



AGENDA

SELECT COMMITTEE - CORPORATE PARENTING

Thursday, 19th March, 2015, at 2.00 pm

Ask for: Denise Fitch/Gaetano Romagnuolo

Medway Room, Sessions House, County Hall,
Maidstone

Telephone 03000 416090/416624

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

Membership

Mrs Z Wiltshire (Chairman), Mr R E Brookbank, Ms C J Cribbon, Mr S J G Koowaree, Mr B Neaves, Mr M J Northey, Mr R J Parry, Mrs P A V Stockell and Mrs J Whittle

UNRESTRICTED ITEMS

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

1. Apologies for absence
2. 2.00 pm -Dr Noreen Ahmad-Bhatti, Designated Doctor for LAC, East Kent (Pages 3 - 8)
3. 3.00pm -Teresa Vickers, County Manager - Fostering, Kent County Council (Pages 9 - 14)
4. 4.00pm - Philip Segurola, Acting Director, Specialist Children's Services, Kent County Council (Pages 15 - 22)
5. Wrap up session to identify key points from hearing sessions

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
(01622) 694002

Wednesday, 11 March 2015

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Corporate Parenting Select Committee

Dr Noreen Ahmad-Bhatti, Designated Doctor for LAC, East Kent

Biography

My name is Dr Noreen Ahmad-Bhatti. I am Consultant Paediatrician in community child health at East Kent Hospitals University NHS Foundation Trust (EKHUFT). I am also the Designated Doctor for Looked After Children for East Kent.

After graduation and general medical training, I chose Paediatrics as my medical speciality, and completed my Post Graduation training in Paediatrics. I have 20 years' experience of working in the NHS in Paediatrics and have worked in Neonatology, general Paediatrics, Paediatric Neurology and Community Child Health. I have experience of carrying out Health Assessments and Adoption Medicals for Looked After Children and have also attended Adoption Panels. I also have the experience of providing medical advice on the health of the prospective Foster Carer applicants.

I was employed by the EKHUFT as the Consultant Paediatrician in Community Child Health and Designated Doctor for Looked After Children in March 2009. I am based in Ashford, Kent.

My sub-specialist clinical skills and commitments as a Consultant Community Paediatrician are:

1. Management of Epilepsy in children and adolescents with complex neurodisability and neurodevelopmental disorders. I cover Ashford and Shepway districts and on my case load, in addition to the local children, I have Looked After Children and Young People originating both from Kent as well as those placed in Kent from other local authorities.
2. Assessments of children with neurodevelopmental disorders, (Multidisciplinary Assessments for ASD).
3. Medical examination of children with suspected sexual abuse on the request of social services and police.
4. Assessment and management of children with complex needs due to physical and intellectual disability.
5. Teaching and training of the junior Paediatric Doctors - Child Protection Trainer for "Recognition and Response in Child Protection" courses.

I am also Honorary Consultant Paediatrician at King's College Hospital London and do regular Paediatric Epilepsy Clinics to support the Consultant in Paediatric Neurodisability.

I am also the Designated Doctor for LAC in East Kent and cover Ashford, Shepway, Dover/Deal, Canterbury and Thanet. Currently a formal job description is being prepared in line with the statutory guidance and intercollegiate competency framework but the main duties of the role are:

Inter-Agency Responsibilities

- Provide health advice on policy and individual cases to statutory and voluntary agencies, including the Police and Children's Social Care
- Liaise with children's services and other health providers on policy for health care provision for children placed out of area
- Be a member of the Corporate Parenting Board in conjunction with other health service planners/commissioners

Leadership and Advisory Role

- Ensure expert health advice on looked after children is available to children's social care, health care organisations, residential children's homes, foster carers, school nurses, clinicians undertaking health assessments and other health staff;
- Work with health service planners and commissioners to ensure there are robust arrangements to meet the health needs of looked after children placed outside the local area and ensure close working relationships with Local Authorities to achieve placement decisions which match the needs of children.
- Work with commissioners and providers to gain the best outcome for the child/young person within available resources.

