planning to respond appropriately to those who came forward with questions about historic issues and staff were engaged in identifying relevant records going back over the last 50-60 years.

(5) Mr Ireland said the authority had adopted the Signs of Safety, a model and statement of how safeguarding would be managed and that staff were being trained.

(6) Mr Ireland said that the authority had agreed to participate in the accredited social worker programme following a request form the Department of Education and that a more detailed report would be brought to a future meeting of the cabinet committee.

(7) Mr Ireland concluded by saying that the authority was ready for its Ofsted inspection and as yet had not received a notification of a date.

(8) In response to a question Mr Oakford said that staff and district managers generally welcomed the most recent review of children's centres and considered that it helped them to develop and add value to the service.

(9) Mr Ireland said that when young people, including unaccompanied asylum seeking minors, were placed outside the county, KCC retained responsibility for their supervision and support. Where placements were made outside the county, the receiving authority could be asked to enter into a voluntary agreement to supervise the young people and unless such agreement was forthcoming the responsibility would remain with KCC.

(10) He also said there was no evidence to suggest that there were any issues between local residents and the reception centre at Millbank and on that basis assurance could be offered to Whitstable residents. An additional reception centre at Whitstable would be temporary as the building would be demolished to enable the school to expand.

(11) The cabinet committee then watched a DVD – Young People and Emotional Wellbeing.

(12) Following the DVD comments were made about: the capacity of schools to support young people; changes and reductions in the youth service, the careers service and Connexions; the structures of a particular school in

Canterbury which provided particularly good support for pupils; the value of the work of detached youth workers; the work of Dandelion Time, a charity based in East Farleigh; the need to build emotional resilience among young people; the need to consider family and other therapies rather than relying solely on referrals to CAMHS; and the value of older children mentoring younger ones.

(13) The verbal updates were noted.

68. Update on Millbank Reception Centre and the provision of reception accommodation for male unaccompanied asylum seeking children aged 16 to 17.
(Item B3)

(1) Philip Segurola (Director of Specialist Children's Services) introduced the report which provided an update on the decision to close Millbank Reception Centre and the development of community based reception services for unaccompanied asylum seeking male children aged 16-17.

(2) He said, based on declining numbers at Millbank during 2013, a decision had been made to close the centre however the numbers had since increased. In March 2014 there had been 218 unaccompanied asylum seeking children in the care of KCC but the figure was now 534. The Home Office had advised that the number of arrivals would be similar to that of 2014 plus 10% however the increase had been closer to 300%. This increase had resulted in pressure on places in Millbank and it now housed 97 young people but its capacity was 50. It had also resulted in pressures elsewhere in the system and no more fostering placements could be found.

(3) In response to a question he said that a local authority had a responsibility under Section 20 of the Children Act to any young person who declared they were under 18 and appeared to be without parental supervision and the local authority's responsibility continued until they were 18. If however the young person was in care for 13 weeks or more the local authority's responsibility extended to the age of 21 and potentially to the age of 25.

(4) Mr Ireland (Corporate Director of Social Care, Health and Wellbeing) said that when the system was operating normally the process to establish any leave to remain in the country either indefinitely or for a fixed term would begin when the young person was 17.5 years of age and the local authority would know the result by the time they reached 18.

(5) Mr Segurola said that there was a seasonal pattern with most arrivals between April and October however in 2014/15 there had been a steady rate of arrivals during the winter months with a dramatic increase from April onwards. He anticipated that the number of arrivals would be similar for July, August and September as they had been for April, May and June and then drop off, however it was very difficult to predict.

(6) In response to a comment, Mr Oakford (Cabinet Member for Specialist Children's Services) said: the Home Secretary had recently met with her counterpart in France; dealing with the traffickers was an international issue;

and it appeared that young people escaping from persecution were more desperate and were taking bigger risks.

(7) Resolved that:
 (a) The non-implementation of decision 14/00081, for the reasons set out in the report be noted;
 (b) It be noted that the decision notice would be updated online to explain the non-implementation;
 (c) It be noted that additional sources of accommodation for unaccompanied asylum seeking children were being sought.

69. Action Plans arising from previous Ofsted inspections - progress update
(Item C1)

Mrs P Denney, Assistant Director for Safeguarding and Quality Assurance, Specialist Children's Services, was in attendance for this item.

(1) Mrs Denney introduced the report which provided an update on Progress regarding the improvement journey for Kent's services for children and young people. She drew particular attention to the improvements since April 2015 in particular in relation to quality assurance, children in need, care leavers, Signs of Safety, the development of a Family, Drug and Alcohol Court and the transformation programme for children's services.

(2) In response to questions officers said:

- The way Ofsted inspections were carried out had changed and now had a greater emphasis on casework and outcomes for children. The quality of the practice was the strongest predictor of being rated as "good" and information relating to the performance of the services in May 2015 showed that only one of 116 audits was deemed to be inadequate and this was against a target of 60% of audits being assessed as good. 47% of audits had resulted in assessments of "good" compared with 33% previously. It was however impossible to predict the outcome of an Ofsted inspection.

- The Specialist Children's Services Development Action Plan had been developed early in the year and had anticipated an Ofsted inspection during the summer, improvement was a continuous process and the interface between Specialist Children's Services and Early Help Services was key to success and the achievement of targets. The re-referral rates had decreased and deep dives in both the north and east of the county had shown that staff considered the relationship with Early Help Services and a clearer pathway of support were key to the reduction in re-referral rates.

(3) Resolved that the progress made since the last report be noted.

70. Update on actions regarding Child Sexual Exploitation
(Item C2)

Mrs P Denney, Assistant Director for Safeguarding and Quality Assurance, Specialist Children's Services, was in attendance for this item.

(1) Mrs Denney introduced the report which provided information about work undertaken since the local authority was part of a thematic inspection by Ofsted in October 2014. She drew attention to the work undertaken to raise awareness of the warning signs of child sexual exploitation (CSE) among partner organisations, front line staff and service providers, the evaluation of the quality and responsiveness of interventions, measures to understand the needs of children placed in Kent by other authorities as well as the direction of travel through the second half of 2015 and into 2016. She said work would continue on raising awareness, preventing and tackling CSE and drew attention to a conference planned for October 2015, the establishment of a multi-agency child sexual exploitation panel (MASCE) which was being led by Kent Police, training for foster carers, information for parents and carers, and the addition of clauses to contracts for services.

(2) During discussion, the employment of data analysts by Kent Police was welcomed and comments were made about the need to advise members about the prevalence of CSE in their divisions and about local activities such as the establishment of Gravesham CSE group.

(3) Mrs Denney said that Gravesham, Ashford and other communities were coming together to consider CSE and the intention was the each community group would nominate one of their members to sit on the MASCE panel to ensure that local information could be understood at a strategic level. She also said that work was underway with local groups such as taxi drivers and hotels, particularly small bed and breakfast establishments, to raise awareness of CSE and share information.

(4) In response to a question about the number of children who went missing and never returned she said there would be better data analysis and data collection, including photographs, among vulnerable groups at the point of entry to the UK.

(5) Resolved that the progress made since the CSE thematic inspection in October 2014 be noted.

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

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

(1) Mrs Robinson introduced the report which provided members with an update on progress against targets set for key performance indicators up to the end of May 2015. As this was the first scorecard to be considered by members in the current financial year, she drew attention to additional information in the scorecard relating to the number of open cases, the number of children with protection plans, the number of children in care and the number of private fostering arrangements as well as information about the trends over the previous five years.

(2) A member said that the graphs on page 85 of the report were useful.

(3) Resolved that the Specialist Children's Service Performance Dashboard be noted.

72. Verbal Updates
(Item A6)

(1) Mr Scott-Clark (Director of Public Health) said that the general childhood vaccination rates had declined and were of concern; however it was likely to be a recording issue rather than a fall in vaccinations. He and the Director of Public Health at Medway had written jointly to NHS England expressing concern. He said that a plan was being developed to increase rates and in order to develop "herd" immunity, rates of 95% were needed.

(2) In response to questions, he said that: GPs collected data relating to breastfeeding rates at 6 months but the re-commissioned health visitor service would transfer responsibility for recording this data to health visitors; there was a statutory requirement to provide a full medical assessment for unaccompanied asylum seeking minors within 28 days of their arrival; and there was statutory guidance for health practitioners in the event of under 16s presenting with sexually transmitted diseases.

(3) Mr Gibbens (Cabinet Member for Adult Social Care and Public Health) gave a verbal update. He said he had attended the annual award ceremony for public health champions and commended the work of the champions and the value of their accredited qualification.

(4) He also said that he had visited a number of children's centres.

(5) The verbal updates were noted.

73. Commissioning Transfer of the Health Visiting Service - October 2015
(Item B1)

Ms K Sharp (Head of Public Health Commissioning) and Mr C Thompson (Consultant in Public Health) were in attendance for this item.

(1) Mr Thompson said that the health visiting service would transfer with effect from 1 October 2015 and the annual value of the contract was £23 million of which £11.5 million was pro-rated for the current year. The pro-rated budget for the Family Nurse Partnership was £308,000 for the current year and provision of this service was included in the contract. He further said that the priority was to ensure the safe transfer of commissioning of the service and to minimise any disruption in service to families across Kent. He said that the proposed decision to enter into a one-year contract with the current provider would enable the safe transfer of service and the time to work up the new model for health visiting.

(2) Ms Sharp emphasised the importance of a smooth transfer and the opportunities for engagement with families with children under the age of 5 as well as with General Practice, Early Help Services and other partners. She also referred to discussions and engagement with partnership colleagues

about the role and contribution of health visitors as well as the intention of having local action plans to build strong relationships between partner organisations and to monitor performance.

(3) In response to questions she said that the health visiting role was mandated with specialist training and there was no proposal to reduce the number of health visitors in Kent. Ms Sharp said that Christ Church University provided training for health visitors in Kent and would be engaged in any future review of the service. Ms Sharp also said that any future contracts would be let in accordance with KCC's procurement guidelines. Mr Scott-Clark (Director of Public Health) said that the skill mix within the service needed to be considered and other skills and professions such as nursery nurses would be required in an integrated team. He also said it was important to retain the focus on developing and maintaining good health as good health in the early years of life was a significant influence on health in later life.

(4) Resolved that:

(a) Work to develop the specification for health visiting be noted;

(b) The proposed decision to enter into a contract with the current provider, Kent Community Healthcare Foundation Trust, to deliver Health Visitor services for one year from 1 October 2015 to 30 September 2016, be endorsed.

74. The Public Health Strategic Delivery Plan and Commissioning Strategy
(Item B2)

Ms K Sharp, (Head of Public Health Commissioning) was in attendance for this and the following item.

(1) Ms Sharp introduced the report by saying that it related to previous discussions at the Children's Social Care and Health Cabinet Committee on 21 April 2015 and to a presentation she had given to the Adult Social Care and Health Cabinet Committee on 10 July 2015. She said that a review had been undertaken of the current public health grant, the expenditure on children's services, the performance of commissioned services and of Kent's performance compared with other areas in relation to public health outcomes for children and young people. Ms Sharp said the review had identified opportunities for more collaborative working with services within KCC's 0-25 transformation programme and with other partners and that a new approach to public health models of provision for children was needed. She referred to engagement with partners, the need to ensure the right balance between the delivery of universal services and sufficient high quality services and interventions to target families with specific issues.

(2) Ms Sharp said that the report asked the Cabinet Committee to comment on the proposed decision that the end dates for current public health contracts for children's services be synchronised and that they be extended to 30 September 2016 to enable a new model of services to be designed and commissioned.

(3) In response to questions Ms Sharp said:

- That by aligning the commissioning of Young Healthy Minds, CAMHS and Early Help Services capacity to intervene earlier would be increased overall thereby reducing the demand for services such as the child and adolescent mental health services. She also said that the budget had been managed without impacting on the Young Healthy Minds service;

- Smoking cessation programmes for pregnant women and others were designed to be supportive and non-judgemental;

- Ms Sharp had visited Swaleside Prison with the Cabinet Member for Adult Social Care and discussions with prison staff had included proposals for a healthy living wing at the prison and the recent government announcement that smoking might be banned in prisons.

(4) Resolved that the proposed decision to extend the current contracts for School Public Health Services and Young People's Substance Misuse (as well as the Health Visitors contract which was discussed as a separate item on this agenda) to 30 September 2016, be endorsed.

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

(1) Ms Sharp introduced the report which provided an overview of the performance indicators monitored by the Public Health division which related to commissioned services for children or aimed to improve the health and wellbeing of children and young people in Kent.

(2) Ms Sharp said the most recent data for the smoking status of women at time of delivery was quarter 2 and the data for breastfeeding status was for quarter 3. She also said that it was too early for the integrated Community Infant Feeding service which commenced in October 2014 to have an impact on the data and that the intention was to improve the quality of data collection as part of the commissioning of the new health visiting service.

(3) Ms Sharp also said that the performance reports would include key performance indicators for the health visiting service contract when responsibility transferred to the authority in October 2015.

(4) Resolved that the current performance of Public Health Commissioned Services and action taken by Public Health be noted.

76. Work Programme
(Item D3)

Resolved that the committee's work programme for 2015/16 be agreed.

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KENT COUNTY COUNCIL

CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Darent Room, Sessions House, County Hall, Maidstone on Thursday, 18 June 2015.

PRESENT: Mrs A D Allen, MBE (Chairman), Mrs Z Wiltshire (Vice-Chairman), Mr R E Brookbank, Mrs T Carpenter, Mrs P T Cole, Ms C J Cribbon, Mr C Dowle, Mr G Lymer, Mrs C Moody, Mr B Neaves, Ms B Taylor, Mr M J Vye and Mrs J Whittle

ALSO PRESENT: Mr P J Oakford

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

UNRESTRICTED ITEMS

80. Membership
(Item A1)

The Panel noted that:-

- Ms C J Cribbon had joined the Panel in place of Mr R Truelove; and
- The two extra seats which the Panel had agreed on 9 April to offer to representatives of young people in care had been taken up by two of the Virtual School Kent apprentices, Mr C Dowle and Ms S Dunstan.

81. Substitutes and Apologies

Apologies had been received from Mr S Griffiths. There were no substitutes.

82. Election of Vice-Chairman
(Item A2)

The Chairman proposed and Mrs P Cole seconded that Mrs Z Wiltshire be elected Vice-Chairman of the Panel.

Agreed without a vote.

83. Minutes of the meeting of this Panel held on 9 April 2015
(Item A4)

RESOLVED that the minutes of the Panel meeting held on 9 April 2015 are correctly recorded and they be signed by the Chairman. There were no matters arising.

84. Minutes of the meeting of the Kent Corporate Parenting Group held on 29 May 2015, and brief verbal update
(Item A5)

1. Mr M J Vye gave a brief verbal update on issues arising from the minutes, as follows:-

- **CAMHS** – communications between the County Council and the NHS were not as they should be, and although work was being progressed on commissioning and spending, there was incomplete information available about which young people were in receipt of services. Mr Segurola supported members about being robust in registering their ongoing concerns about the delivery of CAMH services and added that a young person's engagement with the service would in future be recorded on the Liberi database.
- **Challenge cards** – good examples of the use of these had been reported to the Group and it was hoped that the links between the OCYPC and the Corporate Parenting Panel would continue to be strengthened by using these.
- **GCSE scores** – the percentage of children achieving five or more A* to C grades was disappointing. Mr Doran explained that some inaccuracies had been identified in the reported figures and that the actual rate was higher than had been reported. He read out the correct figures and, in response to a request, undertook to supply a written copy of them to Panel members. Mr Segurola added that rates of GCSE passes would be included on future scorecards.

2. RESOLVED that the minutes of the meeting of the Kent Corporate Parenting Group held on 29 May 2015, and the verbal updates and discussion points arising from them, be noted, with thanks.

85. Chairman's Announcement
(Item A6)

The Chairman announced that in the Queen's Birthday Honours list, Yashi Shah, Interim Head of Adoption Service, had been awarded an MBE for services to children. The Panel recorded its congratulations to Ms Shah on the award and asked that Mr P Oakford write to Yashi on the Panel's behalf to send her its congratulations.

86. Verbal Update from Our Children and Young People's Council (OCYPC)
(Item A7)

1. Ms Taylor and Mr Dowle gave a verbal update on the following issues:-

OCYPC – OCYPC members had taken part in interviews for foster carers and social workers and had enjoyed being part of the recruitment process. The self-confidence of the young people taking part had increased visibly during the course of the interviews.
Kent's Pledge to Children in Care – this was currently being re-designed, and new wording had been agreed.
Challenge cards – the feedback from the trial of these had been good. The current challenges were:-

- Helping young people in care to maintain contact with siblings still living with their birth parents,
- Involving children in care in the design of business cards which would list a social worker's full contact details, making them easier to contact directly when necessary, and

- The County Council setting up a bank account and either paying into and/or match-funding young people's contributions, which would be accessible at 18, to help reduce anxiety about their future financial worries.

Activity days – plans were currently being made for a series of events, including arts and crafts and water sports.

Work with disability team – the issues arising from this work had been more complex than expected, and the amount of information needed much higher. It was clear that disabled children in care needed dedicated support staff. Disabled children should be supported to enable them to attend VSK activity days. Newly-qualified social workers should be targeted for this participation as it would raise their awareness of the VSK apprentices' work in supporting children in care. This work was welcomed as the range of services needed for a disabled child in care was extensive, and arranging activities for disabled children was made more complicated by the range of needs of different age groups.

Newsletter – this would shortly be available and would be sent to Panel members via the Democratic Services Officer.

Youth Adult Council – this new council had held its first meeting on 13 April, which had gone well. Those taking part had felt well supported.

Future plans:-

- an OCYPC meeting venue in Folkestone had previously been trialled but had attracted very low attendance. It was hoped that, with a recruitment drive over the summer, better engagement could be achieved when this was tried again later in the year
- VSK apprentices were now based in areas across the whole county and were establishing themselves as role models and mentors, eg in Thanet, a 'myth buster' project would seek to dispel the unrealistic expectations that some young people may have about leaving care, and emphasise their rights and responsibilities as young adults.
- Social workers were being actively encouraged to attend future activity days.
- Following the success of the residential course at the Kent mountain centre, arrangements were being made for a similar week-long course at the Hardelot Centre in Northern France, at which young people preparing to leave care could experience managing away from home for a week and learn how to manage money, prepare meals, etc. The expected cost per person, for a party of six young people, was £500, and fundraising would be needed to cover this. The Panel was asked for ideas of how funds could be raised.

2. Some County Council Members said they would like to support young people to attend the Hardelot trip and it was suggested that the rules governing the use of elected Members' personal grants be researched to see if such support was possible. Members also advised that, as the Hardelot Education Centre was a County Council property, it might be possible to negotiate a discount on the use of the centre, allowing funds raised to go further in terms of activities.

3. Mr Doran praised Ms Taylor and Mr Dowle for their work in involving young people in the social worker recruitment process, for their drive in fund raising for VSK activities and for promoting their role to the wider VSK team. Panel members added that they were excellent role models for young care leavers.

4. Mr Segurola added that his overriding aim was to achieve a level playing field in which all children and young people in care could access events which support

their participation and engagement, and undertook to take forward the issue of increasing access for disabled children and young people.

5. RESOLVED that the verbal updates be noted, with thanks

87. Verbal Update by Cabinet Member
(Item A8)

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

Visits to Children's Centres in Tunbridge Wells, Swale and Thanet – One of the staff at a centre had described her time there as 'some of the best days I have at work'. An example of the sort of case which centres come across was that of a 19-year-old woman whom he had met at a centre, who had been put on a train in London with her year-old baby and sent to Margate to find accommodation, with no other support offered by the placing authority. He recommended that all members visit their local children's centres to see the excellent support offered there, and offered to take other members with him on his regular visits.

Visit to Specialist Children's Services office in Gravesend – Here he had met some UASC care leavers and realised the trauma that many of them had experienced before leaving their home countries. What had become clear, however, was the inflated expectations some of them had been given of life in the UK.

Attended the Early Help Service Design Workshop

Attended a briefing session about Children's Centres – this had shown how the Early Help team undertook assessments of how well services delivered via Children's Centres were meeting the needs of local families.

Kent Integrated Children's Services Board (KICSB) special meeting focused on child sexual exploitation

Open Day at Demelza House Hospice on 19 June – all elected Members had been invited to attend this.

Housing for Care Leavers – this was being championed by the Leader of the County Council, Paul Carter, who was leading multi-agency work to look at the feasibility of the County Council building and running homes for use by care leavers.

Corporate Parenting Select Committee – this committee was currently seeking an extension to its timetable to October 2015 to allow more research and the preparation of a more challenging report.

2. RESOLVED that the verbal updates be noted, with thanks.

88. What Foster Care is Like! - presentation
(Item B1)

1. Ms Taylor and Mr Dowle presented a series of slides which had been prepared by a child currently in care to record her experiences of the care system and her thoughts about her foster carer. The presentation emphasised the positive

side to being taken into care and that this in no way meant that a child had done anything wrong or that their parents were unfit to look after them. These were both common misconceptions, expressed by other children and parents, eg at school, and the effect of such views being expressed could be very damaging to a child's confidence and self-image. The positive and supportive personal relationship built up between a child and their foster carer was also emphasised, as well as the great difference that a good carer could make to a child's formative years. However, the extent of support which foster carers needed was also extensive. Careful and un-rushed matching of a child and foster carer was important, as was a handover period between carers. The difficulties of affording to live independently as a care leaver were highlighted, with some young people having to return to parents with whom they had a strained relationship as they simply could not manage financially otherwise. A young person's bond with a good foster carer, on the other hand, could continue long after leaving care.

