

**CHILDREN'S SOCIAL CARE AND HEALTH CABINET
COMMITTEE**

Tuesday, 6 September, 2016

10.00 am

Darent Room, Sessions House, County Hall, Maidstone





AGENDA

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Tuesday, 6 September 2016 at 10.00 am
Darent Room, Sessions House, County Hall,
Maidstone

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

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

Membership (14)

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

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UNRESTRICTED ITEMS

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

A - Committee Business

- A1 Introduction/Webcast announcement
- A2 Membership - to note that the committee now has a vacancy, following the recent death of Robert Brookbank
- A3 Apologies and Substitutes
To receive apologies for absence and notification of any substitutes present
- A4 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

A5 Minutes of the meeting held on 5 July 2016 (Pages 7 - 18)

To consider and approve the minutes as a correct record.

A6 Minutes of the meeting of the Corporate Parenting Panel held on 26 May 2016 (Pages 19 - 30)

To note the minutes.

A7 Verbal updates

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

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

C1 Recruitment and Retention of Children's Social Workers (Pages 31 - 36)

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

C2 Report on the Regional Adoption Agency (Pages 37 - 48)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing on progress on establishing a regional adoption agency. The committee is asked to endorse in principle the proposal to enter into formal dialogue with Medway Council and the London Borough of Bexley with a view to establishing a regional adoption agency.

D - Monitoring of Performance

D1 Placement Stability Report (Pages 49 - 66)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing on proposed actions to improve placement stability.

D2 Specialist Children's Services Performance Dashboard (Pages 67 - 76)

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 against targets, as at June 2016.

D3 Public Health Performance - Children and Young People (Pages 77 - 86)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, outlining current performance against

targets.

D4 Annual Equality and Diversity Report - Specialist Children's Services (Pages 87 - 96)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing on equality and diversity work and progress on the County Council's equality objectives for 2015/16.

D5 Complaints and Representations 2015/16 (Pages 97 - 112)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing on the operation of the Children Act 1989 Complaints and Representations Procedure in 2015/16.

D6 Contract Management Oversight (Pages 113 - 116)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing on the role that the Cabinet Committee could play in the commissioning cycle.

D7 Children and Young People's Mental Health Services (Pages 117 - 124)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing on progress of the procurement and mobilisation of the Children and Young People's Mental Health Service (CAMHS).

D8 Work Programme 2016/17 (Pages 125 - 130)

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, 26 August 2016

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

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KENT COUNTY COUNCIL

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Children's Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 5 July 2016.

PRESENT: Mrs J Whittle (Chairman), Mrs A D Allen, MBE (Vice-Chairman), Mrs P Brivio, Mrs P T Cole, Mrs M E Crabtree, Mrs S Howes, Mr G Lymer, Mr B Neaves, Mr C P Smith, Mr M J Vye and Mrs Z Wiltshire

ALSO PRESENT: Mr P J Oakford

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health and Wellbeing), Mr P Segurola (Director of Specialist Children's Services) and Mr A Saul (Democratic Services Officer) *Minutes completed by Miss T A Grayell (Democratic Services Officer)*

UNRESTRICTED ITEMS

142. Introduction and tribute to Jane Cribbon

(Item A1)

The Chairman gave thanks for the work of, and paid tribute to, Jane Cribbon. Ms Cribbon had been a passionate advocate for young people's wellbeing and development, both as a Kent County Councillor and a member of the Children's Social Care and Health Cabinet Committee. The committee recorded its thanks for the work Jane had done in support of young people.

143. Apologies and Substitutes

(Item A2)

1. Apologies for absence were received from Mr R H Brookbank, Mrs M Elenor and the Cabinet Member for Adult Social Care and Public Health, Mr G K Gibbens.
2. Mr L Burgess was expected to attend as a substitute for Mrs M Elenor, and Mrs Cole would represent Mr Gibbens in her role as Deputy Cabinet Member for Adult Social Care and Public Health.

144. Declarations of Interest by Members in items on the Agenda

(Item A3)

There were no declarations of interest.

145. Minutes of the meeting held on 13 May 2016

(Item A4)

The minutes were agreed as a correct record. There were no matters arising.

146. Minutes of the meeting of the Corporate Parenting Panel held on 15 March 2016
(Item A5)

The minutes of the Corporate Parenting Panel held on 15 March 2016 were noted.

147. Verbal updates
(Item A6)

1. The Cabinet Member, Mr P J Oakford, gave a verbal update on the following specialist children's services issues:

Visited Children's Centres in the Ashford and Swale areas

Visited Children's Centres in the Thanet area with a local GP to explore how specialist children's services and health could integrate and work more closely together in using children's centre facilities.

Children's Centres Working Group – this group had recently been established with officers from Property, Public Health and Early Help services to ensure that optimum use was being made of children's centres premises, both in terms of the services based there and the number of days per week on which the premises were used, to achieve best use of public money. It was planned that the health visiting service and youth service both be based there. In response to a concern raised, Mr Oakford emphasised that this was not an exercise to identify a reduction in children's centres. The work of the group was in no way to be seen as confidential and all local Members would be involved.

A recent Member briefing on child sexual exploitation had been well attended.

Opened Tunbridge Wells Youth Hub with Mike Hill, Cabinet Member for Communities – until recently, Tunbridge Wells had been the only area of Kent not to have a youth hub, so it was particularly pleasing that a suitable premises had become available for this use.

Attended Challenger Troupe Awards ceremony

Unaccompanied asylum seeking children (UASC) national dispersal scheme – two recent meetings at the Home Office had addressed the need for and the establishment of a national dispersal system for UASC. It was disappointing that the scheme was still voluntary rather than mandatory, and that, of the 12 other local authorities which had indicated a willingness to help, only West Sussex had ultimately come forward to take a maximum of 15 UASC from Kent. If the Home Office calculation of the ideal maximum percentage of UASC compared to the overall population of a local authority were applied, it would mean that Kent should have no more than 300 UASC, yet currently had three times that number. Monthly arrival rates were much lower than for the summer of 2015 but the 30 or so UASC arriving per month still had some impact on accommodation, policing, health and education services. Kent would continue to lobby for a mandatory national dispersal scheme.

In response to a question, Mr Oakford clarified that an amendment to the Immigration Act in May 2016 had given the Government reserve powers to direct local authorities to take UASC, so could impose a mandatory scheme.

2. Mr A Ireland then gave a verbal update on the following specialist children's services issues:

Ofsted visit – no Ofsted visit had yet been announced so this would not now happen until September at the earliest.

Ofsted consultation – Ofsted had very recently published a consultation on its future inspection framework. The issues set out in the consultation would be examined and reported to a future meeting of this committee.

Local Safeguarding Children's Boards (LSCBs) – a review of the role and functions of Local Safeguarding Children's Boards, commissioned by the Government and prepared by Alan Wood, had reported in May 2016 had made a clear recommendation that local authorities should not have a duty to have a LSCB, but, if they chose not to, they had to demonstrate that they had in place robust joint working arrangements with local Police and Health services to ensure that child protection issues were adequately covered. All local authorities would need to consider how they wished to proceed, and this committee would have an opportunity to discuss the possibilities for Kent.

Regional Adoption Arrangements – progress towards new arrangements was continuing, and the Coram Partnership Board had met recently. All local authorities would need to consider what they wished to put in place and were considering the possibilities, which included potential partnership arrangements with neighbouring authorities. It was expected that further progress would be reported to this committee shortly.