Governance: Policy and Procedures

- Work with other professionals taking a strategic overview of the service to ensure robust clinical governance of local NHS services for looked after children
- Contribute to local children and young people's strategies to ensure there is a system in place to check the implementation and monitoring of individual health plans
- Advise and input into the development of practice guidance and policies for all health staff and ensure that performance against these is appropriately audited
- Work with provider health organisations across the health community to ensure that appropriate training is in place to enable health staff to fulfil their roles and responsibilities for looked after children

Co-ordination, Communication and Liaison

- Liaise with, advise, and support looked after children specialist health staff across the health community
- Maintain regular contact with the local health team undertaking health assessments on looked after children
- Liaise with health boards, children's social care and other service planning and commissioning organisations over health assessments and health plans for out of area placements
- Liaise with the health boards/authority child protection and safeguarding lead
- Complete and present annual report as outlined in statutory guidance

Monitoring and Information Management

- Provide advice to all organisations across the health community on the implementation of an effective system of audit, training, and supervision
- Provide advice on monitoring of elements of contracts, service level agreements and commissioned services to ensure the quality of provision for looked after children including systems and records
- Ensure the quality of health assessments carried out meet the required standard
- Ensure each looked after child and all care leavers have full registration with a GP and dentist and that optometric checks are undertaken
- Ensure that sensitive health promotion is offered to all looked after children and young people
- Ensure implementation of health plans for individual children
- Ensure an effective system of audit is in place
- Undertake an analysis of the range of health neglect and need for health care for local looked after children – i.e. case mix analysis to inform service planning; contributing to the production of health data on looked after children across the health community
- Analyse the patterns of health care referrals and their outcomes; and evaluate the extent to which looked after children and young people's views inform the design and delivery of the local health services for them
- Use the above to influence local service planning and commissioning decisions

Training Responsibilities

- Advise on training needs and the delivery of training for all health staff across the health community including those GPs, paediatricians and nurses undertaking health assessments and developing plans for looked after children
- Participate (as appropriate) in local undergraduate and postgraduate paediatric training to ensure health including mental health of looked after children is addressed
- Play an active part in the planning and delivery of multi-disciplinary training

Supervision

- Provide advice, including case-focused support and supervision for health staff at all levels within organisations across the health community that deliver health services to looked after children
- Produce a supervision strategy for the health community which provides direction and options for supervision models, as appropriate to need
- Provide supervision for looked after children named specialist professionals across the health community, or ensure they are receiving appropriate supervision from elsewhere
- To attend regular, at least 6 monthly supervision from an external professional in the same field, one of these to be a face to face meeting.

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CORPORATE PARENTING SELECT COMMITTEE

Hearing 6

Thursday 19th March 2015

Witness Guide for Members

Below are suggested themes and questions. They have been provided in advance to the witnesses to allow them to prepare for the types of issues that Members may be interested to explore. All Members are welcome to ask these questions or pose additional ones to the witnesses via the Committee Chairman.

Themes and Questions

Dr Noreen Ahmad-Bhatti, Designated Doctor for LAC, East Kent

- Please introduce yourself and outline the roles and responsibilities that your post involves.
- Please provide an outline of the health needs of children and young people in care in Kent. How do their health needs compare with those of their peers?
- What services are offered to support the physical and mental health of children and young people in care in Kent?
- In your view, in what ways – if any – can this service provision be improved?
- Please discuss the main issues around children and young people in care whose parents were also looked after.
- In your opinion, to what extent is collaboration amongst KCC and partner agencies effective in meeting the health and well-being needs of children and young people in care in Kent?
- What are the other issues – if any – surrounding children and young people in care in Kent? Are there specific problems in East Kent? In your view, what initiatives – if any - should be implemented to deal with these issues?
- What else – if anything – can KCC, and KCC Members in particular, do in order to fulfil their corporate parenting role with regard to improving the outcomes of children and young people in care in Kent?

- Are there any other issues, with relevance to the review, which you would like to raise with the Committee?

Corporate Parenting Select Committee

Teresa Vickers, County Manager – Fostering, Kent County Council

Biography

Teresa Vickers is KCC's County Manager – Fostering. She has worked in Children's Social Care for 37 years covering Residential, Hospital Social Work, Children and Families, Adoption and Fostering.