2. Questions and discussion then followed about the issues arising from the presentation, and comments made were as follows:-

a) the presentation could usefully be shown to groups of foster carers, eg at Foster Carers' Association meetings;

b) some young people leaving care could struggle to afford supported lodgings for any length of time, and may have to move back to live with their families, even if the relationship between them was not good;

c) the planned tightening of 18 – 21 year olds' eligibility for housing benefit, announced in the Queen's speech, would not help this situation. Detail of the changes had yet to be made clear. Ms Taylor added that, on forms for claiming housing benefit, there had previously been a box to tick so a young person could identify themselves as a care leaver, but this option was no longer included;

d) some carers had had to convert a family room in their home to use as supported accommodation for a young person. It was not good that some had felt forced to do this to manage financially;

e) the resources put into foster care reduced sharply when a young person reached 18. Supported accommodation needed to be better resourced;

f) some young people were given very short notice of when they would need to move out of their care placement, and were poorly prepared for the move;

g) the positive messages in the presentation, about a child and foster carer being lucky to be with each other, and a child's self-esteem being increased by being in care, were welcomed. Although the reasons for taking a child from their birth family into care were positive, the process of going into care and trying to settle could be traumatic;

h) Ms Taylor and Mr Dowle were praised as being good advocates for other young people coping with the issues of leaving care, and their work

supported the issues addressed in the County Council's Sufficiency Strategy. The Staying Put policy was currently still embedding; and

i) Mrs Carpenter, Ms Moody and Mr Griffiths were praised for the work they undertook as foster carers, whom the County Council was privileged to have, and of whom it should be proud. They should be a model for other foster carers.

3. RESOLVED that the points set out in the presentation and raised in the following discussion be noted, with thanks, especially the Panel's acknowledgement of the excellent role played by the VSK apprentices and foster carers in supporting children in care and young people leaving care.

89. Performance Scorecard for Children in Care
(Item B2)

1. The Chairman advised the Panel that, since the publication of the meeting papers, an updated version of the scorecard had been prepared. This was tabled and *would replace the published version on line*.

2. Mr Segurola introduced the report and summarised the key elements of performance and the aim of the new-style scorecard which would shortly replace it and on which the Panel's views were being sought. He and Mr Doran responded to comments and questions from the Panel, as follows:-

a) the new format was welcomed as a great improvement on the old, and it provided a good reference document for Members;

b) Mr Segurola was asked for an explanation of some of the recording in the new-style scorecard, and it was agreed that a briefing session be arranged to introduce Members to the new methods of recording and displaying information. He suggested that this be held when the first full quarter's information became available, so that a complete set of data could be studied;

c) Mr Doran explained the work which had gone into identifying what were the right indicators to include in the new-style scorecard. The national indicator for attainment would shortly change from the number of children achieving A* - C grades in five GCSE subjects to those achieving the same grades in eight subjects. He reminded the Panel that children in care were disadvantaged by having only one chance to score the required grades, due to the disruption cause by changes in placements and schools, often close to exam time, as many children tended to enter care at around year 10. They tended to perform better when they had more than one opportunity to attempt and achieve pass grades;

d) a view was expressed that to have good GCSE grades would make all the difference to a young person's CV, and to allow children in care a year longer to achieve these would be a great help to them. However, it was important also to bear in mind that, upon entering the employment market, they would need to compete with other young people at interview, at which they would have only one chance to make an impression. Achieving a

balance between allowing them an extra chance and applying the same rules as to other young people was difficult; and

e) Mr Doran reminded the Panel that Kent had many more children in care than other authorities, yet was measured against the same standards with regard to their attainment.

3. RESOLVED that:-

a) the performance data set out on the children in care scorecard, and the information given in response to comments and questions, be noted; and

b) the Panel's initial views on the new-style scorecard be noted, and a briefing session be arranged to familiarise Panel members with new styles of reporting. This could best be placed when the first full quarter's information was available to study.

90. Sufficiency, Placements and Commissioning Strategy 2015 - 2018
(Item B3)

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

1. Mr Wilson introduced the report and responded to comments and questions from the Panel, as follows:-

a) the Strategy provided a good tool by which the County Council could be held to account on its corporate parenting role;

b) one of the actions in the Strategy was a commitment to report to the Corporate Parenting Panel on a six-monthly basis. A view was expressed that the first such report should be made in three months' time, with six-monthly reporting thereafter;

c) the Strategy aimed to reduce the use of independent fostering agencies (IFAs), but the County Council had made use of these agencies' ability to meet specialist needs when it was not able to meet these needs among in-house foster carers. Asked whether, although use of such agencies had a cost, it may be more cost-effective to use IFAs than to try to replicate their services in-house, Mr Segurola confirmed that it cost approximately half as much to deliver fostering services in-house. It could be more effective to support in-house foster carers, which were aligned with the children in care teams, than it would be to support external carers, although he pointed out that there would continue to be a role for external organisations;

d) the foster carers serving on the Panel were asked what issues they had identified which impacted on the service they were able to provide. The issues identified were:

   I. the training budget had been cut dramatically in recent years. Kent's foster carers used to be among the highest skilled in the UK, but it was difficult now to access training, eg degree courses. Mr Segurola acknowledged that the reduced access to training did not

support the increasing expectations that the County Council had of its foster carers; and

II. the valuable work undertaken by the Corporate Parenting Panel in raising the profile of the County Council's corporate parenting role and addressing the issues of children in care was unknown to many foster carers and could usefully be reported to them, eg via the Foster Carers' Association. Foster carers often said that they were not sent information from the County Council.

e) the County Council had previously organised an annual foster carers award ceremony to recognise and celebrate the work they did, but this practise had lapsed. Mr Segurola confirmed that he was keen to re-start this and other Foster Carers' Association events which used to take place; and

f) a Panel member who had attended the 28 May sports day said he had been told there by foster carers that they were not seen as or treated as professionals. If this view were widespread amongst foster carers it would indicate an obvious place to start in addressing the role and status of Kent's foster carers.

2. RESOLVED that:-

a) the content of the Sufficiency, Placements and Commissioning Strategy 2015-2018, and the information given in response to comments and questions, be noted; and

b) regular monitoring reports be made to the Panel, with an initial follow-up report after three months and a programme of six-monthly reports thereafter.

91. The County Council's Corporate Parenting responsibilities towards unaccompanied asylum seeking children and care leavers (UASC), and issues around their accommodation in the community
(Item B4)

Ms S Hammond, Assistant Director - West Kent, was in attendance for this item.

1. Ms Hammond introduced the report, which had been prepared at the request of the Panel, and responded to comments and questions from Panel members, as follows:-

a) in some areas of the county, UASC were grouped together in disadvantaged areas and were not integrated into the wider community. This did not support young people in learning English. To encourage integration and expand their horizons, UASC should be placed more carefully. Ms Hammond acknowledged that, where this pattern had been identified in an area, the placement of any additional UASC in that area would be avoided. However, some UASC asked specifically to be placed in an area where they knew there was an established community sharing their culture and speaking their language;

b) accessing English as a Second Language (ESL) courses was also difficult in some areas as local provision had been discontinued, forcing young people to travel a distance to the nearest college which offered such courses;

c) the range of problems experienced by UASC would vary with their legal status and what stage they had reached with their asylum application (eg leave to remain (LTR), all rights exhausted (ARE), etc);

d) although the majority of UASC arriving in Kent were aged over 15, some were aged 12 to 13. These had been much helped by being placed with foster carers, particularly in learning English, as younger children tended to pick up languages more easily. Efforts were being made to increase the number of foster carers able to speak the same languages as UASC and most practised in supporting them to learn English. Ms Hammond clarified that the only legislation which applied to children under the age of 18 was the Child Care Act, not immigration law, and the Child Care Act was the legislation which directed the County Council's duty of care to any UASC under 18, defining their status as children in care;

e) some children aged 13 – 15 were accustomed in their home countries to working, and came seeking employment and accommodation rather than education and care. Ms Hammond advised that, regardless of their intention in travelling to the UK, if they were under 18, the County Council's duty of care towards them was unchanged;

f) Mr Oakford reported that, at one of his recent visits to area offices, he had been advised that the interpreter service used by the County Council received requests to interpret for anything up to 40 different languages;

g) Mr Segurola advised the Panel that the County Council currently had 400 UASC in its care – the highest number it had ever had. Summer was traditionally the busiest time for UASC arriving, as long distance travel in the summer months was generally easier, although the rate of arrivals had been consistently high in recent months, with the 2014/15 winter not showing the usual dip in numbers. Home Office funding, however, was finite, and the adequacy of funds allocated for 2015 was a cause for grave concern;

h) Ofsted had highlighted health issues facing UASC, and mental health issues in particular. Taking a health history from a newly-arrived UASC speaking little or no English would be difficult enough, but tackling delicate questions about their mental health would be doubly difficult. Ms Hammond explained that the County Council would take a health history for the period since the young person had arrived in the UK. Mr Segurola added that screening upon arrival would seek to identify pre-existing conditions;

i) the age of a UASC with no papers could be difficult to identify, and local authorities in France had established the practice of scanning UASC to identify their age. However, the Royal College of Paediatricians had advised that this practise should not be followed in the UK; and

j) the importance of the County Council being seen to deal only with proven facts about UASC, rather than engage with unsubstantiated media coverage and popular myths about immigration, was emphasised.

2. After discussion, it was agreed that the wording of the recommendation, 'that the Panel bring to the attention of all Members the Council's Corporate Parenting responsibilities…', should make particular reference to executive Members, and that care be taken to ensure that the approach taken should be consistent.

3. RESOLVED that:-

a) Members of the Corporate Parenting Panel bring to the attention of all Members, in particular executive Members, the Council's Corporate Parenting Responsibilities towards UASC in care and care leavers;

b) all Members use their influence with District, Borough and City Councils to ensure that fair access to social housing is available to UASC, alongside other Kent care leavers; and

c) a further report on the issues covered in this report and in the ensuing discussion be made to the Panel in six months' time.

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, Director of Public Health

To: Children's Social Care and Health Cabinet Committee - 8 September 2015

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. Visits to Children's Centres in Canterbury and Tonbridge & Malling
2. Kent County Councillors Reception – Demelza House
3. Care Leavers Progression Partnership (CLPP)
4. Kent Adoption Summit 2015
5. Unaccompanied Asylum Seeking Children (UASC) Visits and Update

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

1. Update on Unaccompanied Asylum Seeking Children
2. Update on Voluntary Adoption Agency

Children and Young People's Public Health

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

1. 23 July - Attended and spoke at the Kent Healthy Business Awards at Oakwood House, Maidstone
2. 11 September – Health Visitors welcome event at Sessions House, Maidstone

Director of Public Health – Mr A Scott-Clark

1. Update on Department of Health in-year savings from the Public Health allocation 2015/16

2. Visit with Health Visitors in Swale

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

Andrew Scott-Clark, Director of Public Health

To: Children's Social Care and Health Cabinet Committee
8 September 2015

Decision No. 14/00108

Subject: Kent Teenage Pregnancy Strategy 2015-2020

Classification: Unrestricted

Past Pathway of Paper: Children's Social Care and Health Cabinet Committee 23rd September 2014

Future Pathway of Paper: Cabinet Member Decision

Electoral Division: All

Summary

This paper presents the final strategy (appendix 1) to reduce teenage pregnancies in Kent, between, 2015-2020. It takes into account national policy and guidance about teenage pregnancy.

The strategy has been informed by stakeholder engagement events, which included the views of sexual health workers, school nurses, midwives, district level representatives, health improvement workers, early intervention workers and teachers and has been developed by close collaboration between public health and education and young people teams. In developing the strategy, the findings and recommendations of the Kent County Council Select Committee - PSHE/Children's health report (2007) were taken into consideration. The recommendations will also be used as the basis of developing local action plans

The strategy was subject to an equality impact assessment and stakeholder and public consultation. Feedback from the consultation has been incorporated.

Recommendation:

The Children's Social Care and Health Cabinet Committee is asked to comment and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to approve the Teenage Pregnancy Strategy 2015 - 2020.

1. Background

1.1 The purpose of this paper is to outline the final Teenage Pregnancy Strategy (2015-2020).

1.2 Teenage pregnancy is one of the success stories of the last decade in the public health field. The under -18 conception rate has fallen by a third. Nonetheless, more work is needed to bring it down to those seen in other western European countries. The Government has called on local government to continue working with partners to ‘keep the momentum going’. Local government is still expected to take a lead role in tackling teenage pregnancy.

1.3 The aim of the strategy is to help young people to thrive, become resilient and make positive contributions to their communities and wider society. This will be achieved by providing access to information, services and early help, so that they can make appropriate choices about their sexual relationships. When young people decide to have a child, they should have support to achieve the best possible outcome for themselves and their children. Young people should be involved in this work.

1.4 As well as improving the information, advice and support we provide to all young people and introducing measures so that sexually active young people can access contraception easily and use it effectively, our success in reducing teenage pregnancy rates will also depend on how effectively we tackle the underlying factors that increase the risk of teenage pregnancy – such as poverty, low educational attainment, poor attendance at school, non-participation in post-16 learning and low aspirations. Offering appropriate support to young people who are experiencing these underlying risk factors will help to build their resilience and raise their aspirations and so reduce the likelihood that they experience a range of poor outcomes, including teenage pregnancy.

2 Local context

2.1 ‘Facing the Challenge’ provides the framework for transforming the way in which services are delivered in Kent and a change in the interface between residents and the County Council. For children and young people’s services, this includes the development of a Preventative Services Division within Kent County Council, which will progress the integrated commissioning and delivery through Early Help units and open access points as part of the 0-25 unified programme.

3 National picture

3.1 The Social Exclusion Report on Teenage Pregnancy (1999) highlighted the health and social impact of teenage conception. This report, given the high rates of teenage conception in comparison to European neighbours, was the catalyst for the National Teenage Pregnancy Strategy 2001-2011.

The aim of the strategy was twofold:

- to reduce teenage pregnancy rates by 50% by 2011
- to increase the number of young parents engaged in education and training

3.2 The majority of local authorities have yet to achieve a 50% reduction. However, according to 2012 data, England has the lowest teenage pregnancy rate for 30 years. Although this trend is promising and reflects a significant effort in reducing teenage pregnancies, there is clearly still further work to be undertaken to achieve the target of 50% reduction.

4 Local picture

4.1 The under-18 conception rate in Kent (2012) is 25.9 per 1000 females aged 15-17, that is lower than the rate for England (27.7). However, the rates and trends vary significantly across Kent[1]. There is clearly a need for continued efforts for reduction of teenage pregnancies in those areas where rates have not improved as much as it would have been expected. This is a key factor in addressing inequalities for young people across Kent.

4.2 Not all teenage young women who become pregnant will complete the pregnancy. In Kent (2012), 46% of conceptions lead to a termination. The termination of pregnancy rate in Kent (2012) is 12.5 per 1000 women aged 15-17. This is slightly lower than the rate for England.

4.3 An equality impact assessment of the strategy identified a number of issues that will be considered when we develop local implementation action plans. This assessment formed part of the public consultation.

5 Consultation

5.1 The strategy was subject to significant consultation, with children and young people and with children and young people's workforce. A multi-agency stakeholder event took place (March 2013) with representation from Kent County Council and across the health economy to review teenage pregnancies in Kent. There was agreement to develop a strategy renewing the efforts to further reduce rates, to be led by Early Help and public health teams. Furthermore, this was informed by the publication of the national sexual health improvement plan.

5.2 Subsequently, four consultation events were organised across Kent with guest speaker, the national lead for teenage pregnancy. These events were attended by over 120 professionals working in areas such as sexual health, children's centres, early intervention, school nurses, midwives and teachers and social care, who agreed the key strategy themes and actions.

5.3 The strategy themes have been tested through the Head Start Kent programme aiming to build emotional resilience in adolescents. Co-production with children and young parents, teachers and children and young people's workers has been an essential part of this programme. In addition, the views of children and young people have been sought through a consultation event (July 2013) and peer led activities in schools with over 400 participating young people (2013-14 academic year).

5.4 We consulted with stakeholders and partners such as sexual health, education, children's centres, Early Help, CCGs and local health and wellbeing boards, youth

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[1] District level information is available from Kent & Medway Public Health Observatory teenage pregnancy dashboard http://www.kmpho.nhs.uk/jsna/teenage-pregnancy

champions and Kent youth forum. The responses to the consultation have been noted and incorporated as appropriately to the strategy.

5.5 In developing the strategy, the findings and recommendations of the Kent County Council Select Committee - PSHE/Children's health report (2007) were taken into consideration. The recommendations will also be used as the basis of developing local action plans.

5.6 The draft strategy was taken to Children's Social Care and Health Cabinet Committee and to the Children's Health and Wellbeing Board for discussion as part of the consultation process and recommendations made by both groups have been taken into account in the production of the final version of the strategy.

6 Strategy ambitions

6.1 AMBITION 1 Reducing under 18 conceptions requires strong leadership and joined-up working

The development of a Kent Health and Wellbeing board, as well as local CCG Health and Wellbeing boards, provides the multi-agency leadership and accountability required. CCG level action plans will be implemented and monitored.

6.2 AMBITION 2 Providing universal access to high quality personal, social and health education (PSHE) to all children and young people

Working with children and young people, it is important to emphasise their strengths, so that these can be built upon. The Chief Medical Officer has identified that relationships and sex education (RSE) in the context of PSHE is critical. Provision of good quality PSHE is understood to be a key driver in the reduction of under 18 conceptions. Our ambition is that delivery of PSHE becomes 'outstanding'.

Young people also want to contribute to the improvement of PHSE. Kent Youth County Council has made the delivery of PHSE one of their priorities.

It is important to apply whole school approaches to build emotional health and resilience through HeadStart Kent and to implement a workforce development strategy.

6.3 AMBITION 3 Building the aspirations of young people

There is concern that some children and young people are not reaching their full potential and are not being proactively identified and supported early enough. For some cultures, communities and families, parenting at a young age is the social norm. Breaking this cycle requires the building of aspirations for communities and families alongside individual young people.

For those young people who become young parents, we need to embed progression planning as part of the holistic plan early into the pregnancy to ensure that they become economically active citizens.

6.4 AMBITION 4 Children and young people playing an active role in shaping the world around them

Their participation is not only their right, but evidence also shows that it results in better service design and delivery. Furthermore, they welcome the increased responsibility and share their enthusiasm and knowledge through their own friendship groups and networks.

6.5 **AMBITION 5 Improving sexual health for young people**

Sexual health services are valued by the wider children and young people's workforce, but need to be more visible and take a more integrated approach. They are not equitable and it is not clear that they meet the needs of the most vulnerable young people. Young men, in particular, may not be accessing services as they could be.

6.6 **AMBITION 6 Improving emotional, physical, educational and economic wellbeing for young parents**

Young parents are vulnerable to poverty and poor emotional and physical health. Many young parents leave education or training to support their families and find it hard to return to education or the workplace.

7 Legal and Financial Implications

There are no legal implications. There are no direct costs relating to the strategy other than officers time expanded in ensuring it is implemented at County and District level.

8 Next steps

8.1 Local action plans will be developed at district level, continuing to build on their successes and becoming even more effective in tackling teenage pregnancy. These plans will be coordinated by Kent County Council.

We expect that Local Children's Partnership Groups will engage parents, young people and local stakeholders in determining their local action plans to meet local needs and in reviewing the progress against agreed actions.

9 Conclusion

9.1 This paper lays out the key elements of the teenage pregnancy strategy (appendix 1), which has been subject to wide consultation and an equality impact assessment. This is accessible as a background document, via the link at the end of this report.

10 Recommendation

10.1 The Children's Social Care and Health Cabinet Committee is asked to comment and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to approve the Teenage Pregnancy Strategy 2015 - 2020.

11 Contact details

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Background Documents

Equality Impact Assessment:

https://democracy.kent.gov.uk/ecSDDisplay.aspx?NAME=EqIA%20teenage%20pregnancy%20%2023-7-14&ID=4350&RPID=7984011&sch=doc&cat=13566&path=13566

Kent Teenage Pregnancy

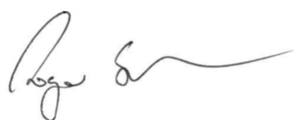
Strategy 2015 -2020

Kent County Council
kent.gov.uk

Foreword

The reduction of teenage pregnancies is one of the success stories of the last decade in the public health field that I warmly welcome. The under 18 conception rate has fallen by a third. Nonetheless, more work is needed to bring it down to those seen in other western European countries. National government has called on local authorities to continue working with partners to 'keep the momentum going'. Kent County Council will continue to lead the effort to reduce rates further across Kent. In this context, Kent County Council has published the Kent teenage pregnancy strategy and we are looking forward continuing our collaboration with all our partners, building on our successes and becoming even more effective in tackling teenage pregnancy.

Foreword by Councillor R Gough
(Cabinet Member for Education & Health Reform)



Councillor G Gibbens
(Cabinet Member for Adult Social Care & Public Health)

Introduction - what we want to achieve

- We want young people to thrive, to be resilient and lead fulfilled lives, able to become responsible and contribute positively to their communities and those around them now and in the future.

- We want to ensure that young people have access to the information, services and early help that they need to be able to take control of their lives, make positive choices for themselves in relation to the sexual relationships that they have and when they start a family.

- When young people make a positive choice to conceive and have a child, we want to make sure that they have access to the services that they need to ensure the best possible outcome for them and their children.

We recognise that teachers, parents, health and social care professionals and young people themselves will all need to be engaged and work together if we are going to achieve our aims. [1]

[1] In developing this strategy, we took into consideration the findings and recommendations of the Kent County Council Select Committee - PSHE/Children's health report (2007). These will also be used as the basis of developing local action plans.

Local context

Facing the Challenge is a Kent County Council strategic document, which provides a framework for transforming the way in which services are delivered in Kent and a change in the interface between residents and the County Council. For children and young people's services, this includes the development of a Preventative Services Directorate within Kent County Council, which will progress the integrated commissioning and delivery through Early Help and Preventative Services. [2|3]

Kent Joint Health and Wellbeing Strategy is the guiding document for all health and care services across Kent. It identifies three approaches to ensure that services meet the needs of local people; namely integrated commissioning and provision to deliver person centred services. One of the strategy outcomes is that 'Every Child Has the Best Start in Life' that will be achieved by working on four priority areas; tackling issues where Kent is worse than England average, health inequalities, gaps in provision and transforming services to improve patient experience, outcomes and value for money.

National context

The key national strategic drivers (see Annex 1) are identified by the Children and Young People's Health Outcomes Forum report.[4] This report introduces an integrated outcomes framework for children and young people. It recognises the need to take a more asset based approach to children and young people's health and wellbeing and ensure that children and young people health and wellbeing is embedded within health and wellbeing structures.