3. As Deputy Cabinet Member for Adult Social Care and Public Health, Mrs P T Cole gave a verbal update on the following children's public health issues:

Mind the Gap – the County Council's new Health Inequalities Action Plan would be reported shortly to the Adult Social Care and Health Cabinet Committee and, to avoid duplication, it would not also be reported to this committee. However, Members of this committee could attend the Adult Social Care and Health Cabinet Committee meeting on 12 July to hear the item and take part in the debate.

29 June Spoke at Perinatal Mental Health Conference at Canterbury Christ Church University

29 June Visited Turning Point substance misuse service in Canterbury - it had been encouraging to see the increased confidence that the service was able to give people and to see former users who had benefited from support returning to mentor others.

4. Mr A Scott-Clark then gave a verbal update on the following children's public health issues:

Community Pharmacies – a letter from Mr Gibbens and the Cabinet Member for Education and Health Reform, Roger Gough, had been sent to the Minister to seek to secure adequate funding for pharmacies in rural and edge-of-town locations. It had been good to receive the recent news that NHS funding would be made available to support the integration of primary care and community pharmacies. Mr Scott-Clark added that pharmacies facing hardship could bid to access this funding via pharmacy access schemes, based on location and local need. Local Pharmaceutical Committees had expressed concern about the viability of suburban and rural pharmacies.

NHS Sustainability and Transformation Plans: Prevention – prevention had previously been a key issue in the NHS 5 year plan, and the County Council's Public Health team would support enhanced intervention and seek to promote priorities such as addressing obesity, achieving parity of esteem for mental and physical health

and encouraging employers to take workplace health and lifestyle choices, such as drinking and smoking, seriously.

Work with the Town and Country Planning Association – the County Council's Public Health team would work with Public Health England, district councils, local clinical commissioning groups (CCGs) and Health and Wellbeing Boards to address the issue of planning health more systematically and effectively into the infrastructure of new developments, for example, in terms of green space and walking and cycling routes.

Healthy New Towns/Ebbsfleet – related to the above, Ebbsfleet had been awarded Healthy New Towns status, and Public Health would work with Public Health England, the district council, the local CCG and the Ebbsfleet Development Corporation to address issues such as building a healthy environment and linking health services to the local transport network.

News of the Ebbsfleet Healthy New Towns initiative was welcomed, and Mr Scott-Clark was asked to ensure that the Kent Association of Parish Councils made other parish councils fully aware of the Healthy New Towns project and the opportunities this represented;

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

148. Public Health Children's Services (16/00038a and b)
(Item B1)

Ms K Sharp, Head of Public Health Commissioning, and Ms S Bennett, Consultant in Public Health, were in attendance for this item.

1. Ms Sharp introduced a report on the proposed decision to extend the existing contract for Health Visiting and the Family Nurse Partnership Service (decision number 16/00038b) until 31 May 2018, and gave an update on the progress of the procurement of the School Public Health Service (decision number 16/00038a). She gave the following information:-

- a) the School Public Health Nursing Service had been reviewed and was found to have two clear challenges to overcome; its visibility as a service in schools and its current lack of focus on adolescents;
- b) it was emphasised that the services going forward would have to prioritise emotional wellbeing to a greater extent and to focus on both younger children and adolescents;
- c) the committee was also informed there would an opportunity for market engagement to ensure that the provider had a robust plan for meeting Kent County Council's targets in this area;
- d) with regard to the Health Visiting Service, it was brought to the committee's attention that, given the much more recent transfer of the service, the Directorate had had less time to undertake an in-depth review; and
- e) Ms Sharp informed the committee that it would be advisable to delay a procurement of this for the following reasons:

- i. the need to evaluate how to implement recent reductions on the public health grants,
- ii. to allow a review of the interface with Children's Centres to take place,
- iii. to ensure that safeguarding capacity was not at all reduced, and
- iv. to seek the most efficient service model possible.

2. Ms Bennett gave the following information in response to questions raised by Members of the committee:-

- a) in response to a concern raised, the committee was informed that local partnerships would be kept up to date with this information;
- b) regarding nursing in secondary schools, there would be a named professional for each school;
- c) reassurance was given that measurement of the impact of their work was considered key and that Public Health would have standard indicators in place to achieve this;
- d) it was confirmed that the School Public Health Service would cover all publicly-funded schools and that private school students could access it via referral;
- e) confirmation was given in response to feedback from Mr Vye that negative case studies could also be included in future reports, to assist frank assessment and discussion; and
- f) with regard to comparison with other Local Authorities which were providing these services, Ms Bennett explained that regular discussion would take place with neighbours in the South East Network, Essex and West Sussex.

3. RESOLVED that the proposed decision for the Cabinet Member for Adult Social Care and Public Health to extend the existing contract for the Health Visiting and Family Nurse Partnership Service until 31 May 2018, be endorsed.

149. Children and Young People's Mental Health Service - joint procurement (16/00052)

(Item B2)

Mrs C Infanti, Commissioning Officer, was in attendance for this item.

1. Mrs Infanti introduced the report on the commissioning and procurement of the child and young people's mental health service. She explained that this report sought the committee's endorsement to formalise the next step of the joint procurement process and enter into legal agreements with the CCGs.

2. Mrs Infanti gave the following information in response to questions raised by the committee:-

- a) that she, colleagues in Legal Services and CCG colleagues did not foresee any problems in getting the legal agreements in place by the proposed timeline;
- b) it was also confirmed a lot of work had been done on the performance framework and that any potential provider would be asked to share that performance data with the County Council;
- c) that staff employed by the successful provider would be expected to work alongside current Kent County Council staff in Early Help Units; and
- d) in response to a concern raised, Mrs Infanti explained that the contract would be held by West Kent Clinical Commissioning Group. However, Kent County Council would have an agreement in place that would ensure there were clauses in the contract in regard of performance targets for the provider. This would involve Kent Performance Indicators having to be followed closely by the provider.

3. Mr A Ireland, Corporate Director of Social Care, Health and Wellbeing, reassured the Committee that the Health Overview and Scrutiny Committee had been following the progress of the commissioning and procurement of the child and young people's mental health service in depth.

4. RESOLVED that the proposed decision to be taken by the Cabinet Member for Specialist Children's Services:-

- a) that Kent County Council enter into such legal agreements that are necessary and appropriate to enable the joint operational delivery of this project between the County Council, West Kent Clinical Commissioning Group and the provider, for the purpose of jointly procuring a mental health service for children and young people, including children in care and integrated provision within the health needs pupil referral units; and

- b) to delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to enter into the agreements,

be endorsed.

150. Action Plans arising from Ofsted inspection (Item C1)

Mr T Stevenson, Head of Quality Assurance, and Ms E Perkins, Executive Officer, West Kent, were in attendance for this item.