Following the restructure in 2012, the remit of her role included responsibility for the management of centralised fostering services, including the recruitment, assessment, training and panel processes for prospective foster carers, as well as the commissioning and delivery of learning and development programmes for all approved foster carers.

This role also includes responsibility for the Specialist Fostering teams of Disability, Fostering and Therapeutic Reparenting (TRP). The TRP Scheme is a fostering service for young children with severe attachment difficulties.

Kent has over 900 registered foster carers, caring for over 1,100 children. There have been 130 foster carers approved in this financial year.

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Themes and Questions

Teresa Vickers, County Manager - Fostering, Kent County Council

- Please introduce yourself and outline the roles and responsibilities that your post involves.
- What type of training, support and respite are foster carers currently provided in Kent? In what ways, if any, can they be improved?
- Please describe the issues around foster carer retention. How can KCC promote the retention of foster carers in the County?
- Please discuss issues around the recruitment of carers for children with disabilities and significant health issues, and for older looked after children displaying challenging behaviour. Is there currently a pool of foster carers in Kent who specifically foster these groups?
- Please discuss issues with regard to independent fostering agencies in Kent.
- Is there inconsistency of fostering placements across the County? If so, what can KCC, and KCC Members in particular, do to redress this?
- In your view, what else – if anything – can KCC Members do in order to fulfil their corporate parenting role?
- Are there any other issues, with relevance to the review, which you would like to raise with the Committee?

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Children and Young People in Care Profile, by Kent Area (31 December 2014)

Kent Profile by Gender -

	Girls	Boys	Total
KCC	158,800	167,200	326,000

North Kent	35,700	37,300
South Kent	35,700	37,300
East Kent	43,600	46,600
West Kent	43,800	46,000

Information gathered from the 2013 Mid Year Population Estimates. Data has been rounded to the nearest 100.

Children in Care Profile –

	Girls	Boys	Total
KCC	710	1,171	1,881

North Kent	96	214
East Kent	284	387
South Kent	165	234
West Kent	131	218
Disability	31	67
Asylum	1	41
Adoption	1	2
Care Leaver Service	1	8

Source: SCS Quarterly Monitoring Report – Dec 2014

Kent Profile by Ethnicity -

	White	Asian	Mixed	Black	Other	n/k
KCC	292,624	12,013	11,300	5,170	1,706	0

North Kent	59,979	4,898	3,342	2,621	934	0
South Kent	67,563	2,574	1,955	672	201	0
East Kent	82,759	1,861	2,859	1,150	264	0
West Kent	82,323	2,680	3,144	727	307	0