[2] Early Help and Preventative Services Prospectus Kent Integrated Family Support Service and Kent Integrated Adolescent Support Service (May 2014) **www.kent.gov.uk/data/assets/pdf_file/0006/13965/Early-help-preventative-services.pdf**

[3] One year plan, Early Help and Preventative Services Kent Integrated Family Support Service and Kent Integrated Adolescent Support Service (July 2014)

[4] Children & Young People's Public Health Outcomes Forum: Report of the Public Health & Prevention Subgroup HYPERLINK **www.gov.uk/government/uploads/system/uploads/attachment_data/file/216854/CYP-Public-Health.pdf**

A Framework for Sexual Health Improvement for England[5] prioritises the need to continue efforts to reduce the rates of under 18 and under 16 conceptions. It identifies that young people should receive appropriate information and education to make the right choices in their sex lives.

Positive for Youth - a new approach to cross-government policy for young people aged 13 to 19[6] introduces a new partnership approach to driving up participation in education and training and improve attainment of children and young people. It recognises the need to listen to the voice of the young people.

No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages[7] prioritises preventing mental ill health and poor mental wellbeing across all ages.

You're Welcome Standards[8] sets out 10 criteria for the delivery of effective children and young people friendly services. It includes the need to provide comprehensive sexual health services, ensuring confidentiality and consent, making services accessible and ensuring children and young people participate in their design, delivery and review.

Chief Medical Officer's report 2012[9] focuses on the health and wellbeing of children and young people. Its recommendations include the need to focus on early help, to undertake research which links personal, health, social education (PSHE) to attainment, to take resilience based approach and to better understand how to build resilience in young people and to address gaps in attainment in education for young people as a means to reduce child poverty.

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[5] A Framework for Sexual Health Improvement in England. DH & Cross Government, 2013
www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

[6] Positive for Youth: A new approach to cross-government policy for young people aged 13 to 19. Cabinet Office and Dept. for Education, 2010
www.gov.uk/government/uploads/system/uploads/attachment_data/file/175496/DFE-00133-2011.pdf

[7] No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages. HMG/DH, 2011
www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

[8] You're Welcome: Quality Criteria for Young People Friendly Health Services. DH 2011
www.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf

[9] Our Children Deserve Better: Prevention Pays. Chief Medical Officer's annual report, 2012
HYPERLINK "file:///C:\Users\LZ\Desktop\Alexis\Kent\Kent\TP\www.gov.uk\government\publications\chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays" **www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays**

Teenage pregnancy nationally

The Social Exclusion Report on Teenage Pregnancy (1999) highlighted the health and social impact of teenage conception. This report, given the high rates of teenage conception in comparison to European neighbours, was the catalyst for the National Teenage Pregnancy Strategy 2001-2011.

The aim of the strategy was twofold:

- to reduce teenage pregnancy rates by 50% by 2011
- to increase the number of young parents engaged in education and training

The majority of local authorities have yet to achieve a 50% reduction.[10] However, according to 2012 data, England has the lowest teenage pregnancy rate for 30 years. Although this trend is promising and reflects a significant effort in reducing teenage pregnancies, there is clearly still further work to be undertaken to achieve the target of 50% reduction.

[10] Teenage Pregnancy Strategy: Beyond 2010. DfES and DH, 2010 **www.education.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf**

Teenage Pregnancy - what has worked, barriers and further challenges

Localities that have had the greatest reductions in the rate of teenage conceptions have benefited from strong leadership and consistent effort by their Local Implementation Group (LIG). School nurses and outreach nurses have worked more successfully as a result of effective partnership working. For example, when schools/youth services were effectively engaged, youth workers felt more confident in delivery of Sex and Relationship Education (SRE) following information, advice and guidance from the sexual health outreach nurses.

Particularly successful SRE work involved peer led approaches including inviting very young mums and dads to talk about their experience. However, engaging secondary schools in delivery of good SRE has been a consistent challenge in Kent. Where it worked well, there was a supportive senior teacher involved, who was able to talk to the Head Teacher and Governors and address their concerns. Some schools refused to offer SRE apart beyond the basic requirements of the National Curriculum. Surveys of young people in Kent continue to reveal they do not have a good experience of SRE at school and they tell us that there needs to be more about relationships and less about sex.

Using local data and intelligence has worked effectively. The Public Health Department have provided information packs to each district on the numbers and rates of teenage pregnancy, the location of pharmacies in the CCard scheme, CCard access points and information on terminations.

Terminations need to be accessible to a young person in a friendly and confidential way. Expecting girls to travel to Maidstone where there were often demonstrations outside the Marie Stopes clinic was off putting for those who did not normally travel to Maidstone. More work is needed in exploring how to make terminations more accessible to under 18s in Kent.

There needs to be a good balance between mainstreaming of sexual health services and maintaining outreach and young people specific services for those who are 'hard to reach' and at risk (e.g. Children in care and Care Leavers, youngsters in PRUs). Sexual health outreach nurses were successful in engaging populations that they had previously found hard to reach using drama, pantomimes and various other tools which grabbed their attention and interest.

Support to young parents is also a really important element. There is potential to work with Children's Centres on this agenda, learning from the Family Nurse Partnerships (FNP) and getting them to use their knowledge to train other members of the Children's Centre workforce.

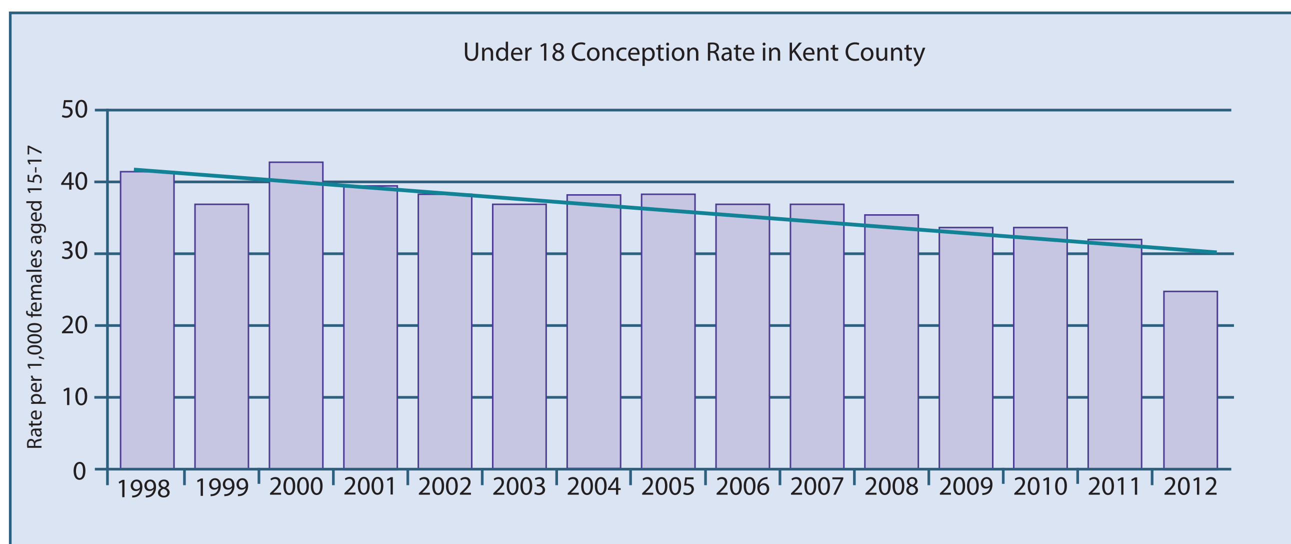
What we are seeing in Kent – the facts

The under 18 conception rate in Kent (2012) is 25.9 per 1000 females aged 15-17, that is lower than the rate for England (27.7).

However, the rates and trends vary significantly across Kent.[11] There is clearly a need for continued efforts for reduction of teenage pregnancies in those areas where rates have not improved as much as it would have been expected. This is a key factor in addressing inequalities for young people across Kent.

As well as improving the information, advice and support, we provide to all young people and introducing measures so that sexually active young people can access contraception easily and use it effectively, our success in reducing teenage pregnancy rates will also depend on how effectively we tackle the underlying factors that increase the risk of teenage pregnancy – such as poverty, low educational attainment, poor attendance at school, non-participation in post-16 learning and low aspirations. Offering appropriate support to young people who are experiencing these underlying risk factors will help to build their resilience and raise their aspirations and so reduce the likelihood that they experience a range of poor outcomes, including teenage pregnancy.

Figure 1 Under 18 conception rates in Kent (1998-2012)



[11] District level information is available from Kent & Medway Public Health Observatory teenage pregnancy dashboard **www.kmpho.nhs.uk/EasysiteWeb/getresource.axd?AssetID=362914&type=Full&servicetype=Attachment**

Termination of pregnancy

Not all young women who become pregnant will complete the pregnancy. In Kent, in 2012, 45.8% of under 18 conceptions lead to a termination. This compares to a figure of 49.1% in England.

Education, employment and training for young parents

Current data indicates that 66% of 16-19 year olds in a parenting cohort are not in education, employment or training (NEET). In January 2014, only 9% of young women under the age of 20 who were parents applied for 'Care to Learn' funding. This programme provides financial support for childcare to parents under the age of 20, who wish to take up training or return to education.

Sexual activity amongst young people

We need to be aware and respond to new evidence about what is happening in young people's relationships, so the advice and support we provide is up to date and relevant. For example, an NSPCC survey[12] reported the levels of violence within teenage relationships; a quarter of girls aged 13 to 17 had experienced physical violence from a boyfriend and a third had been pressured into sexual acts they did not want. The Office of Children's Commissioner[13] highlighted the importance of addressing access to pornography in reducing violence in young relationships. The consequences of violence and coercion can be the early initiation of sexual activity without using contraception. There is also a better understanding of the prevalence of child sexual abuse and its impact on sexual and future emotional health.

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[12] Partner exploitation and violence in teenage intimate relationships. NSPCC, 2009
http://www.nspcc.org.uk/Inform/research/findings/partner_exploitation_and_violence_report_wdf70129.pdf

[13] "Basically...porn is everywhere" A Rapid Evidence Assessment on the Effects that Access and Exposure to Pornography has on Children and Young People. Office of Children's Commissioner, 2013
www.childrenscommissioner.gov.uk/content/publications/content_667

Vulnerable young people

Many adolescents experience significant life events and expose themselves to risks, but most of them will bounce back or find their way to the appropriate services. Vulnerable young people (particularly children in care or leaving care, children with learning difficulties and disabilities, young offenders, or those not engaged in education, employment or training) have an increased likelihood acquiring a sexually transmitted infection, becoming pregnant and as a result becoming young parents, having unhealthy relationships and low self-esteem or confidence. Among the most vulnerable girls, the risk of becoming a teenage mother before the age of 20 is nearly one in three. It is therefore critical that practitioners working with vulnerable young people – girls and boys – are aware of these issues, when promoting sexual health. This applies particularly to those supporting children in care and care leavers.

AMBITION 1

Reducing under 18 conceptions requires strong leadership and joined-up working

The development of a Kent Health and Wellbeing board, as well as local CCG Health and Wellbeing boards, provides the multi-agency leadership required. It is widely recognised that local strong leadership is critical for effective action.

The Health and Wellbeing strategy recognises the need for greater integration of the children and young people's workforce around the needs of children and their families. It also recognises the need for greater joint commissioning, which is required to ensure that services are in place for the right young people at the right time, and that provision is not duplicated.

AMBITION 1: Strong leadership and joined-up working
Seek Health and Wellbeing board leadership and accountability for the strategy
Develop CCG level Health and Wellbeing board action plans, which are smart and their implementation is regularly monitored and evaluated
Develop CCG level and district level integrated performance framework for the strategy

AMBITION 2

Building emotional health and resilience and providing universal access to high quality personal, social andhealth education (PSHE) to all children and young people

Emotional health and resilience is the foundation for positive health, social and education[14] outcomes for children and young people. Nationally, evidence is emerging as to how emotional health and wellbeing can be improved, but there is much to learn. The virtual world brings particular risks and challenges, which need to be understood and incorporated into learning opportunities for children and young people.

Underpinning our approach to emotional health and resilience must be an approach to working with children and young people and their families, which emphasises the strengths that they have and can build on. The HeadStart Kent programme[15] will promote a new approach to building resilience. Working with partners, we will develop a new strengths based model that will support vulnerable groups to better cope with life challenges. This programme has been developed using best available evidence and integrating techniques and methods of work that are responsive to the needs of young people and their families.

The Chief Medical Officer has identified that relationships and sex education (RSE) in the context of PSHE is critical. Provision of good quality PSHE is understood to be a key driver in the reduction of under 18 conceptions. Children and young people in Kent must have the information, support and be confident to make the right choices about relationships and when to become sexually active. They need to be given opportunities to develop the knowledge and the understanding of acceptable norms that will safeguard them if adults attempt to sexually exploit them.

[14] Childhood Wellbeing Research Centre (2012). 'The impact of Pupil Behaviour and Wellbeing On Educational Outcomes'
www.gov.uk/government/publications/the-impact-of-pupil-behaviour-and-wellbeing-on-educational-outcomes

[15] HeadStart Kent programme **www.kent.gov.uk/education-and-children/headstart**

Ofsted has identified that PSHE in England is not 'good enough' in a third of the schools that were inspected.[16] The report identifes this as a concern as it may leave children and young people vulnerable to inappropriate sexual behaviours and sexual exploitation. This is because they have not been taught the appropriate language or developed the confidence to describe unwanted behaviours or know where to go to for help. The ambition is that delivery of PSHE becomes 'outstanding'.[17] It is not only in schools[18] that PSHE can be delivered. Youth and faith settings, between peers and in the family, are places where PSHE messages can be delivered and reinforced.

Young people also want to contribute in the improvement of PSHE. Kent Youth County Council has made the delivery of PSHE one of their priorities. We plan to design together with young people, their parents, schools and the voluntary sector, a new curriculum for life.

We will use peer led social marketing (in collaboration with the PHE 'Rise Above') and target interventions to support young people to make better choices and develop coping strategies for improved positive relationships. We will utilise young health champions to deliver SRE in schools, in the community and through digital media, so that young people can become good parents in the future.

AMBITION: 2 Building emotional health and resilience of the children and young people
Apply whole school approaches to build emotional health and resilience through PSHE and HeadStart Kent
With the active involvement of young people, develop and implement a Kent framework for relationship and sex education
Develop a curriculum for life that builds upon the 'Six Ways to Wellbeing'[18] and is a central component of early help
Develop and implement a workforce development strategy for emotional health and resilience

[16] OFSTED (2013). ' Not Yet Good Enough' **www.ofsted.gov.uk/resources/not-yet-good-enough-personal-social-health-and-economic-education-schools**

[17] OFSTED (2013). 'Supplementary Subject Specific Guidance for PHSE Education' **www.ofsted.gov.uk/resources/generic-grade-descriptors-and-supplementary-subject-specific-guidance-for-inspectors-making-judgement**

[18] 'Schools' denotes all education settings such as schools, colleges, pupil referral units and alternative curriculum settings

[19] Live it well. Six ways to wellbeing HYPERLINK **www.liveitwell.org.uk/ways-to-wellbeing/six-ways-to-wellbeing**

AMBITION 3

There is concern that some children and young people are not reaching their full potential and are not being proactively identified and supported early enough or at key transition stages.

For some cultures, communities and families, parenting at a young age is the social norm. Breaking this cycle requires the building of aspirations for communities and families alongside individual young people. Building on work with particular communities in Kent can be used to build effective interventions with children, young people and their parents; for example with gypsy traveller young people.

As children and young people build their aspirations, schools and colleges will need to offer innovative and accessible training programmes. For those young people who become young parents, we need to embed progression planning as part of the holistic plan early into the pregnancy to ensure that they become economically active citizens.

AMBITION 3: Building the aspirations for young people
Build the capacity of universal services to provide early help, ensuring that all young people are supported to make successful transition into adulthood
Identify the underlying causes of disengagement from education
Provide early help through the use of the early help assessment, targeted interventions, engagement on social action initiatives and positive activities

AMBITION 4

Children and young people playing an active role in shaping the world around them

Children and young people want to play an active role in shaping the world around them and their futures. Their participation is not only their right, but evidence also shows that it results in better service design and delivery. By being involved, their confidence increases. Furthermore, they welcome the increased responsibility and share their energy, enthusiasm and knowledge through their own friendship groups and networks.

We need to systematically and proactively engage young people by building on existing participation in Youth Health Champions, the County Youth Council and school councils, through social action, applying the 'You're Welcome standard' across children and young people services as well as primary and secondary health care. We need to draw this work together in a network and ensure that all children and young people are included, irrespective of age, gender, ethnicity, ability or sexuality. In this way we can maximise our contact with children and young people and ensure that they have access to information and can be actively engaged in shaping, delivering and reviewing services.

AMBITION 4: Children and young people playing an active role in shaping the world around them
Build on existing approaches to the participation of children and young people and extend them to make sure that all children have the chance to shape, deliver and review services
Implement ' You're Welcome Standards ' in all children and young people's services
Implement a Kent wide peer to peer social marketing campaign around children and young people's emotional health and resilience which makes links with national campaigns to maximise effect
Link with Kent's programme of social action in order to increase their engagement with young people who require early help and to build capacity to enhance aspirations and emotional resilience
Build on and extend Youth Health Champions involvement in the delivery of PSHE

AMBITION 5

Improving sexual health for young people

Sexual health services are valued by the wider children and young people's workforce, but need to be more visible and take a more integrated approach. They are not equitable and it is not clear that they meet the needs of the most vulnerable young people. Young people have a great deal to contribute to achieve better sexual health outcomes. Young men, in particular, may not be accessing services as they could be.

We need to make sure there is effective communication with and by young people and the wider children and young people's workforce about where services are, what is available and when. This needs to include the full range of contraception available to young people.

AMBITION 5: Improving sexual health for young people
Implement a new model for the delivery of sexual health services for young people which is equitable in relation to geographical and vulnerable young people's needs
Ensure that the location and times of services are communicated to young people, their parents and carers and the professionals
Ensure the sexual health needs of young men are being met

AMBITION 6

Improving emotional, physical, educational and economic wellbeing for young parents

Young parents are vulnerable to poverty and poor emotional and physical health. Many young parents leave education or training to support their families and find hard to return to education or the workplace. We need to learn from resilient young parents and share that learning, so that all young parents can become resilient and keep themselves and their children safe.

There are programmes such as Family Nurse Partnership and Children's Centres already operating in Kent. However, the existing pathway for young parents to a range of services varies across Kent and is not always up to date.

AMBITION 6: Improving emotional, educational and economic wellbeing for young parents
Ensure that the needs and contribution of young parents is considered across all the ambitions of the strategy
Actively engage and learn from young parents and their families
Review and implement a pathway for young parents in Kent ensuring that they remain engaged in education and employment and become economically active citizens

The way forward

Once the strategy is published, it is expected to come to life through the local health and wellbeing partnerships that will develop local action plans, continuing to build on their successes and becoming even more effective in tackling teenage pregnancy. These plans will be coordinated by Kent County Council.