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

- a) in response to a concern that Kent may not be compared on a 'like for like' basis with other local authorities, as it had a much higher number of children in care and UASC, Mr Stevenson confirmed that these factors did indeed have a substantial impact on Kent's performance, along with the

large size and diverse nature of the county, which added the challenge of service co-ordination and achieving consistency across the county. Mr Segurola added that the parameters on which inspections were based (ie were children kept safe, were families in need supported and were good outcomes being achieved for children in care) were the same for every authority, regardless of size;

- b) a comment was made that a nearby authority had progressed from an 'inadequate' to a 'good' rating, despite placing many children at a distance from their homes, many of them being placed in Kent. Surely this would compromise the quality of the supervision, monitoring and review that they could give those children. In addition, with the advent of Staying Put and Closer To Home, which aimed, respectively, to help young people to stay with their foster carers up to the age of 21 and to take up independent living accommodation near the area in which they had been in care, children and young people placed in Kent by other local authorities would remain in Kent for longer as young adults, and would need support to do so. Surely this support role would fall, at least partly, upon Kent;
- c) the tri-boroughs had attracted praise from Ofsted for the way in which their elected Members scrutinised services, and a question was raised about the extent to which Kent could demonstrate a similar level of scrutiny, for example, by the minutes of its meetings reflecting effective challenging and questioning;
- d) asked by the Chairman to highlight areas in which Kent performed less well, Mr Segurola said that Kent had some areas of outstanding practice and some areas less so, for example, achieving consistency of service across the county. The current year had seen increased demand, continuing difficulties around recruitment and retention of social workers and social work managers and a resulting increase in caseloads, which would inevitably have an impact on the quality and consistency of practice. There was always more work to do and Kent would always persevere to raise standards. Mr Ireland added that consistency of practice was a challenge for any large authority, and performance monitoring dashboards showed the ebb and flow of strengths and lesser strengths and how these were affected by staffing levels. Kent would need to demonstrate that it had a mechanism by which it could address these challenges. *The Chairman asked that an update report on social worker recruitment and retention be made to the committee's next meeting.* Mr Segurola added that regular 'health check' reports were produced, using parameters set by the Local Government Association, and briefing notes for Members, setting out the pointers for inspection and the questions they should be asking officers, *would be sent to all Members later in the summer.* Mr Ireland reminded Members that scrutiny took place in other forums, including the Children's Services Improvement Panel and the Corporate Parenting Panel, both of which received regular reports of performance data. The previous meeting of this committee had looked at areas of work currently rated red, which had led to reports on placement stability being made to the Corporate Parenting Panel in July and planned for this committee in September. Ofsted would look at this audit trail as part of an inspection;

- e) the recent Corporate Parenting Select Committee had undertaken some in-depth scrutiny of issues, including child sexual exploitation, and had gained much understanding from this work. This represented more scrutiny than had been undertaken of these issues by many other local authorities, and should surely be acknowledged and praised in an Ofsted inspection; and
 - f) in response to a question about the role Members would play in an Ofsted inspection, Mr Ireland explained that recent changes to the inspection framework had shifted emphasis away from interviews with Members to inspection of case files and interviews with social workers and social work managers. Only the Cabinet Member for Specialist Children's Services and the Leader of the Council were likely to be interviewed. The Lead Inspector would advise the County Council at the start of an inspection of how the inspection would proceed, within the inspection framework.
2. RESOLVED that the information set out in the report, and given in response to comments and questions, be noted, and an update report on social worker recruitment and retention be made to the committee's next meeting.

151. Kent's Teenage Pregnancy Strategy 2015- 2020 - One Year On
(Item C2)

Ms S Bennett, Consultant in Public Health, was in attendance for this item.

1. Ms Bennett introduced the report, which gave an update on the strategy which was approved in September 2015. She explained that Kent's rate of conceptions among 15 – 17 year olds had halved in the last 13 years, was lower than the national rate but higher than the rate in the south east overall. The UK still had one of the highest rates of teenage pregnancy in Europe. Kent's Teenage Pregnancy Strategy had two main themes:- to prevent conceptions, and to support teen parents to mitigate the ongoing effects of becoming parents very young. Ms Bennett outlined the six ambitions in the strategy and explained how services and initiatives would contribute to them. She then responded to comments and questions from Members, as follows:-

- a) contraceptive services and sexual health services in schools were open to all young people but could also be targeted specifically to vulnerable groups such as children in care;
- b) many young people in care felt that they had not experienced parental love and felt that a way to repair this was to have a child of their own. The way in which sexual health services could possibly work with foster carers or children's homes to address this was not clear, but Members were assured that vulnerable groups would always be covered;
- c) no data on the percentage of teenage parents who were in care was collected nationally, so if Kent wanted to identify this cohort it would need to undertake its own data gathering. Mr Ireland confirmed that it was possible to identify from data which children in care had become parents in their teens;

- d) although all 15 – 17 year olds should still be in full-time education, not all would be actively engaged and attending school or college. It was known that those most likely to conceive in their teens were also the least likely to be attending school;
- e) in response to a question about the contribution of immigrant groups to the higher rates of teenage pregnancy in the Dover area, Ms Bennett explained that ethnicity was not recorded in data, but she assured Members that local service providers would always be sensitive to the ethnic and cultural make-up of their local population and the best ways to reach different groups. It was more likely that teenage pregnancy rates were linked to levels of deprivation than to the ethnic and cultural profile of an area, as other areas with higher teenage pregnancy rates also had higher levels of deprivation;
- f) provision of youth services in an area would include information about avoiding teenage pregnancy, so a reduction on the former could be a contributing factor in rises in the latter;
- g) PSHE lessons were considered a good way to tackle the issue of teenage pregnancy, as not all young people engaged with youth services but all should be attending full-time education. However, provision of PSHE classes was not consistent across the county, and some young people found it limited, not covering emotional development and relationships. It was important that the County Council use this method of engaging young people and seek to influence the content and quality of lessons to address the issue of teenage pregnancy. Ms Bennett advised that sex education in schools was part of the school public health service, which had recently been re-commissioned. Mr Scott-Clark added that work to support emotional resilience would be covered by the new Headstart service, which was soon to start;
- h) it was suggested that Facebook could be used as another method of engaging young people about teenage pregnancy, but another speaker advised that young people did not look to Facebook to read about and discuss this sort of issue. Also, many parents would prefer their children to receive information and guidance on relationships from a trusted teacher or other professional. On social media, self respect was not generally seen as a key priority. Another speaker took the view that engagement with young people needed to use the methods which young people themselves used, to be proactive in countering negative messages, and that social media had a role to play in this;
- i) the County Council had previously had a select committee looking at PSHE, and it might be time now to review the recommendations which were made by the select committee in 2007 to help inform current debate;
- j) one school in Kent, Canterbury Academy, had community youth tutors available on site, but this arrangement was unusual in Kent schools. Youth tutors were sometimes more trusted by young people and could be more effective than teachers in leading PSHE classes, and this model would be a good one to copy elsewhere; and

- k) now that Members were able to see the areas of the county in which rates of teenage pregnancy were high, work to address them could be targeted.
2. RESOLVED that the progress in delivering the Kent Teenage Pregnancy Strategy be noted, and a further update report on the progress of the strategy be submitted to this committee in July 2017

152. Local Government Ombudsman Finding of Maladministration
(Item C3)

Mr A Mort, Customer Care and Operations Manager, was in attendance for this item.

1. Mr Mort outlined the complaint, by a parent seeking financial support for her disabled teenage son in the school holidays, and summarised the Ombudsman's report and findings. The Ombudsman had found the County Council's Direct Payments policy to be too restrictive, with insufficient scope for flexibility and officer discretion in individual cases, and found that the Council had not taken sufficient consideration under Carers' legislation of the mother's need to work and hence need for child care support. The County Council had feared that to provide childcare in the school holidays may set a precedent for other cases, at great cost. However, the Council had accepted the Ombudsman's findings and would be taking the following action: to change its Direct Payments policy to allow more scope for officer discretion, to train staff so they understood the scope they had to apply discretion, to pay the complainant £1,000 in compensation, for time and trouble and stress caused, and to review the sufficiency of its provision of care for older children during the school holidays. Mr Mort responded to comments and questions from Members, as follows:-