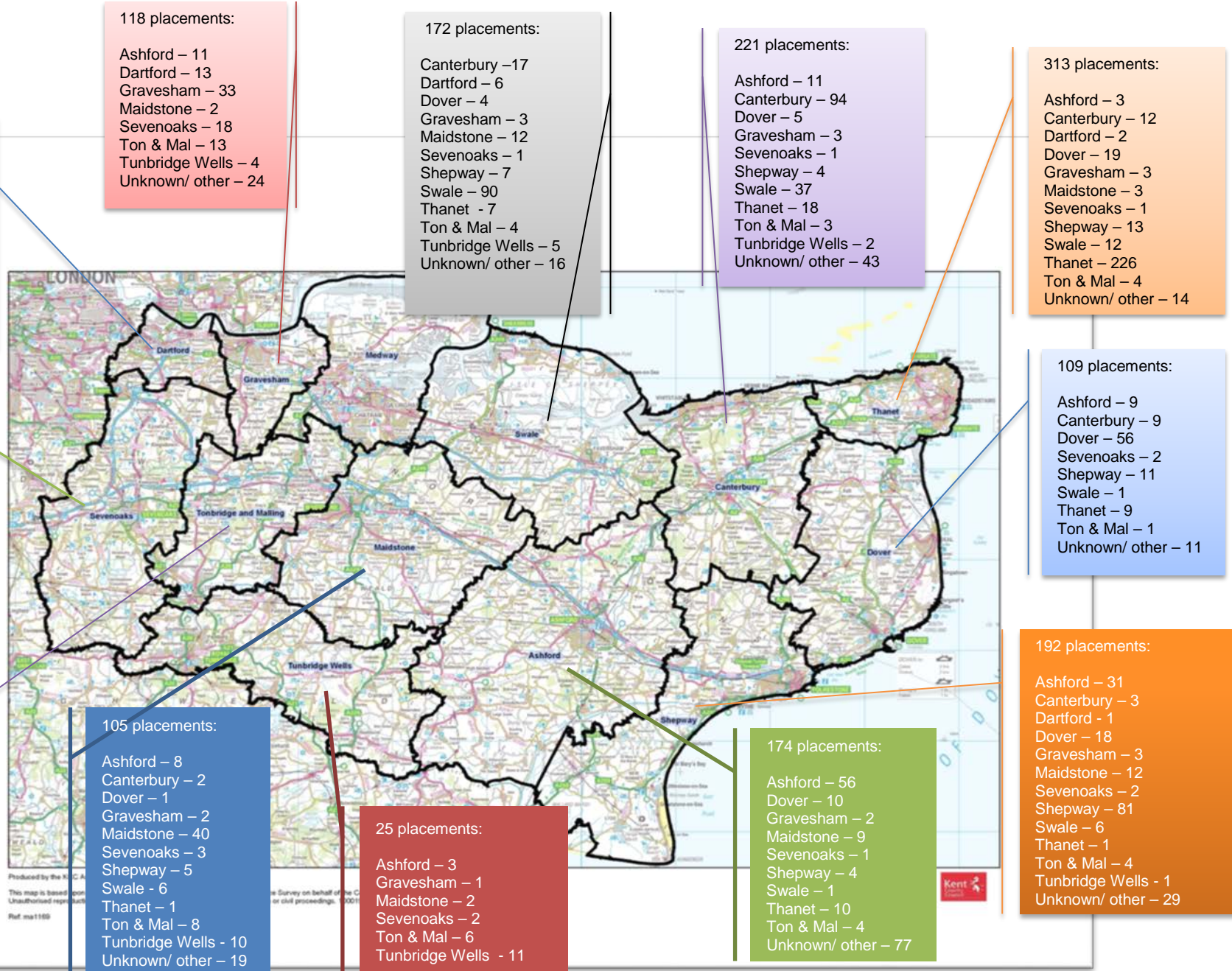
Information gathered from the 2011 Census

Children in Care Profile –

	White	Asian	Mixed	Black	Other	n/k
KCC	1,417	15	88	116	245	0

North Kent	175	21	3	37	74
South Kent	312	19	5	25	38
East Kent	558	28	2	31	52
West Kent	272	16	5	15	41
Disability	95	2			1
Asylum		2		7	33
Adoption	3				
Care Leaver Service	2			1	6

Source: SCS Quarterly Monitoring Report – Dec 2014



Children in care placements and originating home districts as at 31/12/2014

Corporate Parenting Select Committee

Philip Segurola, Acting Director, Specialist Children's Services, Kent County Council

Biography

Specialist Children's Services (SCS) is responsible for the safeguarding and welfare of children and young people with high, complex or acute needs.

Services within the division include Fostering, Adoption, Family Group Conferencing, Local Authority Designated Officer (LADO) Children in Care, Leaving Care and assessment and support for Children In Need (CIN) and Child Protection (CP).

Philip Segurola began as Interim Director of SCS in August 2014. In February 2015 Philip accepted KCC's Personnel Committee's request that he stay in the role until 31 March 2016 to help maintain stability and momentum in SCS throughout the transformation process.

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Themes and Questions

Philip Segurola, Acting Director, Specialist Children's Services, Kent County Council

- Please introduce yourself and outline the roles and responsibilities that your post involves.
- Please discuss the issues – if any - around KCC's corporate parenting responsibility in relation to housing. What can be done – if anything – to secure a more rigorous assessment process to assure the quality of supported lodging accommodation for care leavers across the County?
- What are the issues – if any - around KCC's corporate parenting responsibility in relation to advice on employment and training and the use of apprenticeships for care leavers?
- What can be done to speed up the delegation process for foster carers to authorise looked after children to participate more easily in activities such as school trips or staying with friends?
- In your view, to what extent is it feasible to amalgamate some of the meetings involving professionals and children and young people in care?
- In your opinion, what would be the benefits and challenges of arranging for a group of local senior practitioners to act as links to KCC Members for information and updates on local looked after children?
- In what ways, if any, can the stability of social workers allocated to children and young people in care in Kent be improved?