Annex 1 Children and Young People's Health Outcomes Forum

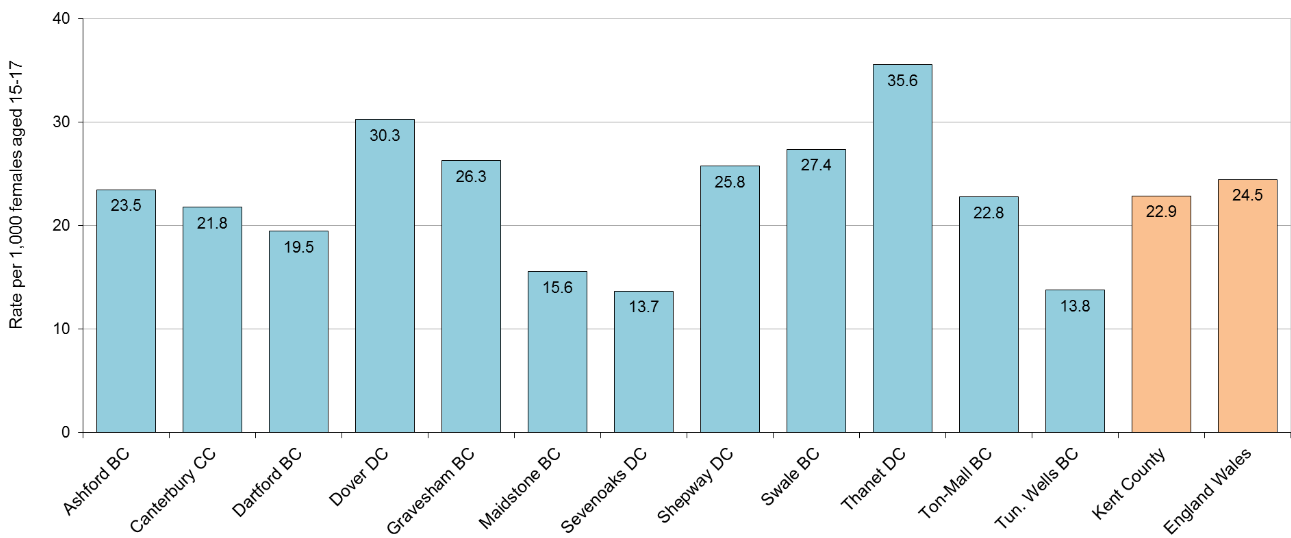
Current national policy drivers				
Teenage Pregnancy (DH)	Chlamydia (PHE)	HIV (NHS England and PHE)	STIs (DH and PHE)	Cross government Building Resilience
Sexual violence (Home Office and DH)	Child Sexual Exploitation (OCC. DH, LGA)	Sexualisation and commercialisation (No.10)	Online Porn (No.10/DCMS)	Homophobic bullying (DfE/GEO)
Body Image (GEO)	Evidence Base for PSHE/ Contraception	You're Welcome (PHE/ DH - CMO report)	Volunteering and social action (Cabinet Office)	PSHE/SRE (DfE)
Children & young people's health outcomes forum				

Appendices

Under 18 Conception Rates

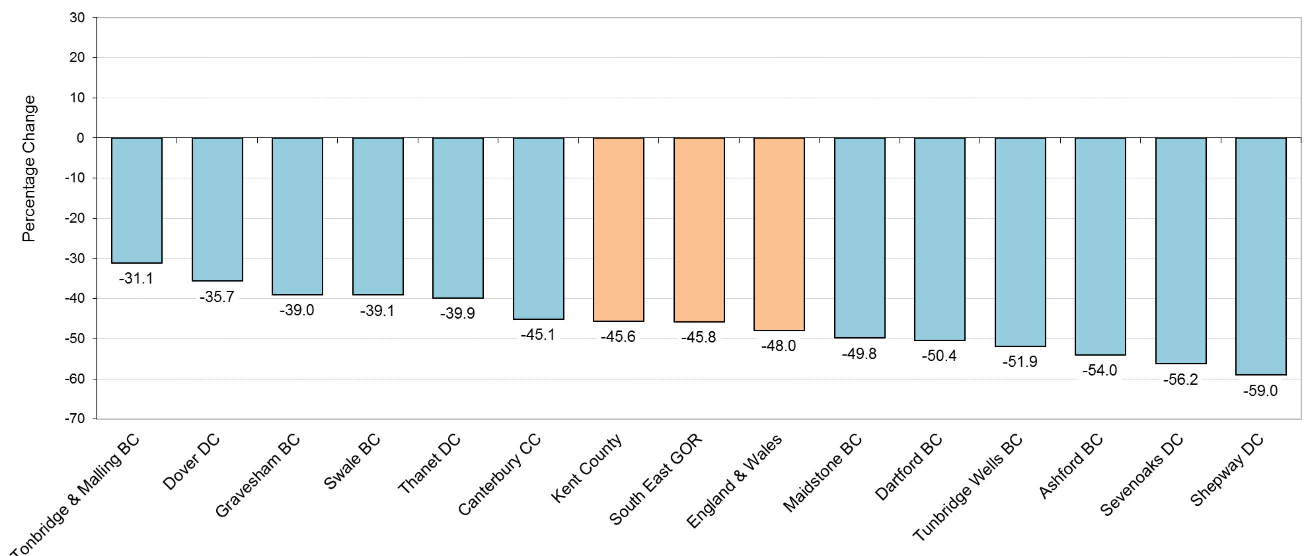
per 1,000 females aged 15-17, 2013. District authorities in Kent county and comparators

Source: Office of National Statistics



Percentage reduction in under 18 conception rates between 1998 and 2013. District authorities within Kent county plus comparators

Source: Office of National Statistics



Percentage leading to abortion

Area	1998	1999	2000	2001	2002	2003	2004	2005
Ashford Borough	36.8	34.6	36.6	43.8	26.0	49.3	45.2	44.6
Canterbury City Council	29.6	42.5	34.8	49.4	49.0	42.0	43.7	50.6
Dartford Borough Council	48.2	41.7	34.7	50.7	50.0	45.3	46.2	45.5
Dover District Council	36.3	28.0	48.3	48.6	37.1	46.3	40.2	31.9
Gravesham Borough Council	50.0	53.7	50.0	51.5	44.4	47.3	47.7	45.0
Maidstone Borough Council	55.6	42.7	39.1	50.6	43.7	46.9	47.5	54.8
Sevenoaks District Council	52.3	62.3	72.0	53.7	56.3	62.0	66.0	52.9
Shepway District Council	38.5	32.6	35.0	44.9	39.0	36.4	48.8	45.3
Swale Borough Council	35.0	37.6	41.0	44.9	26.6	39.0	43.3	43.8
Thanet District Council	24.2	31.2	35.6	36.4	36.8	32.8	35.8	43.2
Tonbridge and Malling Borough Council	57.6	38.5	47.9	53.7	53.8	54.7	50.7	56.7
Tunbridge Wells Borough Council	46.0	48.9	36.7	53.6	57.8	56.9	40.4	59.0
Kent County Council	40.2	39.5	41.0	47.1	41.8	44.7	45.1	47.0
SE GOR	44.5	45.6	47.3	49.1	47.4	48.3	48.7	50.3
England and Wales	42.0	43.0	44.2	45.7	45.3	45.7	45.6	46.3

Area	2006	2007	2008	2009	2010	2011	2012	2013
Ashford Borough	50.5	57.7	34.6	45.6	50.6	52.2	43.6	53.6
Canterbury City Council	51.9	50.5	53.9	43.4	55.7	48.5	50.0	50.0
Dartford Borough Council	40.3	54.8	49.1	55.1	57.4	53.8	47.5	66.7
Dover District Council	33.7	54.1	38.3	48.2	50.6	31.3	38.5	46.0
Gravesham Borough Council	44.9	45.7	52.1	42.0	53.2	45.7	49.2	50.0
Maidstone Borough Council	48.6	63.4	55.6	48.3	58.3	47.3	50.0	59.1
Sevenoaks District Council	70.2	61.1	60.4	61.2	61.0	38.0	52.8	56.7
Shepway District Council	48.6	44.4	48.9	50.0	41.1	37.9	41.5	51.0
Swale Borough Council	39.2	44.9	42.1	45.3	45.2	50.0	44.3	38.7
Thanet District Council	35.9	41.1	36.3	36.8	37.8	52.7	37.4	35.1
Tonbridge and Malling Borough Council	49.1	62.7	45.2	56.2	48.2	41.8	56.3	47.4
Tunbridge Wells Borough Council	45.9	64.5	51.5	48.9	60.5	53.1	47.1	42.9
Kent County Council	44.9	52.6	46.3	47.2	49.6	46.3	45.8	47.8
SE GOR	51.2	52.7	51.0	50.0	51.8	51.7	52.1	52.9
England and Wales	48.4	50.0	49.4	48.8	49.9	48.8	48.7	50.7

Teenage Pregnancy Strategy 2015-2020

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care & Public Health	14/00108

For publication

Subject: Kent Teenage Pregnancy Strategy 2015-2020

Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to approve the adoption of the Kent Teenage Pregnancy Strategy for 2015-20

Reason(s) for decision:
Adoption of a strategy

Cabinet Committee recommendations and other consultation:
The proposed strategy was previously discussed by the Children's Social Care and Health Cabinet Committee at its meeting of 23rd September 2014, which 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;

The strategy has been reviewed and adjusted in light of these comments and will be considered by the Cabinet Committee again at its meeting of 8 September 2015.

Other consultation:
This strategy has been produced in partnership with the many stakeholders from across Kent and organisations directly involved with supporting young people.

An earlier draft of the strategy was open for formal consultation via the Kent County Council website from July - September 2014. A number of updates to the strategy have been made following feedback received.

Any alternatives considered:
The strategy has been adjusted to take account of comments received during the consultation and during the Children's Social Care and Health Cabinet Committee meeting of 23rd September 2014

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

....
signed

....
date

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
8 September 2015

Subject: **CHILDREN'S EMOTIONAL WELLBEING AND MENTAL HEALTH SERVICES - UPDATE**

Classification: Unrestricted

Previous Pathway: Health Overview and Scrutiny Committee – 4 September 2015

Future Pathway: Cabinet Member decision

Electoral Division: All

Summary:
The report attached as Appendix One is being circulated to members of the Children's Social Care and Health Cabinet Committee for information.

The report has been prepared for Health Overview and Scrutiny Committee by West Kent Clinical Commission Group and provides an update on the new model and outlines the commissioning intentions.

The model draws together the feedback from the consultation and outlines a whole system approach to emotional wellbeing and mental health with a single point of access.

The contract procurement process, being led by the CCG, will commence in the autumn.

In due course a key decision will be required with regard to awarding the contract.

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

Contact details
Report Author: Karen Sharp
Head of Public Health Commissioning
Telephone number 03000 416668
Karen.sharp@kent.gov.uk

Background documents
None

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West Kent
Clinical Commissioning Group

Kent Emotional Wellbeing Strategy for Children, Young People and Young Adults (0-25 years) (CAMHS)

Health Overview and Scrutiny Committee

4th September 2015

Patient focused,
providing
quality,

Kent Emotional Wellbeing Strategy for Children, Young People and Young Adults (0-25 years)

Summary

This paper provides a progress report on the development of the Emotional Wellbeing and Mental Health Service for Children, Young People and Young Adults in Kent.

Historically, children and young people's services have been fragmented, disjointed and confusing to navigate with services working in silos. This has often resulted in the child or young person having to 'start over' with each new service they come into contact with and a 'revolving door' culture in which the health and wellbeing needs of the child or young person are not being adequately met.

The new Model, which draws together all the current service provisions throughout Local Authority and Healthcare, outlines a whole system approach to emotional wellbeing and mental health in which there is a Single Point of Access, clear seamless pathways to support ranging from Universal 'Early Help' through to Highly Specialist care with better transition between services. Work is already taking place to implement the associated Delivery Plan; short term actions are in progress and longer term work on future commissioning plans has started.

Work is continuing with partners to look at how existing resources can be aligned to support this work. Following the final agreement of the Service Model, the contract procurement process will commence in autumn 2015.

Recommendation

Members of the Kent Health Overview Scrutiny Committee are asked to note the contents of this report.

Due to legal obligations relating to the extension of the current contract, a procurement process is necessary in order to identify a new provider.

1.0 Introduction and Background:

1.1 In January 2014, Kent HOSC raised concerns regarding the performance of child and adolescent mental health services across Kent. This prompted a review of the services which found disparity between how schools support CYP and staff approach to building resilience, numerous contact points and disjointed services, too much focus on Tiers of service rather than the needs of the CYP, lengthy waiting times from assessment to treatment, high numbers of cases not meeting the referral threshold and inconsistent support to young people around transition. A whole system agreement was reached that a new approach to children's mental health in Kent was urgently needed.

1.2 This issue is clearly of national concern. A national task group set up by Norman Lamb, the then Minister for Care and Support, reported similar concerns to those in Kent. This important work stream for Kent strategically fits with work across the country in improving children's emotional wellbeing provision. It strategically aligns with the NHS 5 year forward View, the 49 recommendations of Future in Mind, the mental crisis care concordat and KCC transformation programme for 0-25 years old.

1.3 Emotional wellbeing underpins a range of positive outcomes for children and young people and is a key multi-agency agenda. Nationally and locally, demand is rising for specialist mental health services: 3 children in every class have a diagnosable mental health condition (10%) and there is recognition of the need for a whole-system approach to promote wellbeing, identify need appropriately, and intervene earlier.

1.4 Over the last year a huge amount of work and negotiation has taken place to transform children's emotional wellbeing services in Kent. The emotional and wellbeing strategy has been developed and consulted on widely with children, young people and families.

1.5 In light of the complexity of the challenge agreement was reached across the system to extend two major children and young people's contracts to allow the time for organisations to develop a major transformation programme for children's and young peoples emotional wellbeing services across Kent.

1.6 This work has been developed though a range of partnership structures and governance arrangements to ensure whole system commitment and agreement. This has included regular reporting to both the Childrens and Kent Health and Wellbeing Board, bespoke strategic summit events, Clinical Commissioning Group governance structures and KCC 0-25 Portfolio Board.

This report summarises the:

- Final version of the Strategic Framework
- A multi-agency Delivery Plan
- The Model
- The Procurement Process
- Financial and Activity Mapping

2.0 What's Different in the New Model?

- A Single Point of Access (SPA) to ensure swifter referral and appropriate sign posting
- Anti-stigma campaign associated with poor mental health
- Whole school approach to improving CYP resilience
- Upskilling children's workforce
- Support to families through universal and accessible services
- Making the most of technology
- Focussed on the needs of the child and young person
- A whole system approach to reduce transfer between services
- Partnership working between Heath and LA for efficient use of resources
- Improved Specialist support for long term mental health problems and during crisis
- Smooth transition between children's and adult mental health services for the 14-25's

3.0 Overview of Activity

3.1 Development of the Emotional Wellbeing Strategy and supporting Delivery Plan (presented to the committee on 5 June 2015) has been driven by a real desire to engage with and listen to the views of children, young people, families and professionals of all backgrounds. In total, around 650 contributions have been received since June 2014 via a range of online surveys, workshops, and engagement events. The amount of interest and quality of responses given by such a wide cross-section of the local population and workforce underline the importance of this agenda, both at a strategic level and in the everyday experience of families in Kent.

3.2 The aim of such extensive engagement was to piece together a variety of perspectives in order to understand how best to design a 'whole system' approach: one not only focussed on the quality of commissioned services (crucial though these are), but also on strengthening partnership working at every stage, improving the visibility and accessibility of support, and underlining the role of all partners to promote and protect emotional wellbeing.

3.3 In addition to engagement activity, the content of both the Strategy and Delivery Plan has been directed by the findings of a refreshed Emotional Wellbeing Needs Assessment, and from a range of national and local reviews and best practice guidelines.

3.4 A draft Service Specification has been written and circulated to all CCG commissioners and Clinical Leads and KCC colleagues and the feedback is currently being collated and incorporated into the document and will be finalised by September 2015 ready for the initiation of the procurement process.

3.5 This issue is everybody's business. Families, schools and universal services play the key role in promoting children's emotional wellbeing. In addition to universal provision KCC commissions and manages contracts that deliver a range of services in relation to emotional wellbeing and is responsible for 2 key contracts relating to emotional wellbeing - the Young Healthy Minds Service and the Children in Care element of the CAMHS contract. The NHS Clinical Commissioning Groups are responsible for commissioning targeted Child and Adolescent Mental Health service. The specialist services are commissioned by NHS England.

4.0 Strategic Framework

4.1 The Strategy was developed following initial surveys and facilitated discussion groups with children, young people and families and from service providers.

4.2 The draft Strategy has been shared widely and a12-week period of engagement ran from 20 October 2014 to 5 January 2015 through the following channels:

- **Online consultation survey**, hosted on kent.gov.uk and CCG platforms, with links through the Live it Well website and KELSI. The survey was further promoted through the Schools e-Bulletin, GP bulletins, Members' bulletins, District Council and Voluntary and Community Sector (VCS) networks, Health Watch Kent and Kent Public Health Observatory.

- **Presentation of the draft Strategy and engagement discussions** held at a wide range of strategic and local multi-agency forums, including Kent Health and Wellbeing Board, Health and Social Care Cabinet Committee, Clinical Commissioning Groups, Mental Health Action Group Chairs, local Health and Wellbeing Boards, patient involvement forums, and Children's Operational Groups.

4.3 In addition to the discussions held, a range of individuals and organisations responded to the engagement. Overall findings indicated:

- 100% of respondents identified parents and carers as the primary group needing additional information and support around emotional wellbeing issues.

- Schools were identified as the second key group needing additional information and support around responding to emotional wellbeing**.**

- The structure of the strategy is around four themes; Early Help, Access, Whole Family Approaches, Recovery and Transition, however importantly the underpinning action to promote emotional wellbeing at every opportunity was unanimously welcomed.

4.4 Following the engagement, a number of amendments have been made to the original Strategy to incorporate feedback received (including the addition of content relating to children affected by Child Sexual Exploitation and to target health inequalities). (Please refer to the Strategy document provided to the committee on 5 June 2015).

5.0 Development and Engagement Activity for The Delivery Plan

5.1 In addition to the online survey, a number of engagement events were held during November and December 2014 to inform development of the supporting Delivery Plan. These included:

- Practitioner workshops,

- Further engagement with young people, including the development of a second film sharing young people's views about the most valuable methods of delivering support.

- A second Emotional Wellbeing Summit (18 December 2014). A number of KCC members attended the summit events.

5.2 The draft Delivery Plan summarises findings from the Kent Emotional Wellbeing Needs Assessment, engagement activity, and best practice reviews and outlines a series of recommended actions that together will lay the foundation for a whole-system approach to emotional wellbeing.

5.3 The recommended actions will be achieved through a combination of improved partnership working, particularly in relation to much more and more effective communication, training for universal services staff, and also access to consultation with specialist professionals, as well as key procurement activity.

5.4 This means that some of the actions can be implemented in the short-term, which began in March 2015, while others will need to be included within procurement exercises for new services beginning in October 2016 (when existing contracts with providers will expire). Suggested timescales are included within the Delivery Plan, alongside recommended lead agencies.

5.5 This is clearly a multi-agency action plan; founded on the vision agreed by key strategic stakeholders and partners at the Emotional Wellbeing Summit in July 2014 that emotional wellbeing is 'everybody's business'. The recommended actions will therefore only be achievable with involvement and commitment from a wider range of partners than before – for example, in supporting relevant workforce development or embedding it within planned programmes of training.

5.6 Work is therefore continuing with partners to identify how existing resources can be realigned to support the 'whole system' approach, recognising that this is intrinsically connected to the success of specialist commissioned services in meeting need. The emotional wellbeing and mental health needs of children in care will be considered as part of this work. A technical group has been drawn together to lead on this element, led by the Clinical Commissioning Groups (CCGs).

6.0 The Model

6.1 The detail required to deliver the model will be contained within the national specification guidance and the service specification will inform the future contracts and the contractual framework required. A contract technical group has been established which has developed the Service Model in partnership with commissioners and clinicians (see Appendix 1).

6.2 Key points of the model include the following:

- Promoting emotional wellbeing – how to embed this in all the work that we do this will include a multi-agency communications strategy.

- A single point of access/triage pathway model across emotional wellbeing early intervention and mental health services.

- Enabling children and young people to receive timely access to support; development of drop-ins or safe spaces in schools.

- Increased availability of consultation from specialist services.

- A 'whole family' protocol, defining how parents and carers will be involved and identifying and responding to the wider needs of the family within assessments of the child's emotional wellbeing.

- Effective implementation of multi-agency tools and protocols to identify children and young people who have been affected by Child Sexual Exploitation (CSE), and rapid access to specialist post-abuse support.

- Emphasis in the model for continued improvement of performance to agreed contract requirements across the system

- Smoother transition between services, particularly from children's to Adult's mental health services and additional support for those aged 14-25 and leaving care.

7.0 Procurement Process and Contracting

7.1 The service will be procured by NHS West Kent CCG acting as a lead commissioner on behalf of other CCGs across Kent and Medway and Kent County Council. The structure of this arrangement will be defined using the standard model NHS collaborative commissioning agreement.

7.2 As this is a healthcare service commissioned by the NHS it will be procured in accordance with the relevant statutory regulations – the Procurement Patient Choice and Competition Regulations 2013. These place extensive obligations on the commissioner to act in a transparent and proportionate way, to treat providers equally and in non-discriminatory way, and to procure the service from providers that are most capable and best value, while ensuring proper management of conflicts of interest.

7.3 The procurement aspects of the commissioning project will be led by NHS Commercial Solutions, the procurement partner of NHS South East Commissioning Support Unit (SECSU) which supports NHS West Kent CCG.

7.4 The service will be contracted using the standard NHS healthcare services contract. In accordance with NHS recommended practice, the contract will have an initial term of 3 years and an optional extension of 2 years. The contract management for the service will be based on the provisions of the standard NHS contract, supported by the pricing model and key performance indicators defined in the service specification referred to above.

7.5 Initial assessment of the provider market indicates there is already an established wide pool of potential providers for the service. Accordingly, there is no requirement to conduct market development activity prior to the formal procurement process.

7.6 The procurement approach will be structured to mirror the provisions of a fully-regulated procurement procedure, taking account of the requirement to execute an assured and robust process within a challenging timetable. Subject to detailed planning (currently in progress) the approach will use either (a) the restricted procedure (a two-stage approach comprising an initial shortlisting stage (pre-qualification) and a tender stage) or the competitive dialogue procedure (a three-stage approach comprising an initial shortlisting stage (pre-qualification), a dialogue stage, and a final tender stage).

7.7 The procurement will be executed within the overall governance structure of the collaborative commissioning programme, resourced by a multi-disciplinary team combining subject matter experts for commissioning, clinical quality and patient safety, financial management, patient experience, workforce, information governance systems and technology, and other resources as appropriate. The team will include representatives of patient groups.

7.8 When the project team has completed the evaluation stage and its recommendation of preferred bidder have been approved, it will initiate two parallel streams of work to
   (a) conclude the contract with the preferred bidder, and
   (b) work with the preferred bidder on mobilisation and transition to the new service.

8.0 Financial Envelope:

8.1 The current dedicated financial envelope to deliver the new model is over £22m. This includes over £16m Health and Local Authority funding for the specialist services for

children with significant mental health problems including those who are in Local Authority care and those who have been victims of child sexual exploitation.

8.2 In addition, there will be over £5m invested in support services which intervene earlier, through provision which provides additional support to children, young people and their families.

8.3 There will also be enhanced support, information and guidance offered to those services which work universally with children's - for example children's centres, health visiting, schools and services for adolescents. This will be delivered through information about technology available, workforce development including training and regular information provided to services.

8.4 Kent is part of a national bid for Big lottery funding for the Headstart programme. This programme of work is already investing in research and pilot programmes both in Kent and nationally. This will see new resource for Kent for supporting schools in promoting resilience and wellbeing, in reducing the stigma attached to ill mental health and providing guidance in how the curriculum can incorporate teaching about good mental health.

9.0 Next steps:

9.1 During Autumn 2015, the following activity will take place:

- Continued implementation of short-term improvement actions identified in Delivery Plan
- Continued scoping of the interdependencies of current pathway developments e.g. neuro development, learning disabilities, Early help, health visiting, eating disorders pathways.
- Finalise the new NHS Child and Adolescent Mental Health specification, including the Child in Care element of the contract and the early intervention contract and agreeing contract procurement frameworks.
- Present the Model and Specification to each CCG for approval.
- Seek KCC and CCG governance approval for the proposed model and financial envelope (see Appendix 2) to deliver the new service.

- Technical group to complete activity, capacity mapping and recommend resource allocation.

- Consider consultation route for new procurement and contract framework

- Market engagement to inform development and costing of the model

9.2 It is anticipated that formal procurement processes will begin in the autumn 2015, subject to approval of specifications.

10.0 Recommendations

Members of the Kent Health and Overview Committee are asked to

(i) NOTE the contents of this report.