- a) asked what lessons the County Council had taken on board from the process, Mr Mort explained that it was clear that the complaint took longer than it should have done to resolve, partly because the involvement of independent people at stages 2 and 3, although an important part of the process, required time to arrange. In addition, because the complainant's son had special educational needs, there had been a question over whether the complaint should be considered under the SEN appeals process or the statutory complaints process. At stage 3, the independent Complaints Review Panel, Kent would offer a complainant the opportunity to go to an independent Complaints Review Panel or direct to the Ombudsman, and it would in future make clear to a complainant their entitlement to have their complaint heard by an independent Complaints Review Panel. In the case in question, the Ombudsman had been approached directly and had referred the case back to the County Council for consideration by a panel at stage 3;
- b) asked what legal advice the County Council had taken, and when, in response to the complainant's early assertion of the legal framework and precedent for her claim, Mr Mort explained that Legal Services had been consulted and been advised that the Council's Direct Payments policy was sound but had identified the possibility that it fettered the Council's discretion. However, this had been some time later in the process. Legal Services had been approached once more when the case was referred to the Ombudsman;

- c) the complaint had taken one year in total to resolve, and although the complainant would now receive a compensation payment, she had experienced stress as a result of pursuing the complaint; and
- d) a view was expressed that, although the natural first instinct when receiving a complaint was to become defensive, it was important to give as much help as possible as soon as possible, and to explain the policy and its impact carefully. Although it would inevitably take time and effort, a personal visit would be a good way to approach a complainant and could be more helpful than sending an official letter. Mr Ireland advised that there had necessarily to be some level of bureaucracy in a statutory complaints process and it was important that a complainant be sent a written response which they could then submit to the Ombudsman as evidence. He added that the independent people considering the case had not identified any problem with the County Council's approach up to that stage, including the level of legal advice sought. Because the regulations and policy around Direct Payments did not address the issue of care for disabled young people in school holidays directly, and Carers' legislation also did not cover this issue fully, to have discretion in applying policy was even more important. The Council needed to ensure that staff were fully aware of the scope to apply discretion over and above the policy framework and of the process for applying this discretion. The fact that the complainant's son was a young person in the transition stage between children's and adult services had made the case more complicated.

2. RESOLVED that the information set out in the report about the findings of the Ombudsman's investigation, and the additional information given in response to comments and questions, be noted, with thanks.

153. Specialist Children's Services Performance Dashboard

(Item D1)

Mrs M Robinson, Management Information Unit Manager, was in attendance for this item.

1. Mrs Robinson introduced the performance dashboard for Specialist Children's Services. She explained to the committee that 21 RAG indicators were green, 21 were amber and only two were red. Further to this, confirmation was given that the two red RAG indicators would both be amber if UASC were excluded.
2. RESOLVED that the Specialist Children's Services performance dashboard be noted.

154. Public Health Performance - Children and Young People

(Item D2)

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

1. Ms Sharp introduced the report on Public Health performance and informed the committee that, overall, the direction of travel had been positive and encouraging.

The committee's attention was also drawn to the number of pregnant women smoking at their date of delivery, which was raised as an area of concern.

2. RESOLVED that the Public Health performance report be noted, with thanks.

155. Work Programme 2016/17

(Item D3)

RESOLVED that the committee's work programme, with the inclusion of statistics on children in care coming to a future meeting, and a further update on youth pregnancy coming to a meeting in 2017, be agreed.

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, 26 May 2016.

PRESENT: Mrs A D Allen, MBE (Chairman), Mrs Z Wiltshire (Vice-Chairman), Ms H Carpenter, Mrs T Carpenter, Mrs P T Cole, Mr T Doran, Ms M Emptage (Substitute for Ms S Dunn), Mr S Griffiths, Ms B Haskins, Ms N Khosla, Mr G Lymer, Mr T A Maddison (Substitute for Ms C J Cribbon), Mrs C Moody, Ms C Mutton (Substitute for Ms S Dunstan), Mr P Segurola, Ms S Titchner (Substitute for Ms B Taylor), Mr M J Vye and Mrs J Whittle

IN ATTENDANCE: Mrs S Skinner (Service Business Manager, Virtual School Kent) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

144. Apologies and substitutes

(Item A1)

1. Apologies for absence had been received from Mr R Brookbank, Mr S Collins, Ms C J Cribbon, Ms S Dunn, Ms S Dunstan, Mr S Gray, Mr B Neaves, Mr P J Oakford and Ms B Taylor.
2. Mr T Maddison was present as a substitute for Ms C J Cribbon, Ms M Emptage for Ms S Dunn, Ms C Mutton for Ms S Dunstan and Ms S Titchner for Ms B Taylor.

145. Minutes of the meeting of this Panel held on 15 March 2016

(Item A2)

1. RESOLVED that the minutes of the Panel meeting held on 15 March 2016 are correctly recorded and they be signed by the Chairman.
2. Arising from minute 138, The Vice-Chairman, Mrs Wiltshire, reported that the group of young people in Thanet who had made a DVD about local crime issues and how these could be addressed had won a national Crime Beater award in March. They had been shortlisted, with 11 others, out of 55 original entrants, and the award was accompanied by a cash prize of £1,000. The young people concerned were warmly congratulated by the Panel and Mrs Wiltshire was commended for encouraging them to submit the DVD for an award, with the involvement of the High Sheriff of Kent, whose projects for 2016 included tackling crime and drugs. Mrs Wiltshire added that she was very proud of the young people.
3. The Chairman suggested that the winning DVD be shown to a future meeting of the Panel.

146. Minutes of the meeting of the Kent Corporate Parenting Group held on 29 February 2016
(Item A3)

1. In response to a request for reassurance that merging the Kent Corporate Parenting Group and the Corporate Parenting Panel would not inhibit scope to discuss operational activity in the future, Mr Segurola explained that this issue had been considered when planning the merger. He assured the Panel that existing links with operational partners and 'behind the scenes' multi-agency joint working would continue as before. The Panel had agreed that it would review its operation after six months, and this would give an opportunity to check that frank discussion was not being inhibited.

2. In response to a question about potential challenges in engaging social workers from abroad, Mr Segurola explained that good English language skills were a basic requirement. Some overseas recruitment campaigns in the past had not been successful, and experience had shown that the level of support given to new social workers, including the quality of induction, a low initial caseload and help in finding accommodation, was a major factor in the success of such a campaign.

3. RESOLVED that the minutes of the final meeting of the Kent Corporate Parenting Group, held on 29 February 2016, be noted.

147. Chairman's Announcements
(Item A4)

1. The Chairman welcomed new Panel members to their first meeting and emphasised that, although the County Council membership was cross-party, discussion of business was non-political.

148. Verbal Update from Our Children and Young People's Council (OCYPC)
(Item A5)

1. Ms Titchner and Ms Mutton introduced themselves and gave a verbal update on recent work undertaken by the VSK participation team on behalf of the OCYPC and Children in Care Council (CICC).

Recruitment:

- Ms Titchner had started work in March 2016 as a Participation Support Assistant.
- Ms Mutton had started work in April 2015 as an Apprentice Participation Worker.
- A new Apprentice Participation Worker, Reece, would start employment in June.
- Two more VSK Apprentices were still being sought, to fill vacancies in North and West Kent.

Meetings:

- In East Kent, membership and attendance at meetings was gradually increasing. Attendance in North and West Kent was still strong.

- At the last meeting of the Super Council, discussion had taken place of what qualities a good social worker should have, with trustworthiness being judged the most important.
- At the last meeting of the OCYPC, service managers had attended to answer questions about the challenges faced by social workers, and this session had been very useful.
- It was hoped that more UASC could be encouraged to attend Young Adults Council (YAC) meetings.
- Recent meetings had included a basic first aid course by the St John's Ambulance Service and a masterclass in CV preparation and interview skills.
- A county-wide CICC meeting would take place on 5 August, to celebrate the achievements of the Council. Panel Members would be invited to attend this.