- In your view, what are the benefits and challenges of recruiting more social work assistants in the County?
- What consideration has been given to adopt a social work model such as that implemented in the London Borough of Hackney?
- Please discuss the advantages and challenges of offering additional mental health therapy to children and young people in care in more informal settings, such as Dandelion Time.
- Are there any other issues, with relevance to the review, which you would like to raise with the Committee?

Kent County Council
Corporate Parenting Select Committee

Children's experience of having a corporate parent

When the Children's Rights Director in 2011 consulted children in care about their experience of having a corporate parent, their views reinforced the findings from other studies: that looked after children wanted to be seen as individuals and valued in their own right rather than being looked after in an impersonal way. They wanted to be cared about, not just cared for, but pointed out that corporate parents were not always successful at this.

Having care plans, meetings and case files

Children identified a number of ways in which being cared for by a corporate parent made them 'different'. One key difference was the structured approach to their care. Looked after children were very aware that having a 'care plan', review meetings and formal medical checks were not things that happened within normal family life. Although they could understand the reasons for this difference, it made life difficult and uncomfortable for them at times. They had to deal with a large number of adults having a say in their life.

Financial factors

The amount of money directly available to looked after children, or for their carers to spend on them, were seen as marking them out as different. Some thought they had more money, others less, and they perceived discrepancies between local authorities or placements in their approach to finances. Cost was seen as the biggest factor in decisions made by their local authority about what should happen to them and where they should be placed.

Bureaucratic processes for 'permission'

Children in care found it frustrating to have to request permission from their corporate parent to do everyday things, such as go on a school trip or stay with friends. Residential or foster carers did not usually seem to have delegated authority to authorise these things and it could be a long process to receive local authority permission. To quote one looked after child,

'You can't just go over to your friend's house ... it takes three to six months for police checks. Other people just go.'

Being treated differently at school

Children described being treated differently not only by education staff but also by other children. At times this was out of curiosity – being seen as different – or it was displayed by people being ‘too nice’. Receiving extra resources or attention made children in care stand out and they were not always comfortable with this. It was particularly difficult if expectations about the transition to independent living did not correspond to their educational status; trying to pursue education while living alone, without the support of residential or foster carers, was reported to be a big challenge.

Leaving care early to live on your own

In spite of the additional support and protectiveness described above, children in care were still expected to make the transition to independent living sooner than their peers. In the words of one looked after child:

‘You’re made to move out to get a flat at 16, and at that age you think “great”, but you’re not ready.’

This was reported to be a source of anxiety for some children, although others were positive about the fact that they were entitled to receive help with accommodation when they left care.

Moving from place to place

The importance of placement stability was well recognised, and looked after children confirmed how stressful it could be to move from place to place:

‘There is no good thing about moving. It affected me. I couldn’t think straight. We’re like objects.’

For some, moves had been positive and they recognised that staying in an inadequate placement was not the solution. The way that moves took place could be better, and children described receiving little warning of a move, or they stressed the need for more information – or choice – about where they were going.

Multiple professionals and disrupted relationships

Children described a range of different professionals involved in their lives, including not only social workers and carers but also Independent Reviewing Officers, advocates and independent visitors. Their views on these differed according to their own experiences but most thought they could be a useful source of support – as long as there were not too many of them.

Having a Children in Care Council and a Care Pledge

Although not all children in care were aware of a Children in Care Council and a Care Pledge, they are generally seen as positive and empowering. As one child explained:

'We have participation meetings and we can ask, "Why aren't we getting this?" When you point out things that are wrong, you can get things changed. It's good.'

Three-quarters of the children contacted thought that the Children in Care Council had made a difference – more so than the local Care Pledge.

Source: National Children's Bureau

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