11.0 Appendices

Appendix 1 Service Model

Appendix 2 Needs Assessment

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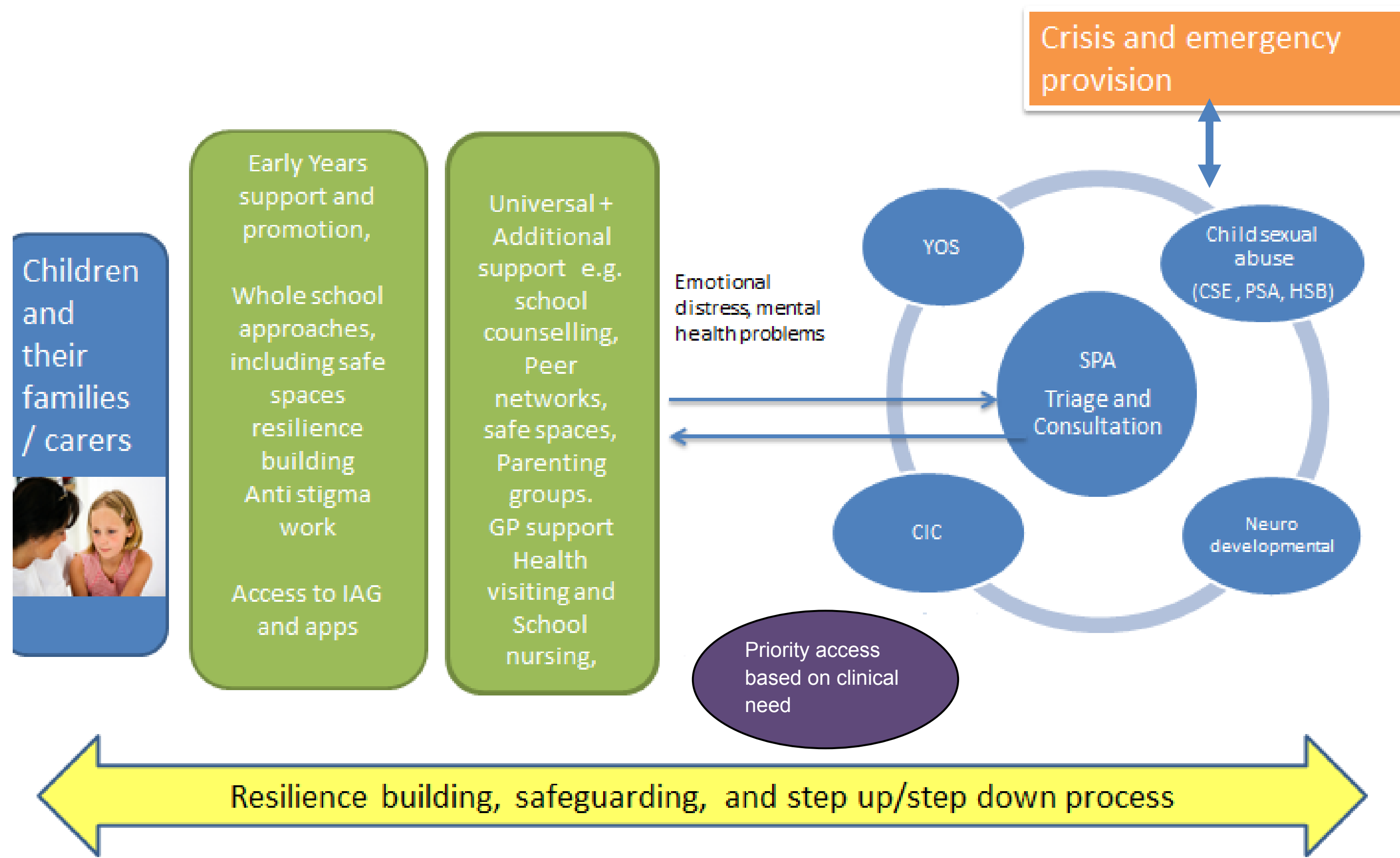
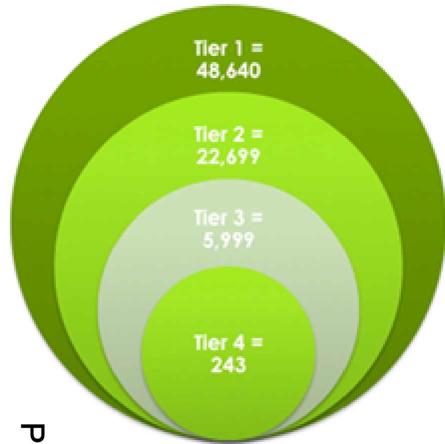
APPENDIX 1 – The Service Model



APPENDIX 2 – Needs Assessment



Specialist

CAMHS

LAC CAMHS

Sexual abuse

Additional

Parenting programmes

Troubled Families

Mental Health Practitioners within EH Units

Universal

Schools

Children Centre's

Troubled Families

Health Visitors

School Public Health services

HeadStart Resilience Programme

Child Sexual Exploitation JSNA

Significant behaviours identified by CYP who are being sexually exploited can include:

- Poor mental health
- Self-harm
- Thoughts of suicide

Prior to abuse CYP can exhibit

- Low self-esteem and lack of confidence.
- Poor mental health
- Living in a chaotic household

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 – 8 September 2015

Subject: **ANNUAL EQUALITY AND DIVERSITY REPORT 2014-15**

Classification: Unrestricted

Past pathway: **Specialist Children's Services Divisional Management Team**

Social Care, Health and Wellbeing Directorate Management Team

Future pathway: **Governance and Audit Committee**

Electoral Division: All

Summary: This report sets out a position statement for Specialist Children's Services regarding equality and diversity work and progress on KCC Equality objectives for 2014/2015.

Recommendations: Members of the Children's Social Care and Health Cabinet Committee are asked to:

a) **NOTE** current performance
b) **ENSURE** that equality governance is observed in relation to decision making
c) **AGREE** to receive revised objectives in 2016
d) **AGREE** to receive the report annually in order to comply with Public Sector Equality Duty (PSED) and ensure progress against County Council objectives.

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1. Introduction

1.1 Publication of equality information is compulsory in England for all public authorities. Proactive publication of equality information ensures not only compliance with the legal requirements, but also greater understanding by the public of the difficult decisions an authority faces, and why it takes those decisions. Gathering equality information and using it to inform decision-making can also enable authorities to achieve greater value for money in the services they deliver through better targeting of services.

2. Financial Implications

2.1 There are no financial implications in producing an annual report.

3 Equality Objectives Annual Review

3.1 The council published the following equality objectives in 2011/12 and performance against these objectives has been reported to Directorate Management Teams (DMT). Evidence submitted suggests that overall the Council has made progress on the processes and procedures that are needed to mainstream equality into core business and highlighting future action. The Equality Objectives are:

a. Working with all our partners to define and jointly address areas of inequality;
b. Promoting fair employment practices and creating an organisation that is aware of and committed to equality and diversity and delivers its Public Sector Equality Duty;
c. Improving the way KCC listens to and engages with its employees, communities and partners to develop, implement and review policy and to inform the commissioning of services;
d. Improving the quality, collection, monitoring and use of equality data as part of the evidence base to inform service design delivery and policy decisions;
e. Providing inclusive and responsive customer services through;
f. Understanding and responding to the impacts on People when KCC is doing its work;

3.2 Directorates have been asked to provide equality information to demonstrate how they have complied with equality legislation between 1 April 2014 and 31 March 2015 and what performance measures and internal controls they have in place to achieve KCC's Equality Objectives to ensure compliance with the Equality Act 2010.

4 Key Achievements for Specialist Children's Services

Children in Care service, Leaving care and unaccompanied asylum seeking children (UASC)

4.1. On 1 December 2014 the Children in Care Service, Unaccompanied Asylum Seeking Children Service (SUASC) and the 16+ service saw significant structural changes. Following significant consultation, the 16+ service (previously provided by Catch 22) was brought in house. Former Unaccompanied Asylum Seeking Children (i.e. aged 18 and above) who had previously been supported by the UASC service were also transferred to the new Integrated Care Leavers Service.

4.2. The integration of the formerly separate UASC service into the existing Children in Care (CIC) Service also meant that CIC social workers now held mixed caseloads of both citizen CIC and UASC CIC aged 17 and under. The reconfiguration of the service for children and young people under 18 has already brought more rigour and attention to the quality of the work with this group of children in care. It also ensures young people aged 16 and 17 in care are equally provided with the full suite of support and access to CIC support services.

4.3. The new, integrated 18+ Care Leavers' service focuses on supporting young people in their transition to adulthood, enabling and assisting them to gain the life skills and opportunities required to reach their full potential. Bringing together the previously separate leaving care services has led to a greater level of consistency and equity in service delivery, provision and the application of statutory guidance.

4.2 The Care Leavers Support Policy ('Care Leaver Offer') was developed following an Equalities Impact Assessment (EqIA). The EqIA was part of the report and appendices presented to the Children's Social Care and Health Cabinet Committee in January 2015. As a result of this policy now being in place, care leavers of all backgrounds and characteristics can have a clear understanding of the help that is available to them and their entitlements to support for which they can hold the County Council to account.

Our Children and Young People's Council (OCYPC) and the Virtual School Kent

4.4. Through the Children in Care Council (OCYPC) children and young people have been encouraged to contribute to the design and development of services by strengthening the Council's ability to represent the views and interests of Children in Care and Care Leavers. The OCYPC also works to include the views and opinions of disabled and Black Minority Ethnic (BME) children. Young people within OCYPC were consulted on the revised fostering guides being produced for children in care, the revised Kent Pledge and the updated Looked After Children and Care Leavers Strategy 2015-2016.

4.5. VSK organised 13 participation activity days from September 2013 to July 2014 run during the summer, October, February and Easter school holidays for Kent Children in Care. 297 have attended at least one activity day with 55 children attending two or more activities. The age range of young people attending has been aged between 3 – 17 years. The activities have been organised and run by VSK's Apprentice Participation Workers and team. The participation days have covered a wide range of activities including sports, outdoor pursuits, music and dance and arts and crafts. Six participation days took place over the summer 2014 school holidays.

4.6. The children and young people of the OCYPC, including the Participation Apprentices have contributed to the design and development of services for them by strengthening Kent's Children in Care Council's ability to represent their views and interests, including the views and opinions of disabled children and minority groups. All children in care have access to participation events, however it is recognised that more could be done to be wholly inclusive and accessible to Children in Care with profound and acute disabilities.

4.7. In line with the Council's aspirations for young people in care and those leaving care as they move towards adulthood, the integrated Children in Care teams and 18+ services also ensure more robust oversight and equitable access to educational opportunities. The role of Virtual School Kent has been

extended to cover young people in acer aged 16 and 17 and also offer increased support to those children and young people for whom English is not their primary language.

Independent Reviewing Officers (IROs) and the Kent Pledge

4.8. The IRO service has put in place online and paper surveys of children and young people, parents and carers for them to feedback on the quality of the service being provided to children and young people and how this can be improved. The IRO service also run surveys of young people leaving care (Exit interview) as they value the views of children about their experiences of being in care and the services they receive. The report of the findings is completed and analysed every quarter for the attention of assistant directors and service managers, for their consideration with regards to practice improvement of IRO and social worker performance.

4.9. 100% of children in care have access to information about Kent's Pledge. The Independent Review Officers (IRO) regularly check with children and young people about their understanding of Kent Pledge and whether all the Pledge commitments are being provided by operational teams. This has formed part of IRO quality assurance and case oversight monitoring. All inadequate ratings in this area are followed up with social workers and managers by the relevant IROs.

Data collection and understanding of demographic needs

4.10. Within Specialist Children's Services data gathering in relation to protected characteristics is incorporated into all scheduled reporting where possible. This information is published in the SCS Quarterly Report. The reported information is used at a local level within operational practice. Any localised themes are identified and factored in to service delivery accordingly.

4.11. Parents and children have the opportunity to complete a feedback form following every case conference. This form has been revised following consultation with parents to make it easier to use. The implementation of Signs of Safety and its' gradual application to each areas' Child Protection Conferences will assist in making these meetings more understandable to all attendees. Feedback from Child Protection Conferences undertaken in Kent using the Signs of Safety of principles has been positive.

4.12. Children and parents/carers have also had the opportunity to provide feedback on service delivery and outcomes following child protection case conferences, family group conferences and children in care reviews. The consultation form has been revised following research with parents to make it easier to use. As a result, work is underway in conjunction with KSCB and VSK to involve children and young people to devise a child friendly way of capturing their views in the conference process- i.e. revision of the information on conferences and a consultation leaflet to capture the views of under 11's and over 11's.

5. Unaccompanied Asylum Seeking Children (UASC)

5.1. There has been a significant increase in numbers of UASC becoming formally looked after in the last three months. Specialist Children's Services has seen a 52% increase in the total numbers of UASC in the Council's care since June 2015[1]. Young people seeking asylum in the United Kingdom (UK) have the protected characteristics of race and religion/ belief. Despite the significant increase in asylum-seeking children and young people entering the UK and becoming looked after, every effort has been made to ensure these vulnerable children's individual identities and needs are respected e.g. additional prayer mats have been made available and additional interpreters have been secured. Every effort has also been made to ensure children and young people from the same country are placed together, to minimise language barriers and increase the mutual support that can be offered within supported accommodation.

5.2. Although the formerly separate UASC service was integrated into the Children in Care service and 18+ service in December 2014, recent surges in the numbers of UASC has meant additional staffing resources have been urgently required in order to ensure the needs of children and young people are met. A new, temporary UASC Service Manager joined the Council 11th August 2015, to offer support and assist in overseeing the additional UASC social workers and team management. A decision was taken corporately in August 2015 that all UASC who have become looked after since June 2015 will become the responsibility of the new Central UASC team (under the management of Sarah Hammond, Assistant Director for West Kent and UASC strategic lead).

5.3. This decision was taken to ensure that newly looked after unaccompanied minors are fully supported and secondly, so as not to overwhelm the existing CIC teams. If the numbers of UASC becoming looked after had continued to transfer into the CIC teams, each team's caseload would have significantly increased. This would have negative impacted on the care and support individually given to children and young people already looked after. UASC already allocated to a CIC social worker will not transfer or face any disruption as a result of this decision.

6. Due Regard

6.1 The County Council continues to use Equality Impact Assessments to capture and evidence our analysis on the impact of our decisions and policies on the People of Kent. The Equality Act abolished the need for EqIAs but is clear on the need to undertake equality analysis in order to demonstrate that due regard has been paid to our Equality duties and the County Council evidences this by way of an EqIA. Decisions taken without full equality analysis leaves the authority open to potential Judicial Review.

7 Future reporting

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[1] At the start of June 2015 there were 417 UASC in Kent's care; by mid-August 2015 there were 638 unaccompanied children looked after by the Council.

7.1 Kent County Council's equality objectives are currently being reviewed; as the current objectives are due to expire in 2016. Successive annual reports demonstrate that KCC has and continues to make good progress against them. As such last year's report proposed that the authority further embeds equality objectives and outcomes within the new Strategic Statement and the Commissioning Framework. This will allow the organisation to develop equality objectives that are embedded in core children's services work and wider organisational and SCS work streams such as Prevent (safeguarding children at risk of being drawn into terrorism) Child Sexual Exploitation in 2015/16.

8 Legal implications and Risk Management

8.1 The Public Sector Equality Duty (Section 149 of the Equality Act 2010) requires the Council to publish its Equality Annual Report each year.

9 Equality Impact Assessment

9.1 There is no requirement to undertake an Equality Impact Assessment because this paper reports performance monitoring on the previous year's work and internal governance arrangements.

10. Conclusion

The annual report has been able to identify progress. The Directorate can demonstrate that it provides accessible and usable services but it needs to continue to improve its governance arrangements and review how it demonstrates the impact of service outcomes in relation to protected characteristics.

11. Recommendations:

Members of the Children's Social Care and Health Cabinet Committee are asked to:

a) **NOTE** current performance
b) **ENSURE** that equality governance is observed in relation to decision making
c) **AGREE** to receive revised objectives in 2016
d) **AGREE** to receive the report annually in order to comply with Public Sector Equality Duty (PSED) and ensure progress against County Council objectives

12. Background Documents

Kent County Council equality objectives:

http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/equality-and-diversity/equality-and-diversity-objectives

13. Contact details

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From: 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
8 September 2015

Subject: **SPECIALIST CHILDREN'S SERVICES PERFORMANCE DASHBOARD**

Classification: Unrestricted

Previous Pathway: N/A

Future Pathway: N/A

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 of the Children's Social Care and Health Cabinet Committee are asked to **NOTE** the SCS performance dashboard.

---

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 1.

2.2 The SCS performance dashboard includes latest available results which are for May 2015.

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 and 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. Summary of Performance

3.1 There are 43 measures within the SCS Performance Scorecard. The RAG (Red/Amber/Green) applied as at the 31 July 2015 was as follows: 20 indicators rated as Green, 19 indicators rated as Amber and 5 indicators rated as Red.

3.2 Additional information has been provided within the report for those 5 indicators with a Red RAG rating.

4. Recommendations

4.1 Members of the Children's Social Care and Health Cabinet Committee are asked to **NOTE** the SCS performance dashboard.

5. Report Author

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6. Background Documents

None

Social Care, Health and Wellbeing

Specialist Children's Services Performance Management Scorecard

July 2015

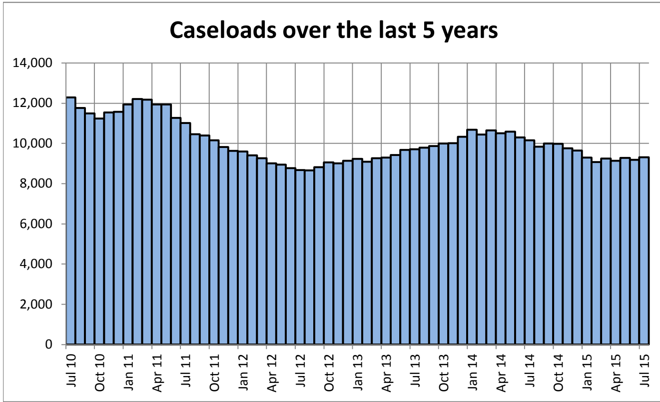
Kent County Council
kent.gov.uk

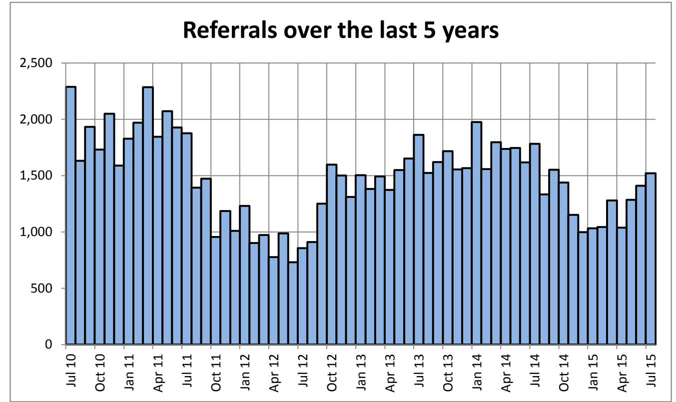
SCS Activity

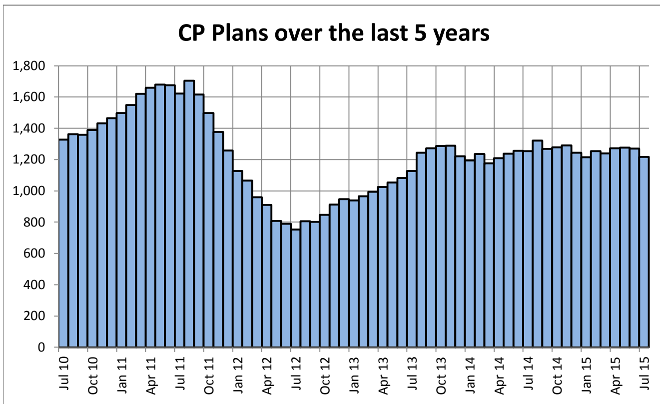
	Caseloads - This month	Caseloads - Last month	Caseloads - Change	Referrals in last month	CF Assessments in last month	CP Plans - This month	CP Plans - Last month	CP Plans - Change	CP Starts in last month	CP Ends in last month	Total LAC - This month	Total LAC - Last month	Total LAC - Change	UASC LAC - This month	UASC LAC - Last month	UASC LAC - Change	LAC Starts in last month	LAC Ends in last month	PF Cases - This month	PF Cases - Last month	PF Cases - Change
Kent	9315	9187	+128	1521	1585	1218	1271	-53	139	200	2078	1948	+130	623	471	+152	222	83	23	21	+2
North Kent	1083	1030	+53	249	251	170	187	-17	18	35	294	293	+1	92	96	-4	11	11	7	5	+2
East Kent	2435	2514	-79	436	572	488	480	+8	61	60	680	688	-8	115	114	+1	17	24	8	7	+1
South Kent	1892	1883	+9	323	347	319	343	-24	40	65	388	400	-12	72	76	-4	5	20	5	7	-2
West Kent	1227	1256	-29	260	292	233	253	-20	18	38	330	337	-7	53	52	+1	7	14	3	2	+1
Disability Service	1237	1257	-20	34	100	8	8	0	2	2	95	97	-2	0	0	0	3	4	0	0	0
Ashford AIT & FST	454	419	+35	111	84	98	100	-2	24	26	7	12	-5	0	0	0	2	1	2	2	0
Canterbury AIT & FST	361	380	-19	96	106	124	129	-5	6	15	19	13	+6	0	0	0	5	0	6	5	+1
Dartford AIT & FST	178	207	-29	77	116	34	53	-19	3	20	10	6	+4	0	0	0	4	1	3	1	+2
Dover AIT & FST	448	444	+4	122	105	85	106	-21	5	27	7	2	+5	0	0	0	2	1	3	5	-2
Gravesham AIT & FST	400	342	+58	111	78	88	93	-5	7	12	2	1	+1	0	0	0	1	0	1	1	0
Maidstone AIT & FST	399	439	-40	109	154	124	133	-9	5	11	4	9	-5	0	0	0	1	1	1	1	0
Sevenoaks AIT & FST	209	172	+37	61	54	41	35	+6	7	3	10	8	+2	0	0	0	6	2	3	3	0
Shepway AIT & FST	573	602	-29	85	147	135	134	+1	11	10	3	8	-5	0	0	0	1	2	0	0	0
Swale AIT & FST	591	592	-1	159	177	155	137	+18	31	13	4	6	-2	0	0	0	3	3	0	0	0
Thanet AIT & FST	695	749	-54	175	249	193	194	-1	23	22	9	19	-10	0	0	0	3	3	2	2	0
The Weald AIT & FST	452	447	+5	151	133	96	104	-8	13	20	3	7	-4	0	0	0	1	3	2	1	+1
North Kent CIC	296	309	-13	0	3	7	6	+1	1	0	272	278	-6	92	96	-4	0	8	0	0	0
East Kent (Can/Swa) CIC	377	393	-16	1	4	3	7	-4	0	4	328	338	-10	76	81	-5	0	7	0	0	0
East Kent (Tha) CIC	411	400	+11	5	36	13	13	0	1	6	320	312	+8	39	33	+6	6	11	0	0	0
South Kent CIC	417	418	-1	5	11	1	3	-2	0	2	371	378	-7	72	76	-4	0	16	0	0	0
West Kent CIC	376	370	+6	0	5	13	16	-3	0	7	323	321	+2	53	52	+1	5	10	0	0	0
UASC AIT	302	137	+165	182	23	0	0	0	0	0	291	133	+158	291	133	+158	172	7	0	0	0
Disability EK	592	598	-6	14	46	2	3	-1	0	1	62	65	-3	0	0	0	0	2	0	0	0
Disability WK	645	659	-14	20	54	6	5	+1	2	1	33	32	+1	0	0	0	3	2	0	0	0
Adoption & SG	107	86	+21	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CDT/OOH/CRU	113	89	+24	26	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0	0	0
Care Leaver Service (18+)	919	935	-16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0