Other Activity:

- A team of YAC and VSK staff would undertake the Thames Bridges 25km Trek on 10 September, for which Panel members were invited to sponsor them. The aim was to raise £3,000.
- The OCYPC would continue to work on tackling stigma around being in care, for example, the way in which schools approached a child's care status. It was planned that this work would include making a DVD about identity, in which young people would describe themselves in three words. This would help challenge stereotypes of children in care and would emphasise that there was so much more to a young person's identity than their care status. It was hoped that the finished DVD would be premiered at the awards ceremony.
- A programme of activity days was planned for the summer and details of this would be sent to Panel members when complete. Activities would include art days, gliding, horse riding, a sports day and a trip to Dover Castle. Activity days were an excellent opportunity for young people in care to meet and network.
- Work would continue on training a recruit crew to take part in interview panels for social workers and foster carers, and Skills to Foster panels.
- A county-wide art competition was planned, sponsored by the Director of Specialist Children's Services.
- A newsletter would be re-designed to be printed and posted direct to young people rather than via social workers or foster carers. This would ensure that it reached a wider audience.
- Social workers' business cards had now been printed and were being circulated via children in care teams across the county.

2. Mrs Skinner added that a challenge card for young people in care to be able to meet their siblings, either at home or in another placement, was now being followed

up by the IRO and fostering services. The issue would be referred to the CICC for discussion at the end of May.

3. Ms Titchner responded to comments and questions from the Panel, as follows:-

- a) invitations to Panel members to attend OCYPC and YAC meetings could be wider so more would have an opportunity to participate;
- b) notice of, and an invitation to attend, activity days, was welcomed;
- c) some County Councillors had been able to support activities via their individual Member Grants, but this was limited, so any applications for funding should be submitted as soon as possible;
- d) in response to a question about stigma and schools' treatment of children in care, the Panel was advised that teachers sometimes made allowances for children in care and treated them differently from other pupils, for instance, by reprimanding other pupils involved in misbehaviour but avoiding reprimanding them, as it was thought that this would distress them. It was difficult to find the right way to approach the subject but the YAC could help with advice for teachers;
- e) it would be useful to show the finished DVD about stigma to the full County Council, and the Chairman undertook to look into arranging this. She suggested that the VSK apprentices write to the Chairman of the County Council, sending the DVD, when complete, and asking him to allow it to be shown at a County Council meeting. Mrs Skinner added that the Leader of the County Council had asked to attend a future meeting of the OCYPC, which would add an opportunity to raise the promotion of the DVD;
- f) Mr Doran spoke about his experience as a teacher needing to address issues around trauma for young people. Specific training in this issue would need to be continually updated. A conference – 'Good Emotional Health Equals Good Learning' - in June 2016 would include discussion on understanding of the impact of trauma and attachment on learning and behaviour; and
- g) Foster carers praised the VSK apprentices for their excellent work in encouraging children in care to engage and participate, particularly in East Kent and for children with a disability.

4. The verbal updates were noted, with thanks.

149. Verbal Update by Cabinet Member

(Item A6)

1. In the absence of the Cabinet Member, Mr Lymer gave a verbal update on the follow issues:-

Drive to increase foster carers – in relation to National Foster Carer Fortnight, the County Council was seeking to attract more foster carers. Mr Lymer referred to the

immense contribution made by the county's foster carers to the support and development of young people in care and the rewarding nature of the role. He cited the VSK apprentices as examples of what young people in care could achieve when they benefitted from the support and guidance of good foster carers.

UASC – the number of UASC arriving in Kent in recent weeks and months had been lower than had been anticipated. The Panel would be further updated on the situation at future meetings.

2. Ms Smith added that the two-week targeted foster carer recruitment campaign had included online and social media, local press and radio. In addition, a fostering activity day had sought to match prospective foster carers to children seeking permanent placements. This was an innovative approach, and Kent was the first local authority to hold such an event. In response to a question about the drop-out rate for prospective foster carers who started but did not complete the assessment and training process, Ms Smith explained that it was important to be clear and frank at the outset about the requirements and demands of the role so applicants could see a realistic picture of what they were going into. In Kent, approximately 40% of applicants were successful in completing the process, and this compared well to the success rate nationally.

3. The verbal updates were noted, with thanks.

150. Kent County Council Foster Carers Annual Survey 2016, in consultation with Kent Foster Carer Association (KFCA)
(Item B1)

Ms C Smith, Acting County Manager, Fostering, and Ms L Wray from the Kent Foster Carer Association, were in attendance for this item.

1. Ms Smith introduced the report and said that the single biggest issue identified by the survey had been the vital importance of good communication between the County Council and its foster carers. Ms Wray added that, due to the low response rate - only 23% of foster carers – any dissatisfaction voiced in replies should not be taken as an indication of general dissatisfaction among foster carers as a whole. It had often been found that those most likely to respond to a survey were those who wished to complain.

2. Ms Smith, Ms Wray and Ms Khosla responded to comments and questions from the Panel, as follows:-

- a) concern was expressed that the questionnaire had been accessible only online, which some people might have found difficult;
- b) good engagement with foster carers was indeed vital, as they formed the 'front line' of the County Council's services to children and young people in care. To gain a clear picture of their views and concerns, a much higher response rate would be needed;
- c) foster carers' lack of awareness of appreciation events indicated that social workers should be more proactive in communicating with foster carers, and there was clearly not a coherent approach across the county to advertising appreciation events. Ms Smith agreed that her priority was to act on the

feedback given. Foster carers were generally satisfied with their level of engagement with social workers; those voicing complaints tended to be those who had had many changes of placement or were caring for young people with complex needs;

- d) a view was expressed that it should not be assumed that those who had not replied were necessarily happy. Kent had to compete with independent fostering agencies to recruit good foster carers so could not afford to be complacent, and the Panel, as corporate parents, should be proactive in identifying the issues which needed to be addressed. Placement stability was currently a concern, and if foster carers did not have good information about services available they were not best able to support a child. Ms Smith responded that work was currently going on about how to improve matching and information, as good matching at the outset would lead to a more stable placement. Ms Khosla agreed that good planning before the start of a placement would increase the chances of a placement remaining stable. Work to support placements was being undertaken with the VSK and the adolescent teams. A funding bid was being made to the DfE Innovation Fund in the hope of developing a more multi-disciplinary approach to personal support;
- e) the survey had shown that 10% of foster carers thought that communication was a problem, but perhaps this was because they were caring for children with the most challenging or complex needs. To get a true picture, the County Council would need to engage with those foster carers who had not responded;
- f) asked when the fostering review in June would be ready to report to the Panel, Ms Khosla explained that the review would involve much work and was expected to be ready to report back in September, with an action plan setting out areas of future work. The peer review was being undertaken by a senior manager from the Tri Boroughs, which received an 'outstanding' Ofsted judgement;
- g) asked if the former foster carers conference could be revived, to allow an opportunity for networking, Ms Smith explained that the Kent Foster Carer Association conference had recently taken place and there were plans for another in October 2016. In addition, news of the issues raised in the survey could be communicated to foster carers via their annual reviews. Clarifying the purpose of the annual review and running the programme would both be helped by a new separate foster carer review team which would operate independently of the rest of the Fostering service;
- h) asked if there was scope to explore the foster carer voice within the health service, perhaps by linking to Looked After Children nurses, with the aim of improving health assessments and health services to children in care, Ms Smith confirmed that there was indeed scope to do this. The health assessment service had improved in recent years, with the result that CAMHS had been easier to access, but this service had scope to improve further;

- i) the annual report on the fostering service considered by the Panel in September 2015 had identified the need for foster carers to be given more training on working with UASC, and Ms Smith agreed that the training package could be improved;
- j) the survey had reported a lack of awareness among foster carers of Signs of Safety, and there was no current training on this for foster carers. However, Mr Segurola explained that Signs of Safety was a model of social work practice and, as such, was not something that would need to be included in foster carers' training, as long as foster carers were aware of its existence as a model; and
- k) The foster carers on the Panel contributed the following comments:-
 - To make the outcome more representative, and to capture the views of those who were less proactive in providing feedback, completion of the annual survey could be made compulsory, and could be tackled as part of a foster carer's annual review;
 - The fact that so few had completed the survey did not seem to give a good impression of the enthusiasm of Kent foster carers, although the timing of the survey – January/February – had been a busy time for many foster carers, and it was easy to put a survey aside to tackle later and then not go back to it;
 - The questions could be improved by being more specific; and
 - the survey was an opportunity for foster carers to comment on and shape their service, and its importance in this regard could be highlighted.

3. RESOLVED that the information set out in the report, and given in response to comments and questions, be noted, and a report on the outcome of the peer review of the fostering service be considered by the Panel in Autumn 2016.

151. Kent County Council response to Child Sexual Exploitation (CSE) and Missing Children
(Item B2)

Ms P Denney, Head of Safeguarding, and Mr P Startup, LADO Manager, were in attendance for this item.

1. Ms Denney introduced the report and highlighted its key points, including the need to raise awareness of the issues among foster carers, the need to conduct, or ask other local authorities to conduct and report the outcomes of, return interviews when a child had returned from being missing, and the need to coerce other local authorities placing children in Kent to comply with the requirement to undertake pre-placement planning and checks, and to give the County Council advance notice of a planned placement. Ms Denney stressed the importance of having a complete and accurate picture of the CSE and vulnerability profile in Kent.

2. The CSE conference held in October 2015 had highlighted the need for constant improvement in the information made available to foster carers, to young people and to professional partners. An audit of cases, undertaken by Nick Stacey in 2015, had been followed by an audit in April 2016 of 70 cases, of which, 23 were of children in care. The outcome of this later audit was yet to be published but was expected to be good. Mr Startup added that the new multi-agency CSE team had now been operational for six months and would prioritise children identified as being at the greatest risk of CSE. Appropriate and relevant information sharing amongst professionals was important but required careful consideration by the officers concerned.

3. Ms Denney, Mr Startup and Mr Segurola responded to comments and questions from the Panel, as follows:-

- a) in response to a question about the extent to which the lack of co-operation of other local authorities placing children in care in Kent could be viewed as negligence or perverting the course of justice, and the extent to which the County Council could hold other local authorities to account about their lack of co-operation, Mr Segurola explained that the County Council's legal powers in this regard were constrained. He confirmed that other local authorities did indeed have a requirement to consult a host authority before placing a child but this often did not happen. Failure to consult had been noted by inspectors in the past, and the issue could be addressed via Ofsted. A view was expressed that one neighbouring authority which had failed to consult or notify Kent had achieved a 'good' rating by Ofsted, so it seemed reasonable for the County Council to ask Ofsted how they rated such practice when inspecting a service;
- b) concern was expressed at the manner in which other local authorities continued to place children in Kent without full consideration as to how their needs could be met. It was suggested that the Children's Commissioner, Anne Longfield, be invited to visit Kent to discuss this issue with Members and officers;
- c) the involvement of representatives of the County Council's multi-agency partners in that meeting would help to emphasise that the Council was not the only body affected by the issues. As Thanet was a destination for many children in care placed by other local authorities, the challenges it faced should be highlighted at that meeting;
- d) at the CSE conference in October 2015 it had been disturbing to hear the extent of CSE and examples of cases. A briefing for all County Council Members, updating them on the Lakeland review and subsequent progress of CSE work, had been arranged for 21 June 2016. Discussion followed of the previous CSE conference held in 2015, which had included compelling accounts of the experiences of an adult survivor of CSE. It was suggested that all Members have access to this type of presentation as it was so powerful. When asked about the suitability of the content of this for young people, due to its disturbing content, Mrs Skinner advised that it might be appropriate for some but not others and that officers would consider on an individual basis which young people they would suggest be shown the presentation;

- e) some children affected by CSE would not report the issue, while others would. Schools were surely the major route for referrals. Mr Segurola assured the Panel that school staff had had training on how to handle reports of CSE and how to direct referrals. Another speaker commented that a local school had refused a police briefing about CSE as they felt the content of the material was too disturbing for their pupils. Mr Segurola advised that the issue should always be handled in a way which was age-appropriate for the audience concerned. Mr Doran assured the Panel that schools took the issue very seriously; there was an officer in Education, Rebecca Avery, dedicated to addressing it;
- f) the presence of health representatives on the multi-agency CSE team would help health to link the work of the CSE team with the work of its specialist children in care commissioning team and services such as CAMHS. Mr Doran added that the more professionals who became involved, for instance by viewing the presentation previously mentioned, the higher a profile the issue would acquire;
- g) foster carers were often the last people to be consulted about issues such as CSE, yet they were well placed to observe behaviour and had access to information about the children and young people in their care that other professionals simply did not have. Ms Denney agreed that foster carers had a vital role to play in tackling CSE, as indeed they had in so many other issues relating to children in care; and
- h) Ms Denney confirmed that the report of the Lakeland inquiry was due to be published at the end of June, and a Member briefing about its content would be arranged shortly after that.

4. RESOLVED that:-

- a) the information set out in the report, and given in response to comments and questions, be noted; and
- b) the Children's Commissioner, Anne Longfield, be invited to come to Kent to meet with Members and officers to discuss the issues set out in para 3 b) above.

152. Independent Reviewing Officer (IRO) Service Annual Report
(Item B3)

Mr T Stevenson, Service Manager, Quality Assurance, was in attendance for this item.

1. Mr Stevenson introduced the report and highlighted key areas of progress in the past year. It had been difficult to undertake the added-value work which had been planned, due to higher caseloads arising from the increased numbers of UASC arriving throughout the year. To accommodate the additional workload arising from this, and to enable the service to deliver its action plan, seven new IROs had been employed. Mr Stevenson responded to comments and questions from the Panel, as follows:-

- a) the CSCH Cabinet Committee, at its May meeting, had asked the Panel to look into placement stability, and the IRO service could perhaps assist with an in-depth piece of work around this. Mr Stevenson emphasised that some changes of placement were necessary and constructive, for example, when a child recently coming in care moved from an initial temporary placement to a long-term placement. Ms Denney added that some children could be placed with their parents but would still show up in statistics as being 'in care'. To give a placement the best chance of being stable and resilient, good initial matching was important;
- b) very few young people took up the option of 'staying put', and it would be helpful for the Panel, as corporate parents, to be able to understand the reason for this, and have a better understanding of other patterns in care. It was suggested that the Staying Put policy be reviewed, and Ms Khosla commented that any review would need to consider the rates paid to foster carers and the practicalities and cost to foster carers, for example, of committing a room for the use of a care leaver staying put, which would then be unavailable to another child coming into care and needing a foster placement;
- c) some foster carers did not know about the Staying Put policy so could not advise young people about it. Some young people were not ready to leave care at 18 and could benefit from Staying Put, if they knew about it;
- d) disappointment was expressed that so few foster carers had taken the time to fill in the survey questions to feed back about statutory review meetings. Providing feedback on services, and taking up issues on behalf of young people, was part of the caring role to which they had committed themselves;
- e) the Panel should have an overview of issues and services provided to Kent's 2,330 children and young people in care. Members could perhaps use Local Children's Partnership Groups to look at this as all these groups included the local County Council Members;
- f) it was good to see that IRO workloads in Kent were now around the national average;
- a) the deterioration in performance around children in care Care Plans in 2015/16 was queried. The figure fell from 93% in 2014/15 to 61.8% in 2015/16. This was largely attributable to the impact of the UASC situation and the difficulties in providing a fully-rounded children in care service, including the provision of timely, comprehensive care plans to the large number of UASC arrivals in 2015. This affected the grading on individual cases and brought the overall grading down year on year. Subsequent investigation found that the 93% figure quoted related to Quarter 4 of 2014/15 rather than the annual total, so was not a like-for-like comparison. Care planning could be delayed by the number of UASC arriving at any time, sometimes in large numbers at once. Mr Segurola added that IROs aimed to encourage more young people to chair their own care reviews, to raise their confidence; and