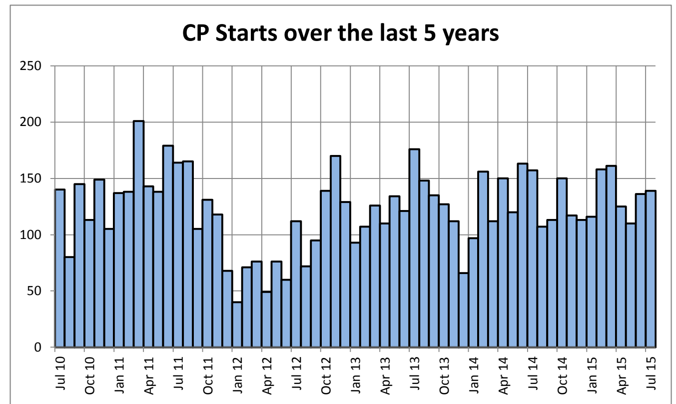
SCS Activity

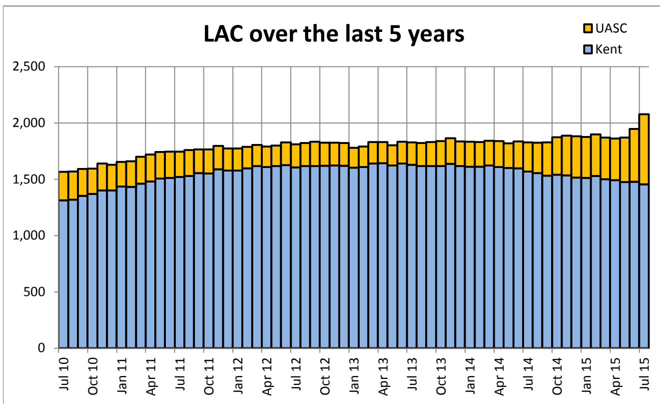
County Level

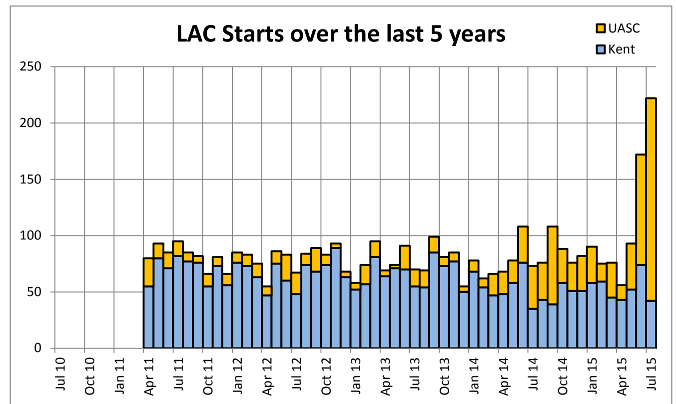


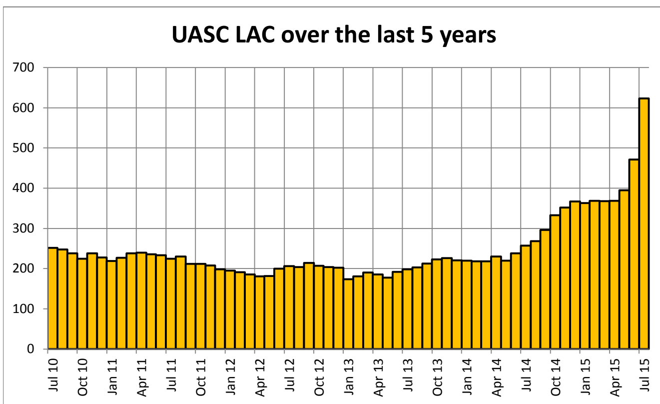


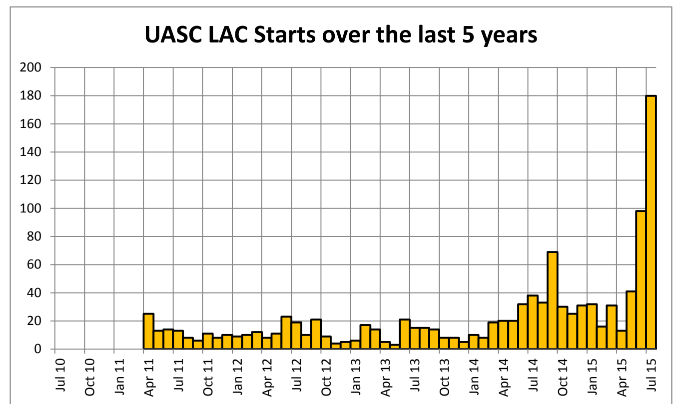












Scorecard - Kent

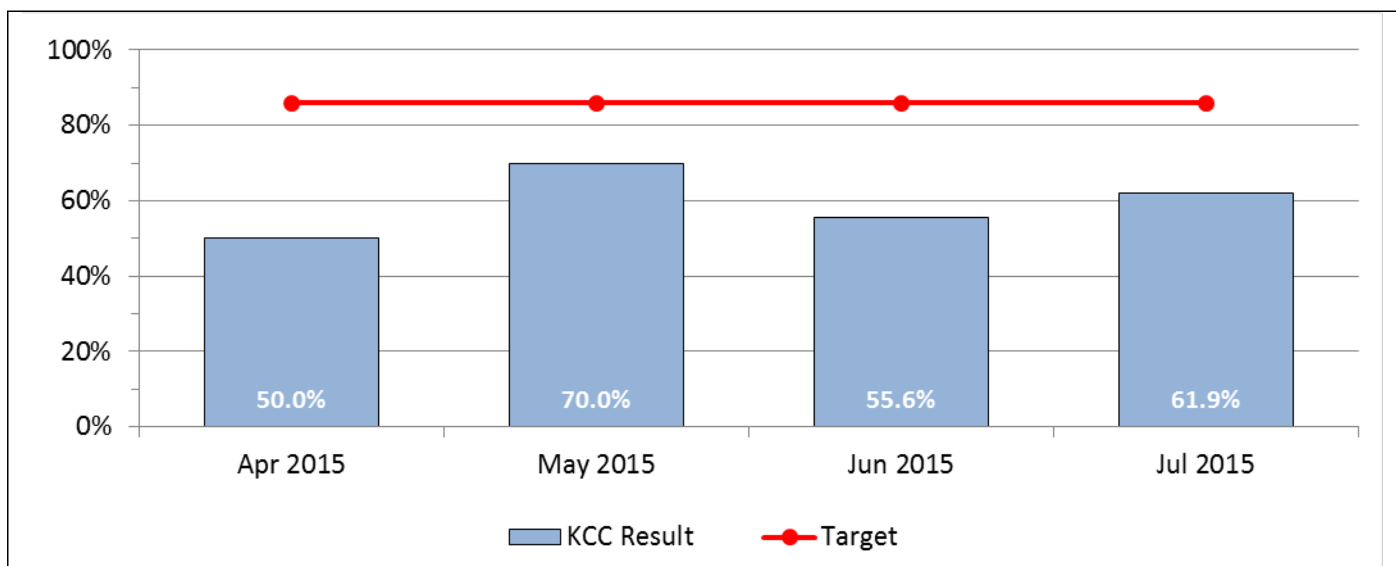
Jul 2015

Indicators	Polarity	Data Period	LATEST RESULT: Latest Result and RAG Status		Num	Denom	Target for 15/16	PREVIOUS RESULT: Previous Reported Result	DoT from previous to latest result	OUTTURN RESULT: Outturn (March 15) Result	DoT from outturn to latest result
REFERRAL AND ASSESSMENTS											
% of referrals with a previous referral within 12 months	L	YTD	21.4%	G	1123	5253	25.0%	21.6%	↑	28.5%	↑
% of C&F Assessments that were carried out within 45 working days	H	YTD	92.1%	G	5118	5556	90.0%	93.0%	↓	84.3%	↑
Number of C&F Assessments in progress outside of timescale	L	SS	97	A	-	-	75	58	↓	26	↓
% of Children seen at C&F Assessment (excludes unborn/missing)	H	YTD	97.9%	A	5119	5227	98.0%	97.9%	↑	97.4%	↑
CHILDREN IN NEED											
% of CIN with a CIN Plan in place	H	SS	87.1%	A	2035	2336	90.0%	89.7%	↓	87.2%	↓
% of CIN who have been seen in the last 28 days	H	SS	79.9%	G	1542	1931	70.0%	83.7%	↓	61.3%	↑
Numbers of Unallocated Cases	L	SS	8	A	-	-	0	0	↓	0	↓
PRIVATE FOSTERING											
% of PF notifications where initial visit held within 7 days	H	YTD	94.4%	G	17	18	85.0%	88.9%	↑	88.4%	↑
% of new PF arrangements where visits were held within 6 weeks	H	YTD	100.0%	G	11	11	85.0%	100.0%	⇒	88.0%	↑
% of existing PF arrangements where visits were held in time	H	YTD	80.8%	A	21	26	85.0%	80.8%	⇒	57.1%	↑
CHILD PROTECTION											
% of Current CP Plans lasting 18 months or more	L	SS	4.5%	G	55	1218	10.0%	4.0%	↓	5.5%	↑
% of CP Visits held within timescale (Current CP only)	H	SS	93.2%	G	11010	11814	90.0%	94.2%	↓	91.5%	↑
% of CP cases which were reviewed within required timescales	H	SS	100.0%	G	860	860	98.0%	100.0%	⇒	99.4%	↑
% of Children becoming CP for a second or subsequent time within 24 months	T	YTD	11.8%	A	60	510	7.5%	13.7%	↑	7.5%	↓
% of CP Plans lasting 2 years or more at the point of de-registration	L	YTD	2.6%	G	14	533	5.0%	3.3%	↑	2.2%	↓
% of Children seen at Section 47 enquiry (excludes unborn)	H	YTD	98.2%	G	1546	1574	98.0%	98.4%	↓	98.6%	↓
% of ICPC's held within 15 working days of the S47 enquiry starting	H	YTD	81.8%	G	417	510	75.0%	79.9%	↑	80.7%	↑
% of Initial CP Conferences that lead to a CP Plan	T	YTD	87.5%	G	510	583	88.0%	89.4%	↑	90.3%	↑
CHILDREN IN CARE											
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	9.0%	G	187	2078	9.0%	9.9%	↑	9.6%	↑
CIC Placement Stability: % in same placement for last 2 years	H	SS	73.1%	G	411	562	70.0%	72.2%	↑	72.7%	↑
% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	82.7%	A	1177	1424	85.0%	84.5%	↓	82.9%	↓
% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	82.1%	G	1151	1402	80.0%	81.9%	↑	82.3%	↓
% of Children who participated at CIC Reviews	H	YTD	94.1%	A	1543	1639	95.0%	95.4%	↓	95.6%	↓
% of CIC cases which were reviewed within required timescales	H	SS	95.1%	A	1769	1861	98.0%	99.4%	↓	97.1%	↓
% of CIC cases where all Dental Checks were held within required timescale	H	SS	93.2%	G	1496	1605	90.0%	93.6%	↓	89.0%	↑
% of CIC cases where all Health Assessments were held within required timescale	H	SS	90.7%	G	1456	1605	90.0%	91.1%	↓	89.7%	↑
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	47.9%	A	488	1018	50.0%	46.9%	↑	47.0%	↑
ADOPTION											
% of cases adoption agreed as plan by 2nd review, for those with an agency decision	H	YTD	61.9%	R	13	21	86.0%	55.6%	↑	68.2%	↓
Ave. no of days between bla and moving in with adoptive family (for children adopted)	L	YTD	583.2	A	27411	47	426.0	504.0	↓	540.3	↓
Ave. no of days between court authority to place a child and the decision on a match	L	YTD	262.1	R	12317	47	121.0	200.6	↓	209.5	↓
% of Children leaving care who were adopted	H	YTD	14.0%	G	47	335	13.0%	13.5%	↑	19.7%	↓
CARE LEAVERS											
% of Care Leavers that Kent is in touch with	H	YTD	58.4%	R	184	315	75.0%	55.7%	↑	72.9%	↓
% of Care Leavers in Suitable Accommodation	H	YTD	50.8%	R	160	315	78.0%	45.3%	↑	64.9%	↓
% of Care Leavers in Education, Employment or Training	H	YTD	32.7%	R	103	315	45.0%	30.7%	↑	39.3%	↓
QUALITY ASSURANCE											
% of Case File Audits completed	H	YTD	96.4%	G	269	279	95.0%	99.0%	↓	95.8%	↑
% of Case File Audits rated Good or outstanding	H	YTD	50.9%	A	137	269	60.0%	44.9%	↑	36.2%	↑
% of Case File Audits rated inadequate	L	YTD	3.0%	A	8	269	0.0%	3.4%	↑	11.7%	↑
% of CP Social Work Reports rated good or outstanding	H	YTD	68.3%	A	611	895	75.0%	66.8%	↑	71.2%	↓
% of CIC Care Plans rated good or outstanding	H	YTD	66.1%	G	1198	1812	60.0%	68.2%	↓	46.6%	↑
STAFFING											
% of caseholding posts filled by KCC Permanent QSW	H	SS	75.4%	A	329.0	436.0	85.0%	75.4%	↑	79.0%	↓
% of caseholding posts filled by agency staff	L	SS	18.9%	A	82.4	436.0	15.0%	20.9%	↑	18.6%	↓
Average Caseloads of social workers in CIC Teams	L	SS	16.3	A	1877	115.0	15.0	16.3	↑	15.7	↓
Average Caseloads of social workers in AIT & FST	L	SS	20.8	A	4760	228.4	20.0	20.1	↓	20.2	↓
Average Caseloads of fostering social workers	L	SS	18.5	A	871	47.2	18.0	18.0	↓	17.3	↓

PERFORMANCE SUMMARY

As at 31/07/2015, Kent has 20 indicators rated as Green, 19 indicators rated as Amber and 5 indicators rated as Red. When comparing performance from last month to this month, 22 indicators have shown an improvement, 3 indicators have remained the same and 19 indicators have shown a reduction. When comparing performance from outturn (March 15) to this month, 21 indicators have shown an improvement, 0 indicators have remained the same and 23 indicators have shown a reduction.

% of cases adoption agreed as plan by 2nd review, for those with an agency decision			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	April 2015	May 2015	June 2015	July 2015
KCC Result	50.0%	70.0%	55.6%	61.9%
Target	86.0%	86.0%	86.0%	86.0%
RAG Rating	Red	Red	Red	Red

13 of the 21 cases that had an agency decision, had adoption agreed as the plan by the 2nd review. Of the remaining 8 children, there are potentially 4 that have been incorrectly coded on Liberi and should be counted as agreed by the 2nd review. This is being investigated and the records will be updated accordingly.

This would then leave 4 who took longer than the second review (within 4 months of being taken into care). That's 81% on time. 3 out of 20 families is 85%. The 4 that took longer were: Two siblings and older children aged 5 and 7 years took another 3 months; One 6 year old which took another 6 months after a breakdown of a placement with relatives; and one more which took only another month to decide Adoption is the plan.

Data Notes

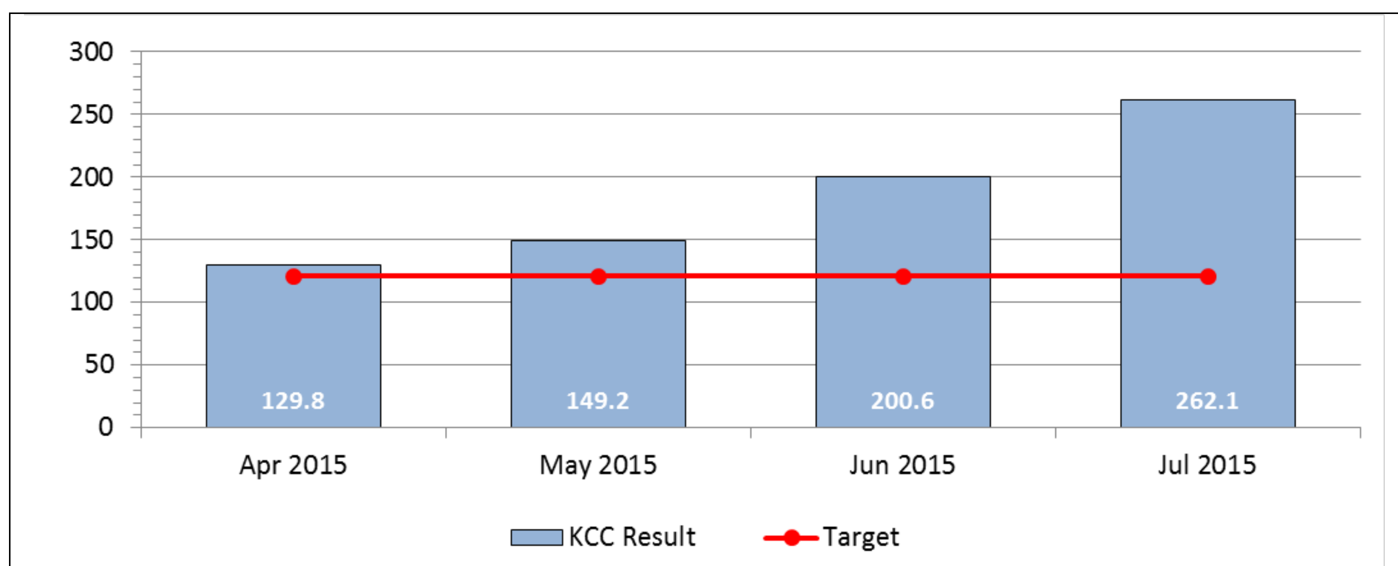
Target: 86% (RAG Bandings: Below 76% = Red, 76% to 86% = Amber, 86% and above = Green)

Tolerance: Higher values are better

Data: Figures shown are Year-to-Date. For example, the July 15 result is based on data from April 15 to July 15.

Data Source: Liberi

Ave. no of days between court authority to place a child and the decision on a match			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children’s Services	Division	Specialist Children's Services



Trend Data – Month End	April 2015	May 2015	June 2015	July 2015
KCC Result	129.8	149.2	200.6	262.1
Target	121.0	121.0	121.0	121.0
RAG Rating	**Amber**	**Amber**	**Amber**	**Red**

One adoption in July has had a big impact on this indicator since last month. The child became Looked After in 2008 and was granted a Placement Order in July 2009. The match was agreed by the Agency Decision Maker in March 2015. This is 2400 days approx, and has heavily weighted the average days from Court Authority (the Placement Order) to a Matching Agency Decision.

Without this child, the average would be 223 days, which would still produce an Amber rating.

July also saw the adoption of four further children where the time from Order to matching was greater than 500 days. These are children whose orders were made in 2012 and 2013.

Data Notes

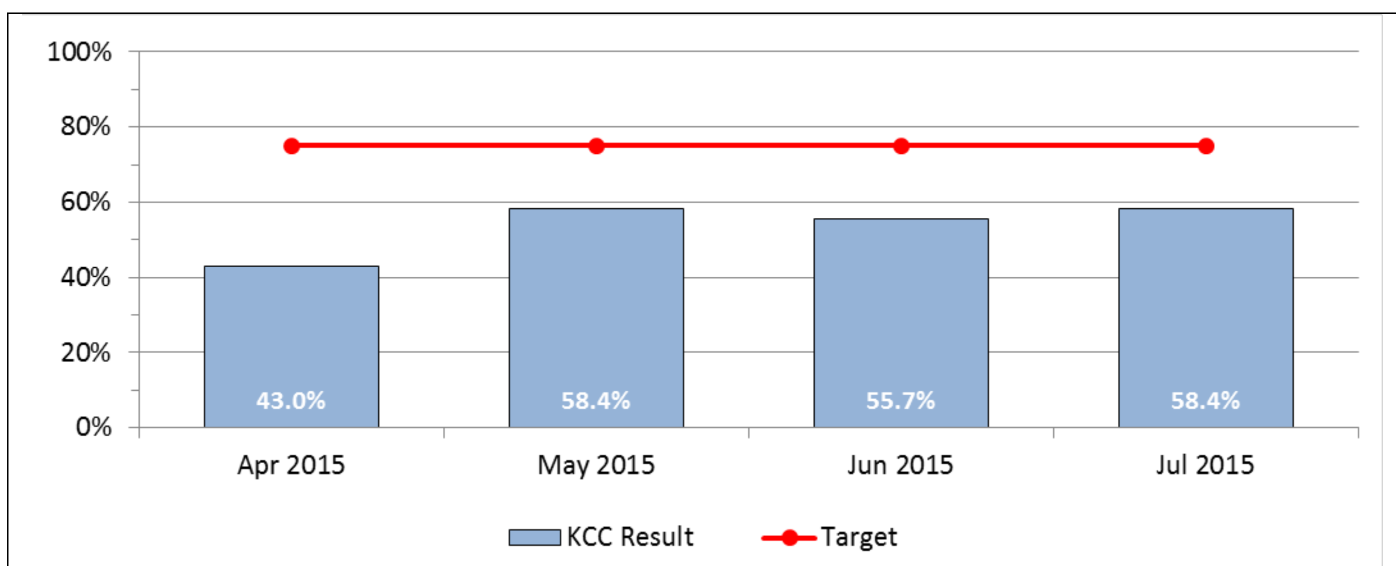
Target: 121 (RAG Bandings:225 and above = Red, 225 to 121 = Amber, 121 or below = Green)

Tolerance: Lower values are better

Data: Figures shown are Year-to-Date. For example, the July 15 result is based on data from April 15 to July 15.