- g) many young people did not understand their care plans but these included large numbers of UASC, for whom the future was more uncertain as they awaited the outcome of their asylum appeals. Involving young people in a review of the pathways template would help their understanding. Many children and young people were also not very aware of the Kent Pledge to children in care, although all children in care were issued with a card setting out the details of the Pledge.
2. RESOLVED that the information set out in the report, and given in response to comments and questions, be noted.

153. Head Teacher of Virtual School Kent update report
(Item B4)

1. Mr Doran introduced the update report and explained that Kent's proposed Pupil Premium Policy for Children in Care for 2016-2017 was being presented to the Panel for comment and endorsement. The new policy responded to DoE guidance and was based on a hybrid model of deployment, ie part direct-fund, part application process, which had proved the most popular in consultation. Implementation of the policy would be monitored by VSK Assistant Head Teachers.
2. In terms of a regular update on educational attainment of children in care, Mr Doran advised the Panel that last year's results had now been verified and showed a general overall improvement on the previous year's results. Kent was above the national average score in five of the eight categories, level with the national average in one category and marginally below in two.
3. Mr Doran responded to comments and questions from the Panel, as follows:-
- a) although the Panel was listed as contributing members to the appeal panel which would hear appeals against Pupil Premium funding allocations, the VSK Head Teacher was surely better placed to judge allocations. Members were advised that, in the year since the appeal process started, no appeals had been received;
 - b) Pupil Premium would not apply to non-mainstream settings, such as Pupil Referral Units, as these were funded differently. The hybrid model of Pupil Premium was designed to respond flexibly to a child's needs, to help narrow the gap in attainment between children in care and their peers, and Mr Doran assured the Panel that, if a child met the criteria for an additional payment, they would receive the funding they needed; and
 - c) in response to a question about Pupil Premium funding following a child placed outside their home authority, Mr Doran explained that not all local authorities would have chosen the same model as Kent. Dealing with the varying policies of neighbouring authorities added a complexity to out-of-county placements, as the model used by the host authority and placing authority may differ, and Kent would need to keep track of the different models in use in all of the other local authorities placing children within Kent.

4. RESOLVED that:-
 - a) the information set out in the report, and given in response to comments and questions, be noted; and
 - b) the Virtual School Kent Pupil Premium Policy for Children in Care for 2016-17 be endorsed.

154. Performance Scorecard for Children In Care

(Item B5)

Mrs M Robinson, Management Information Service Manager, was in attendance for this item.

1. Mrs Robinson introduced the report and explained the performance for those indicators for which a red RAG rating applied. Additionally, there were some performance measures rated as amber that were very near to meeting the Target set. Definitions for the Adoption performance indicator and those for Care Leavers would change for the 2016/17 reporting, and these changes were explained.
2. RESOLVED that the information set out in the dashboard be noted.

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 – 6 September 2016

Subject: **RECRUITMENT AND RETENTION OF CHILDREN'S SOCIAL WORKERS**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Divisions: All

Summary: This paper provides an update to the Children's Social Care and Health Cabinet Committee on recruitment and retention of children's social workers.

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the activity in relation to recruitment and retention of children's social workers, as outlined in this paper.

1. Introduction

1.1 This paper provides an update on the recruitment and retention activity since the report presented in January 2016. At the Cabinet Committee meeting in January 2016 members requested further detailed information about the reasons for leaving and how this informs the retention strategy.

2. Context

2.1 A detailed and comprehensive recruitment and retention plan is in place and is regularly reviewed by the Specialist Children's Services Resourcing Group. Progress against this plan has been good, but the national shortage of experienced children's social workers continues to impact on recruitment and has meant that the target of 85% of posts filled by permanent staff has not yet been achieved. In case-holding teams at the end of June 2016, 75.5% of posts were filled by permanent employees (compared to 73.7% in June 2015) with a further 18.3% being filled by agency staff (compared to 22.7% in June 2015).

2.2 Turnover stands at 15.5% in case-holding social work roles and whilst this is below the KCC average this has a significant impact on recruitment of suitable staff for these hard-to-fill roles.

The recruitment activity that has taken place between June 2015 and May 2016 is summarised in the table below:

Social Workers	Senior Practitioners	Team Managers
114 applications received	66 applications received	52 applications received
35 interviewed	47 interviewed	27 interviewed
26 offered *	23 offered **	16 offered **

* not including Newly Qualified Social Workers (NQSW)

** note that a majority of interviews and offers would have been internal.

2.3 The key elements of the recruitment and retention activity can be summarised as:

a) Targeted advertising for experienced social workers, senior practitioners and team managers has been agreed and planned up to the end of September 2016. This includes targeted on-line advertising, social media, and maximisation of the google search facility to drive potential applicants to our website.

b) Additional retention/market premium payments targeted at staff reaching significant length of service landmarks were implemented from January 2015 and the second tranche of these payments was made to eligible social workers in January 2016.

c) The new car market premium was implemented in January 2015.

d) Connect 2 Staff from within Commercial Services has recently been commissioned to recruit experienced social workers and team managers to permanent positions within Specialist Children's Services.

e) Following the successful recruitment of 46 Newly Qualified Social Workers (NQSW) to commence in September 2016, a further campaign is underway to recruit additional NQSWs.