Data Source: Liberi

% of Care Leavers that Kent is in touch with			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	April 2015	May 2015	June 2015	July 2015
KCC Result	43.0%	58.4%	55.7%	58.4%
Target	75.0%	75.0%	75.0%	75.0%
RAG Rating	Red	Red	Red	Red

The 18plus service continues to work on improving the performance in respect of this particular cohort of young people. As of 1st April 18year old young people held by the CIC teams were included in this cohort figures for this reporting period. Work is being undertaken by the CIC teams to update this information.

The main issue remains inputting errors. It is expected to improve during this next month.

The 18plus deep dive in August indicated that 62% of young people supported by the 18plus service were in touch.

Data Notes

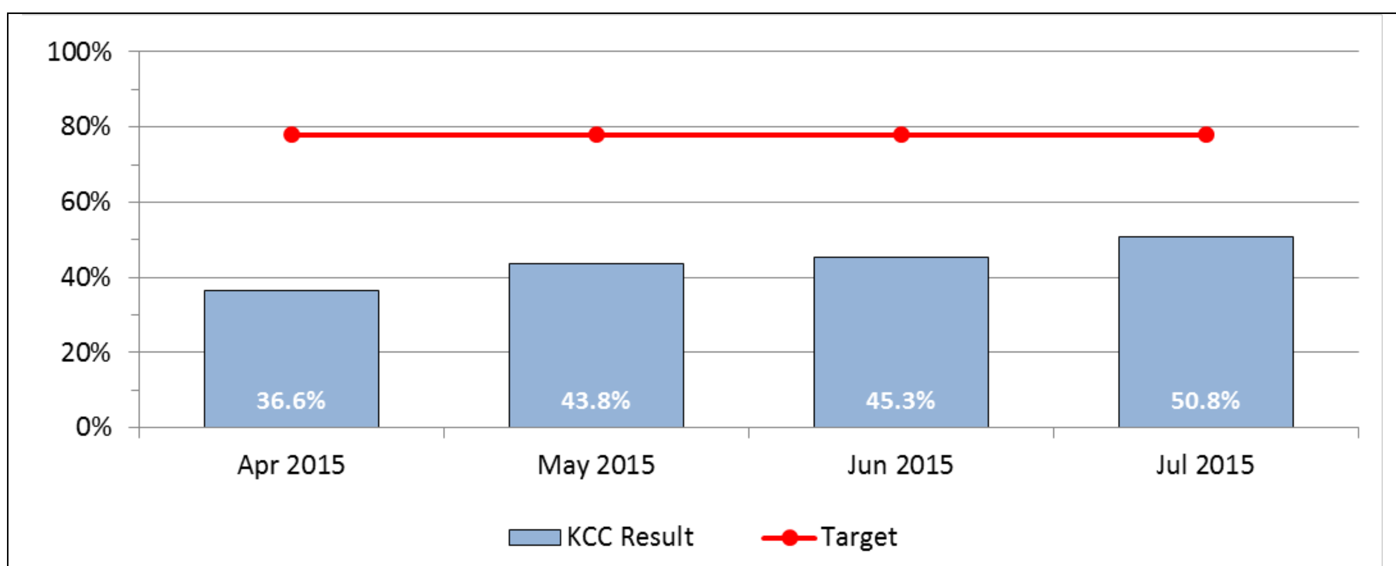
Target: 75% (RAG Bandings: Below 60% = Red, 60% to 75% = Amber, 75% and above = Green)

Tolerance: Higher values are better

Data: Figures shown are Year-to-Date. For example, the July 15 result is based on data from April 15 to July 15.

Data Source: Liberi

% of Care Leavers in Suitable Accommodation			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	April 2015	May 2015	June 2015	July 2015
KCC Result	36.6%	43.8%	45.3%	50.8%
Target	78.0%	78.0%	78.0%	78.0%
RAG Rating	Red	Red	Red	Red

This shows a gradual increase which should improve as the 'in touch' figures improve. The majority of 18yr old young people supported by the CIC teams should be in appropriate accommodation.

The August deep dive for 18plus indicated 85% of young people we were in touch with were in suitable accommodation. Closer monitoring of inputting by staff is continuing. The 0-25 strategy is also working on improving the range of accommodation across the County for care leavers

Data Notes

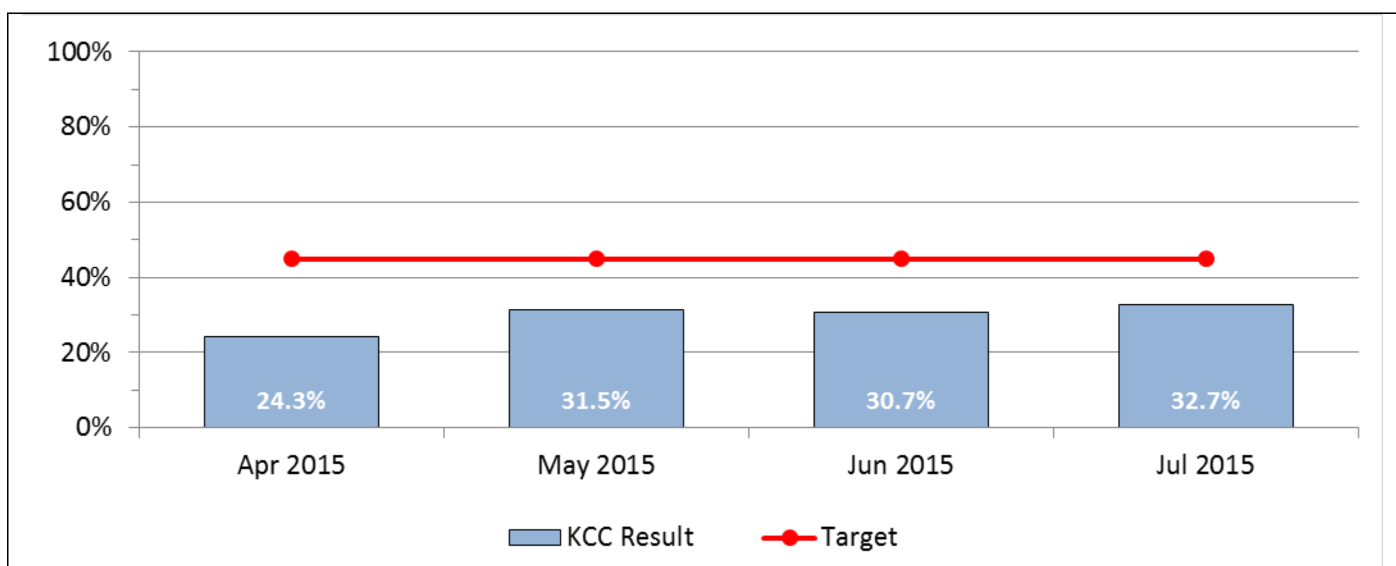
Target: 78% (RAG Bandings: Below 60% = Red, 60% to 78% = Amber, 78% and above = Green)

Tolerance: Higher values are better

Data: Figures shown are Year-to-Date. For example, the July 15 result is based on data from April 15 to July 15.

Data Source: Liberi

% of Care Leavers in Education, Employment or Training			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	April 2015	May 2015	June 2015	July 2015
KCC Result	24.3%	31.5%	30.7%	32.7%
Target	45.0%	45.0%	45.0%	45.0%
RAG Rating	Red	Red	Red	Red

Again the impact of in touch has impacted on this figure as the in touch improves so should the ETE figures.

ETE opportunities for this group however continue to prove challenging. Work is being undertaken with the skills and employability service to ensure a wider range of options are available. The contract with KRAN is being reviewed with VSK and it is anticipated that at the start of this academic year in September 15 there should be increased provision for 18year olds re ETE opportunities. A dedicated training provider to assist the 18plus service would assist in the improvement of this figures as demonstrated by Croydon Authority.

Data Notes

Target: 45% (RAG Bandings: Below 35% = Red, 35% to 45% = Amber, 45% and above = Green)

Tolerance: Higher values are better

Data: Figures shown are Year-to-Date. For example, the July 15 result is based on data from April 15 to July 15.

Data Source: Liberi

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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 – 8 September 2015

Subject: **COMPLAINTS AND REPRESENTATIONS 2014/15**

Classification: Unrestricted

Previous Pathway: Specialist Children's Services DivMT

Future Pathway: None

Electoral Division: All

Summary: This report provides information about the operation of the Children Act 1989 Representations Procedure in 2014/15 as required by the Children Act 1989 Representations Procedure (England) Regulations 2006.

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

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1. Introduction

1.1 Specialist Children's Services work with the most vulnerable children and families in Kent. Much of the work is focused 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 for the Local Authority 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 (Secretary of State) and the general public.

1.3 All Children in Care in Kent are advised how to make a complaint. Information is also available in leaflets, on the website, in local offices, from front line staff 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 find themselves dissatisfied with the service.

2. Representations made to the local authority

Type of Record	2010/11	2011/12	2012/13	2013/14	2014/15
Statutory complaints	267	305	224	222	196
Enquiry	166	151	149	148	139
Compliment	54	59	93	89	94
Non-statutory complaints	139	198	172	105	35
Representations and miscellaneous contact	*	267	269	316	253
Complaints total	406	503	396	328	235

*not previously reported.

Representations via elected representatives

2.1 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.

Non-statutory complaints and representations

2.2 Complaints received about services excluded by the Government from the statutory complaints procedure or from people without a statutory right to complain are handled as Representations. Advice is given, they are recorded both on the complaints database and on the client record and receive a written response from the service manager. Those with a statutory right to complain are clients and associated adults who are directly affected by the service. Functions excluded from the complaints procedure include child protection investigations and court action where there are other routes for challenging the Local Authority which would make an independent investigation inappropriate. Complaints about non-statutory functions are handled under the Council's corporate complaints procedure. All complainants and those making representations were advised of their right to challenge the response via the Local Government Ombudsman.

2.3 Other "miscellaneous" contacts received included complaints about other local authorities and organisations, HR issues, legal action and matters for the police.

3. Contact method

Type of Record	Card/ Gift	Email	Letter	Other	Telephone	Text	Website	Total
Children Act	0	99	57	1	37	0	2	196
Non-statutory Complaint	0	14	12	0	8	0	1	35
Enquiry	0	44	94	0	2	0	0	140
Compliment	9	43	11	28	1	0	0	94
Representation	0	64	42	1	28	0	7	142

3.1 As in previous years, it remains unusual for people to complain online; there is no increase in use of the website to provide feedback. An additional 64 people telephoned to make complaints, were given advice and help to record their complaints in writing but did not pursue the complaints further.

4. Compliments

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

4.2 Compliments were received about the following services.

Service	
Adoption	9%
Assessment and Intervention	8%
Child Protection	4%
Children in Care	7%
Children in need	18%
Disabled children	9%
Respite care for disabled children	40%
Central Referral Unit	1%
Support for foster carers	3%
Special Guardianship support	1%

4.3 Compliments made by parents

61% of the total compliments received were from parents; most of those (88%) were about the respite care service for disabled children, 13% about family support services to children in need, 9% from adoptive parents about the process, 4% about child protection intervention and 4% about the social work assessment of their children.

Father re social worker
"I made a complaint against (SW) …when I actually got talking to her we had a real in depth discussion where my life is and where it could be… I am amazed at the way she was with me – very friendly and professional and thorough with her assessment… she's an outstanding social worker."

Six compliments were made by children and young people: three were about respite care, two from children in need and one from a child in care thanking her social worker for her support.

Child to social worker
"Thank you for making it possible for me to stay where I belong with my mummy and daddy."

Compliments about social workers were received from the police and the courts.

From Kent Police to lead CP officer
"We would like to express our thanks for your excellent work in the successful delivery of Operation Icon…This complex operation targeted an organised crime group involved in the rape and sexual exploitation of a number of vulnerable children… your role in the process and enforcement phases of this operation… was key to its ultimate success. Quite simply outstanding."

Compliments about social workers were also received from Health, other Local Authorities and a Headteacher.

> School about social work assistant
> "…how pleased we are with the work that M has been doing with one of the pupils at the school… The pupil presents with very challenging behaviour …M's very clear and direct approach in addressing these issues has meant that a very positive and trusting relationship has developed…we would like to thank M for the work that she has done …and highlight the difference it has made."

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

5.1 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.

5.2 There are three stages to the statutory complaints procedure:

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

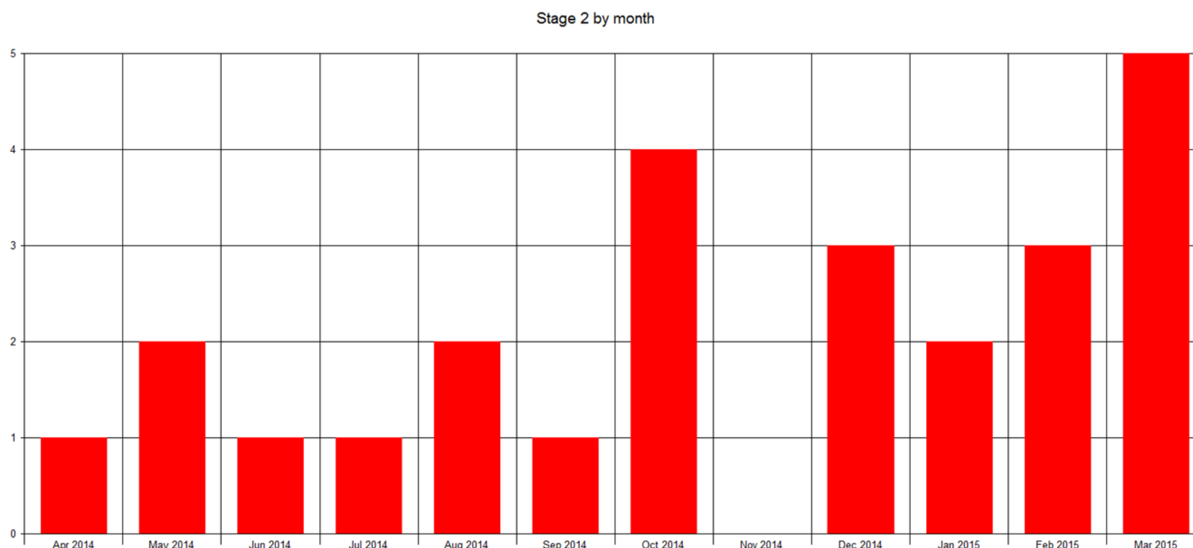
	2010/11	2011/12	2012/13	2013/14	2014/15
Stage One – Local Resolution	267	305	223	228	193
Stage Two – Formal Investigation	26	26	27	33	25
Stage Three – Complaints Review Panel	2	1	0	2	1
Local Government Ombudsman referral *	11	18	23	30	29

*includes non-statutory complaints and enquiries about new complaints

5.3 Where a complaint is not resolved at Stage One, or Stage One is not completed within timescale, 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.

5.4 Three Stage Two investigations were investigated at Stage Two without the complaint having been considered at Stage One: a complex rates and charges issue, an issue that had already been the subject of local efforts to resolve, and an issue that had been raised and addressed previously via the complainant's MP.

5.5 Stage Two investigations involve valuable, in-depth examination of cases which frequently influences practice. 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.

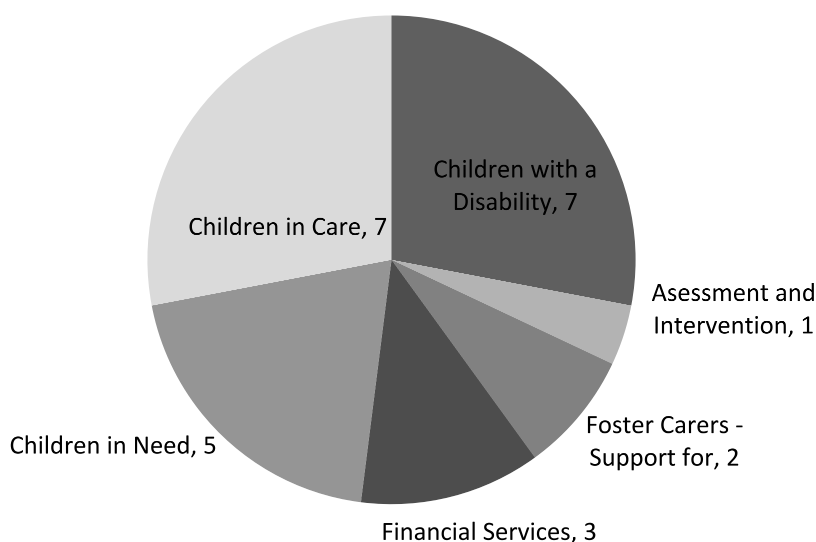


5.6 13% of the statutory complaints received were investigated at Stage Two. This represents an improvement over the previous year (15%).

5.7 59% of Stage Two complainants had received a written response at Stage One within the statutory timescale. This is below the county average for responses at Stage One. 51% had not had a discussion or meeting with the manager before the reply at Stage One was written.

5.8 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 Two investigations. Staff at the local level are expected to continue to try to resolve complaints when they escalate to Stage Two or beyond.

Stage Two Complaints by Service



5.9 One complaint escalated to a Stage Three complaints review panel.

5.10 29 complaints were made to the Local Government Ombudsman of which 12 were investigated. There had been a steady increase in LGO referrals over the preceding four years but this did not continue in 2014/15. 11 of the referrals to the LGO related to statutory complaints.

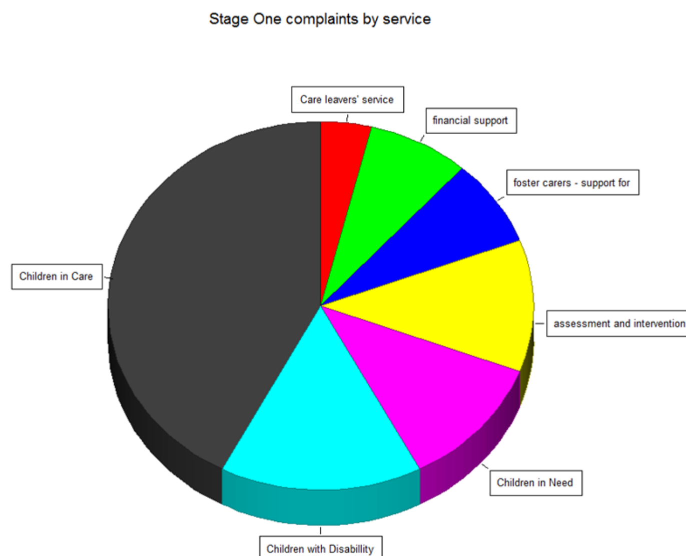
6. Which Customer Groups made the complaints

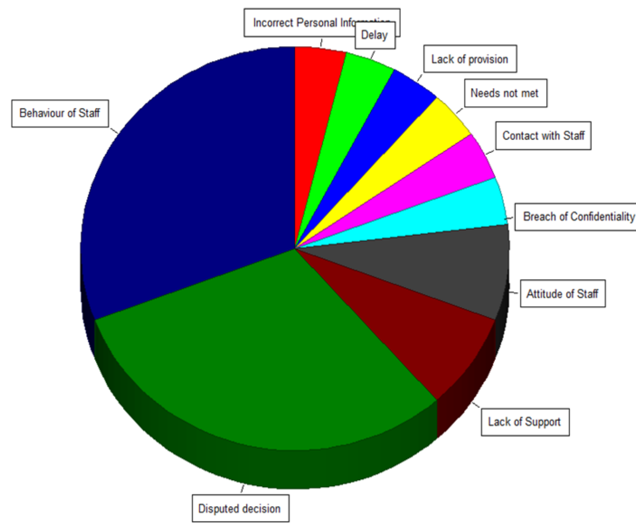
6.1 Statutory complaints

Originator	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**
Child or young person	36	29	36	43	32
Parent	191	230	149	138	130
Close relative	17	20	12	6	10
Carer	3	8	9	17	6
Foster carer	10	11	13	5	13
Other	3	0	0	5	0
Legal representative	4	6	1	0	1
Prospective adopter	0	0	4	0	1
Special Guardian	3	0	1	8	3
Total	*267*	*305*	*225*	*222*	*196*

7. The types of complaints made

7.1 This section sets out the issues raised by complainants and 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.





7.2 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.

Disputed decision

7.3 60% of complaints made by children and young people were disputing a decision taken about their care or about arrangements for leaving care. Children and young people accounted for 30% of the total complaints disputing decisions. The majority were about accommodation: opposing proposed placement moves or decisions about accommodation, including funding, for care leavers. Some care leavers over the age of 21 complained about the decision to end support.

7.4 16% of the complaints about decisions were from parents with disabled children. Most were challenging decisions about direct payments and short breaks. Some complained because their children did not meet the criteria for support from the Disabled Children's Service.

Behaviour / attitude of staff

7.5 90% of these complaints were from parents. It remains unusual for children and young people to complain about their social worker (two complaints). The complaints from parents included allegations that social workers threatened, lied, and were biased or negative towards them. A number of parents said that they were not taken seriously.

7.6 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.

Lack of support / needs not met

7.7 40% of complaints made by children and young people were about a perceived lack of support. A number of these were care leavers who wanted more help and financial support when moving into independence. Others complained that they did not receive enough support from, or have sufficient contact with, their social workers. In contrast 10% of the complaints made by parents were about lack of support or needs not met.

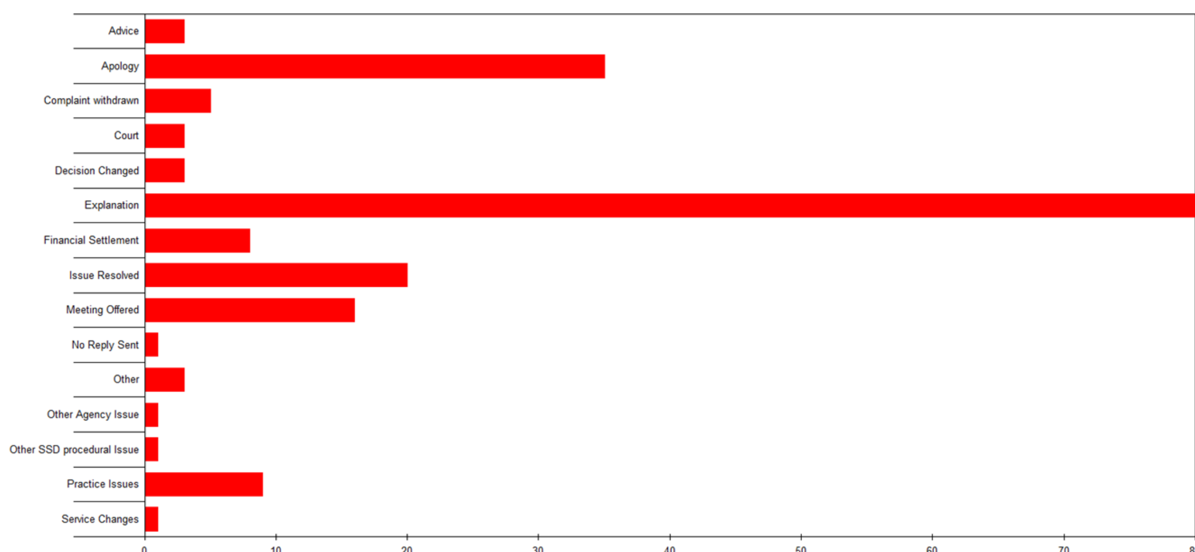
7.8 37% of the total number of complaints made about lack of support were from parents, 36% were from carers (including foster carers) and 27% were from children and young people.

Breach of confidentiality

7.9 Five complaints were received alleging confidentiality breaches. While this represents only 2% of the complaints received, the allegations and the repercussions described were serious matters.

8. The outcome of complaints

8.1 Statutory complaints by overall outcome



8.2 186 Stage One complaints were completed in 2014/15; 36% were upheld or partially upheld.

8.3 More than one outcome was recorded for some complaints; an upheld complaint may generate an apology and a financial payment for example. 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.

8.4 29 Stage Two complaints were completed in 2014/15. 16 complaints were partially upheld and six were not upheld. Seven complaints were withdrawn. Seven were referred to the Local Government Ombudsman.

8.5 Concerns and themes emerging in upheld complaints are set out in Section 8 on Lessons learned.

Outcome of complaints considered by the Local Government Ombudsman

8.6 Complainants may contact the Local Government Ombudsman (LGO) at any time but the LGO 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 LGO 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 LGO because they have been told that they are ineligible to access the statutory complaints procedure.

8.7 The Ombudsman's decisions in 2014/15 were as follows.

Ombudsman Decision	**Detail**
Not investigated 7 complaints	• Complainant X (see local settlement below) complained that the Local Authority's investigation was inadequate. The LGO found that it could not add value to the Local Authority's own investigation at stage 2 and that the remedy sought by the complainant in respect of the child protection investigation could not be achieved. • Birth parent complained at the Council's actions towards adoption. The LGO was satisfied with the Council's responses and decided to take no further action. • Complaint about a Section 7 report for court in private law proceedings had been handled as a Representation rather than a complaint as the appropriate avenue to challenge the Local Authority was in the court. The LGO agreed with the Local Authority. • The father of a disabled child complained that the Local Authority would not carry out the same adaptations to his home as it had carried out to the home of his ex-wife. The LGO decided that the complainant was out of time as it related to decisions more than a year before and the complainant had had the opportunity to complain at the time. • Complainant believed that contact arrangements between mother and child were changed because the complainant had been seen in the vicinity. The LGO agreed with the Council that information about the arrangements could not be shared with him as he did not have Parental Responsibility for the child. • Representations had been made about the decision for children to be adopted. The LGO agreed with the Local Authority that a complaint investigation would be inappropriate as it could not overturn the decision of the court. • Complainants alleged that the Local Authority had presented false information to the court in care proceedings and that the Local Authority had failed to investigate. The LGO said that it would not be appropriate to investigate a court decision.

Ombudsman Decision	Detail
Not in jurisdiction and discretion not exercised 2 complaints	• Parent complained about insufficient support. The LGO would not investigate as the Local Authority was in Care Proceedings. • Parent complained about a breach of confidentiality. The LGO said that it fell under the jurisdiction of the ICO.
No fault found 3 complaints	• Parent complained about the format of LAC reviews. The LGO found no fault as there is no bar to holding LAC reviews in two parts. • Parent complained that the Local Authority should have handled his complaint about issues raised about the handling of a child protection referral. The LGO found that the Local Authority acted according to the law by not handling the complaint under the statutory procedure. • Parent complained that the social work should not have given the children a lift in his car without permission. The LGO found no injustice in the complaint.
Maladministration but no injustice to complainant 2 complaints	• Child's former carers disputed the decision not to allow them to care for the child in the long term and decisions about financial support. The Local Authority refunded monies owed and apologised for giving the impression that the carers would need to apply for an SGO to continue to care for the children. As the complainants had been assessed as unsuitable to be long-term carers for the children the LGO found no injustice caused. • The Local Authority did not complete an assessment according to its transition policy however the LGO found no injustice resulted as the care package continued as it would have done.
Maladministration and injustice caused 1 complaint	• Disabled young man was placed in a care home by Out of Hours in an emergency situation. It transpired over the next three days that the home could not meet his needs. The Local Authority agreed to apologise to the family and took the decision not to use that particular home again.
Local Settlement 5 complaints	• Complainant X complained that the Local Authority had treated him unfairly when considering an allegation made against him. He also complained about not being fully informed about his daughter. The latter complaint had not been made before and the Local agreed to investigate it under stage 2. • Father complained that the Local Authority had not conducted a proper investigation at stage 2; the LGO found no fault with the investigation but found that the Local Authority had not offered a reasonable remedy for some of his complaints. The Local Authority accepted the LGO's recommendations to resolve the complaints. • Prospective adopters claimed that they were led to believe that two children would be placed with them. The LGO found that an email to arrange introductions was misleading and that the Local Authority failed to tell them that it was also considering another couple for the children. The Local Authority agreed to formally apologise, to change its procedures and to offer a payment for distress. • The Local Authority promised not to disclose the identity of a relative making a child protection referral but failed to redact the information from a report that was shared with the parents. The Local Authority agreed to pay £350 for avoidable distress and time and trouble to make the complaint. • The Local Authority failed to provide financial assistance to temporary relative carers. The complaint was settled when the Local Authority calculated and paid the monies owed.
Investigation discontinued 1 complaint	• Father complained that his child was collected from school by a social worker and the police without his permission. The LGO found that the incident had taken place more than a year before and the complainant had had the opportunity to raise his concerns sooner.

9. Details about advocacy services provided under these arrangements

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

9.2 32 (16%) of the complaints were made by children and young people.

9.3 19 complaints were received from advocates on behalf of children / young people. 12 children and young people contacted the Local Authority direct themselves to make a complaint and were offered the advocacy service; four took up the offer. One complaint about SCS formed just part of a complaint which was managed by the Mental Health Trust and an independent advocate was not involved. One young person was supported to make a complaint by an accommodation provider.

9.4 In total 24 children and young people used an advocate to help them pursue their complaints. All were children in care or care leavers.

9.5 Changes were made to Kent's advocacy arrangements on 1 April 2015 so that there is now one point of contact for independent advocacy for all children and young people in Kent wishing to make a complaint, irrespective of their status.

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

10.1 Changes to the process were introduced in April 2014 to enable improved performance against timescales and introduce greater management accountability. This has resulted in a significant improvement in performance against both statutory and corporate timescales.

10.2 <u>Statutory timescales</u>

The Local Authority must consider and try to resolve Stage One complaints within ten working days of the start date. This can be extended by a further ten working days where the complaint is considered to be complex. Many of the complaints recorded were considered complex, for example, when more than one agency or service was involved or when cases were involved in other processes such as court proceedings:

- 98% of Stage One acknowledgements were sent out within three working days.
- 68% of Stage One responses met the ten day timescale set.
- 75% of Stage One responses met the 20 day (extended) timescale.
- 79% of all Stage One responses were completed within 20 days (cp 52% in 2013/14).

10.3 The 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. The complexity of the complaints at Stage Two made a 25 day target unachievable and all were extended. 40% of Stage Two complaints were fully completed within 65 working days in 2014/15. (Only one Stage Two complaint was completed within timescale in 2013/14).

10.4 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. The proportion of complaints escalating to Stage Two and the LGO did not increase in 2014/15.

10.5 Corporate timescales

- 97% of non-statutory complaints were acknowledged within three working days .
- 72% of non-statutory complaints met the 20 day timescale (51% in 2013/14).
- 96% of enquiries were acknowledged within three working days.
- 67% of enquiries were completed within 20 working days (51% in 2013/14).

11. Learning the Lessons from Complaints

11.1 Complaints usually 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.

11.2 Most lessons learned were about practice and communication issues. A number of complaints may have been avoided with clearer and more frequent communication. 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
- Life story work not completed in a timely manner or not of a good standard
- Failure to fully engage with and consult some adults with parental responsibility when completing assessments of children
- Inconsistencies in financial support to relative carers and Special Guardians
- Confidentiality breaches which could have been avoided with better systems for checking and signing off documents before they were distributed.

11.3 In all cases action was taken locally to resolve complaints on an individual basis. A number of changes to policy and /or procedures were made or planned to address some of the issues raised which were potentially widespread across the service rather than isolated local incidents. Examples in 2014/15 include:

- Financial support to carers is managed robustly since a major review of the policy and payment rates. There is now a clearer written policy. Training was provided for all staff across the county and complaints reduced significantly at the latter end of the year
- Complaints highlighted an issue with Liberi (the client system) which automatically pulled historic data relating to individuals into new reports, sometimes when it was irrelevant and distressing to the individual concerned. The system issue has now been resolved

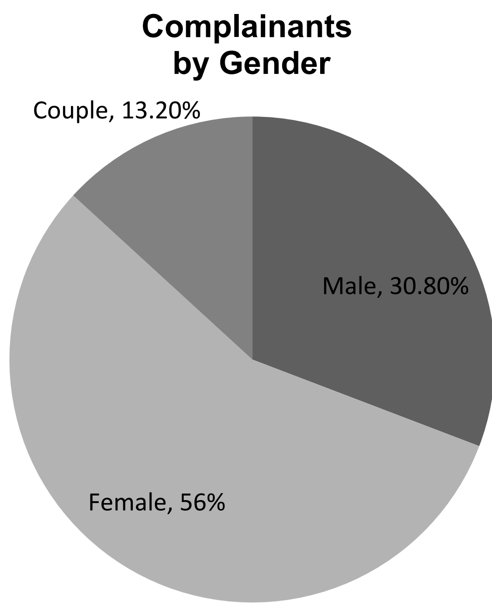
- Adopters complained that a story book had been used in work with the child they were adopting which was inappropriate for their situation as a same-sex couple. As the direct result of the complaint a wider range of material was purchased for work with adoptive families
- All staff were required to complete information governance training.

11.4 Themes identified in previous years but not repeated this year are also an indication that lessons have been learned and that system and practice changes had an effect. The main themes identified in 2013/14 which showed a significant reduction in 2014/15 were:

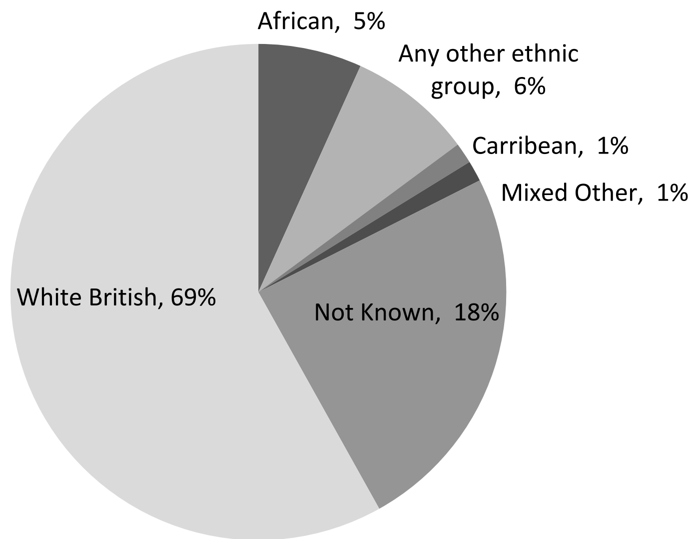
- Fewer complaints from children and young people about impending placement moves from temporary, emergency placements. Complaints last year highlighted the need to explain the nature of an emergency placement at the outset and to explain that more suitable long-term placement will be identified that better meets the young person's needs once an assessment is completed.
- Fewer complaints about the wishes and feelings of children not being recorded and taken into account in decision-making
- Fewer complaints indicating inconsistent practice in providing leaving care grants and education bursaries.

12. Summary of statistical data about complainants

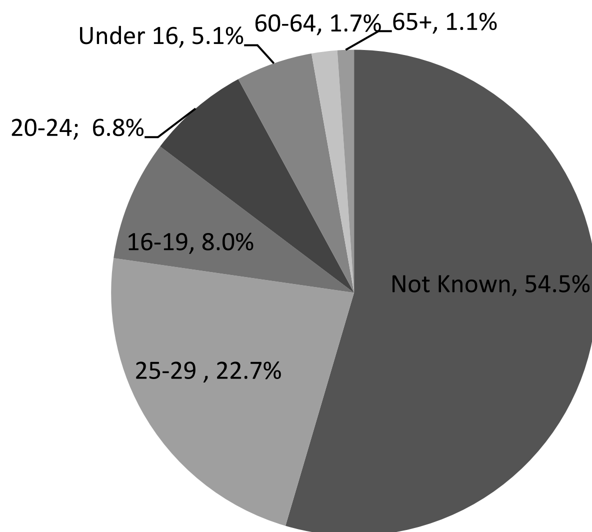
12.1 Diversity information is taken from the client system in respect of Children and Young People and a form is sent with every complaint acknowledgement seeking information on the ethnicity, gender and age of complainants because, for most people, this information is not already held by the Local Authority.



Complainants by Ethnicity

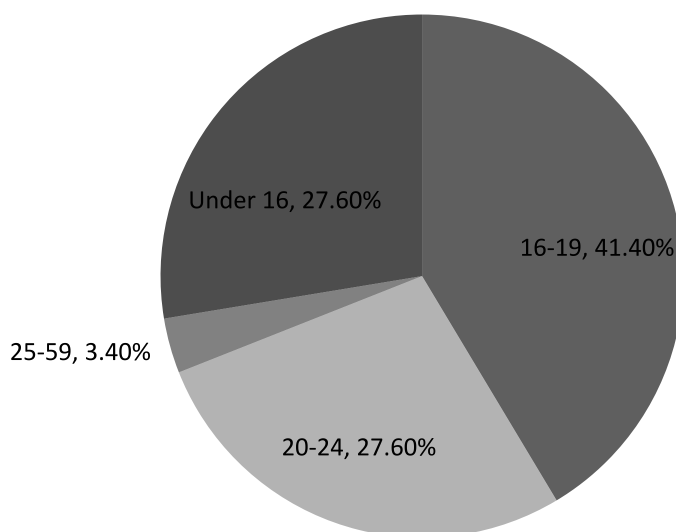


Complainants by age



12.2 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.

Clients/former clients making complaints by age



12.3 69% of children and young people who made complaints were 19 years old or younger. This is a higher proportion than in 2013/14 (57%). This is due in part to a reduction in complaints from asylum-seeking care leavers.

13. Review of the effectiveness of the complaints procedure

13.1 The quality of responses to enquiries and performance against timescales for enquiries and complaints was reviewed in February 2013 and changes agreed by the Divisional Management Team were implemented from April 2014 to improve standards and to improve the experience of complainants. 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. These changes, supported by senior management and the Lead Cabinet Member, have had a significant positive effect upon performance against timescales. The changes do not appear to have affected escalation rates significantly.

13.2 A new Representations Policy was introduced in October 2013 for the handling of complaints which fell outside the scope of the regulations. The purpose was to ensure compliance with the regulations, to minimise risk to child protection investigations and other statutory processes, and to avoid raising complainants' expectations that decisions made by, for example, a child protection conference, could be changed by the complaints procedure. The policy was reviewed in October 2014 and recommended continuation with some minor changes to standard acknowledgement letters and the introduction of a five-day timescale for written responses by service managers. The Local Government Ombudsman (see section 5) investigated four cases that had been handled as representations in 2014/15 and did not find fault with the process.

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

13.4 The Complaints Team responded to a number of team/unit requests for information about complaints relating to their services in 2014/15, attended management team meetings to provide presentations on complaints handling, and provided induction sessions for new managers.

13.5 Two half-day training sessions for social work staff were provided using “Complaints Made Easy”. The size of the pool of officers available to carry out investigations at Stage Two was increased at the end of the year, and two half-day training sessions were provided for new investigating Officers.

13.6 The Complaints Team monitors complaints by service unit and area. Weekly reports were provided for management in 2014/15 summarising complaints and highlighting overdue responses. Complaints highlighting issues with policy, 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 Specialist Children’s Services DivMT via Management Information Unit (MIU), to CMT via the Strategic and Corporate Services Directorate, and to the Adoption Improvement Board. Complaints data on performance and by subject was also provided for some Area Deep Dives.

13.7 The contract to provide Independent Persons in Stage Two investigations as required by the legislation was put out to tender in 2014/15 and awarded to the Young Lives Foundation from 1 April 2015.

13.8 The Council continues to operate a robust service for people making complaints about Specialist Children’s Services in accordance with legal requirements.

14. Recommendations

14.1 The Children’s Social Care and Health Cabinet Committee is asked to **NOTE** the content of the report

15. Report Author

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16. Background Documents

16.1 None

From: Peter Sass, Head of Democratic Services

To: Children's Social Care and Health Cabinet Committee – 8 September 2015

Subject: **Work Programme 2015/16**

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 2015/16.

1. Introduction

1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decisions 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:

<u>Children's Social Care and Health Cabinet Committee</u>

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, paragraphs 21 to 23, and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2015/16

3.1 An agenda setting meeting was held on 22 July 2015, at which items for this meeting's agenda were agreed and future agenda items discussed. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion in the agenda of future meetings.

3.2 The schedule of commissioning activity 2015-16 to 2017-18 which falls within the remit of this Cabinet Committee will be included in the Work Programme and considered at future agenda setting meetings. This will support more effective forward agenda planning and allow Members to have oversight of significant service delivery decisions in advance.

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 Members 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 of 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 2015/16.

6. Background Documents

None.

7. Contact details

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Last updated: 28 August 2015

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE – WORK PROGRAMME 2015/16

Agenda Section	Items
2 DECEMBER 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	• **Establishment of a voluntary adoption agency** (moved from September agenda) decision will be in January
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Action Plans arising from Ofsted inspection** (replaces former CSIP update) to alternate meetings • **Update on Public Health Transformation programme** – if there are specific decisions, this item will move to B • **Update on effectiveness of memorandum of co-operation** (arose at agenda setting 22 July) • **Update on accredited social worker programme – models for future accreditation** (arose at 22 July mtg in verbal updates)
D – Performance Monitoring	• **Strategic Priority Statement** (previously mid-year business plan Monitoring) • **Specialist Children's Services Performance Dashboards** • **Public Health Performance Dashboard** • **Work Programme**
E – for Information - Decisions taken between meetings	
JANUARY 2016	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Budget Consultation and Draft Revenue and Capital Budgets**
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Public Health Performance Dashboard** • **Work Programme**
E – for Information - Decisions taken between meetings	
SPRING 2016	
B – Key or Significant Cabinet/Cabinet Member Decisions	

Last updated: 28 August 2015

CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Health Inequalities update** *(if done annually)* • **Emotional Health and Wellbeing Strategy** – 6 monthly update
D – Performance Monitoring	• **Directorate Business Plan and Strategic Risk report** • **Early Help/Preventative Services Business Plan** • **Action Plans arising from Ofsted inspection** (replaces former CSIP update) to alternate meetings • **Specialist Children's Services Performance Dashboards** • **Public Health Performance Dashboard** • **Work Programme**
E – for Information - Decisions taken between meetings	
EARLY SUMMER 2016	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	
C – Other items for Comment/Rec to Leader/Cabinet Member	
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Public Health Performance Dashboard** • **Work Programme**
E – for Information - Decisions taken between meetings	
LATE SUMMER 2016	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Action Plans arising from Ofsted inspection** (replaces former CSIP update) to alternate meetings • **Teenage Pregnancy Strategy** one year on update
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Public Health Performance Dashboard** • **Work Programme**
E – for Information - Decisions taken between meetings	
AUTUMN 2016	

Last updated: 28 August 2015

B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	• **Emotional Health and Wellbeing Strategy** – 6 monthly update
C – Other items for Comment/Rec to Leader/Cabinet Member	
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Public Health Performance Dashboard** • **Equality and Diversity Annual report** • **Annual Complaints report** • **Work Programme**
E – for Information - Decisions taken between meetings	

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