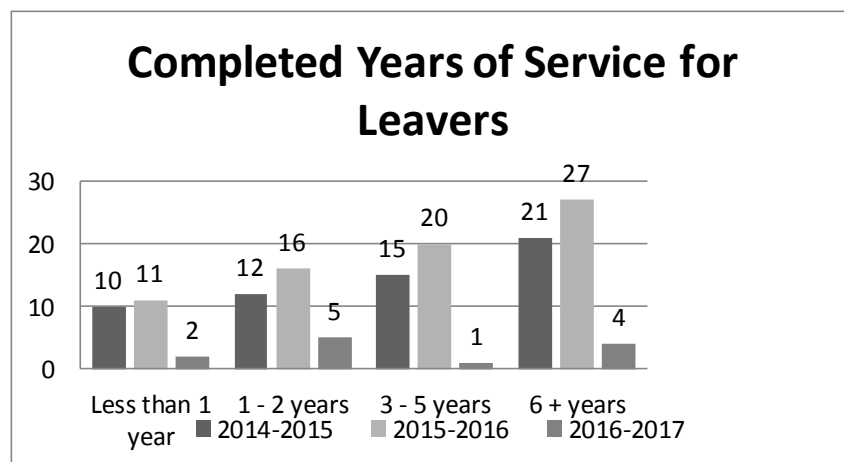
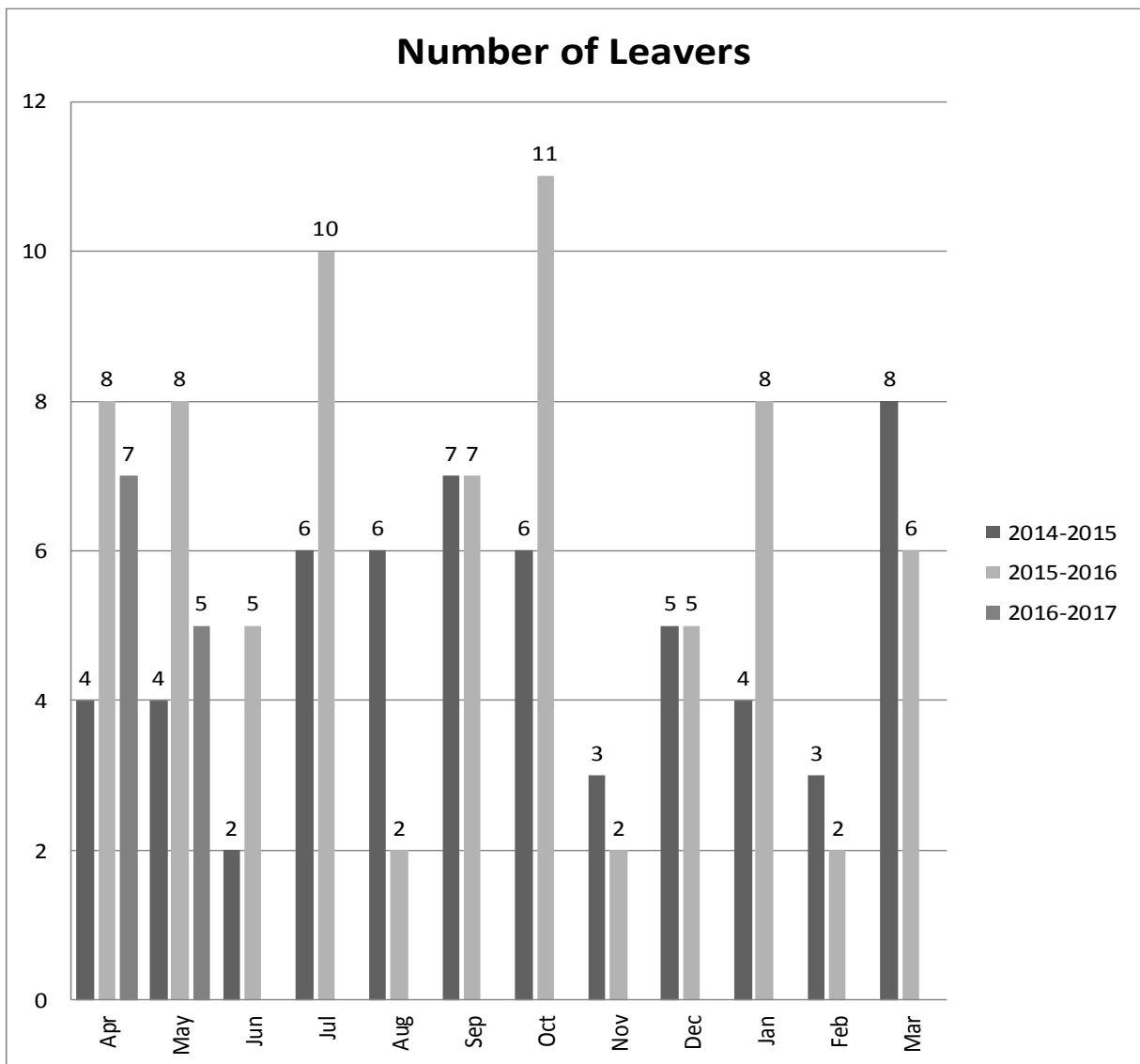
3. Analysis of leavers

3.1 The graphs below show the numbers of qualified case-holding social workers leaving KCC between April 2014 and May 2016.

3.2 Of the total number of leavers (144), the highest proportion of leavers was recorded in the following categories:

- Resignation to new employment = 60 people (42%)
- Resignation – other = 32 (21%)
- Resignation – personal/domestic reasons = 14 (10%)
- Normal retirement = 14 (10%)

3.3 Further analysis shows that 56 (39%) had less than 3 years' service and, of these, 23 (16%) had less than 1 year's service



3.4 The Council took the decision to stop using exit surveys in 2013/14; however since April 2015 Specialist Children’s Services have captured additional information on individual leaving reasons, from managers who have conversations with leavers regarding their future career plans. It should be noted that there are some gaps in the information provided by managers.

3.5 There were a total of 86 leavers in the 14 month period April 2015 to May 2016 and the reasons captured by managers can be summarised as follows:

- 10 people left substantive roles to take up agency roles in Medway or London
- 4 people left substantive roles and took up new posts in other local authorities
- 5 people left to work in the private or voluntary sector
- 11 people cited the need to earn more money to fund lifestyle changes
- 3 people cited the level of workload and impact on their work-life balance
- 7 people cited frustration with the changed working practices
- 4 people cited the desire to experience other organisations
- 3 people cited personal issues around caring responsibilities and family commitments

3.6 There are a number of examples given by staff, to their managers, including:

“..left as she wanted a new opportunity ...went to work for an independent fostering agency”

“... had caring responsibilities and could not manage full time employment alongside care of 4 children”

“..wanted some time out of frontline work given the increasing pressures and demands...she would have liked working for Kent but there were no positions available that would give a better work-life balance”

“...left to work as agency worker...did not wish to complete the portfolio for progression to KR10”

“...had a 2 hour journey each way from home by train and decided to work closer to home”

*“...left to move to another authority ...wanted experiences out of KCC”
“...left on good terms ...chose to “go locum” to save up to go travelling”*

“...left to care for her elderly parents in law who lived abroad”

“...move to a private fostering agency...found the additional hours had too much of an impact on family commitments”

“...found the transition to CIC difficult and did not want to manage care proceedings ...moved to another authority”

4. Retention initiatives

4.1 The Memorandum of Co-operation, which has been in place since April 2016, should address the issue of social workers leaving the Council to become locums in Medway and other south east authorities but this will need to be monitored.

4.2 It is recognised through national research that the ability to work flexibly is an attractive aspect of the employment offer and can also help with retention of staff. Specialist Children’s Services intend to offer more opportunities for flexible working where possible.

4.3 The recent Social Worker Health Check highlighted a number of areas of good practice including supervision which has good quality reflection and challenge. Training and development was highly rated particularly the roll out of the signs of safety model and good opportunities for progression. Staff also valued the support and encouragement from their colleagues and a sense of job satisfaction. However, workload and work-life balance were concerns for staff and clearly impact on

retention. An action plan to address staff concerns is being developed by Specialist Children's Services.

4.4 It is important that the other aspects of the recruitment and retention plan are maintained, particularly in relation to supportive, strong supervision, and the continued use of the capability framework which links to professional development. Recent changes to the capability framework have been introduced to simplify the requirements and enable progression decisions to be made locally.

4.5 The Teaching Partnership bid developed in partnership with Medway Council and the University of Kent and Medway and Christchurch University has a focus on professional development at all levels and also proposes a greater influence on the students entering the Social Work degree programmes, thereby improving the quality of students and ensuring greater understanding of the expectations of social workers for the future. It is essential that more robust links are made with the academic bodies to provide a more defined framework of continuous professional development for social work staff.

5. Financial Implications

5.1 There are no financial implication associated with this report.

6. Legal Implications

6.1 There are no legal implications associated with this report.

7. Equality Implications

7.1 There are no equality implications associated with this report.

8. Conclusions

8.1 The attraction of additional high quality staff continues to be challenging and has barely kept pace with the number of leavers, however, further measures are now in place aiming to increase numbers of both experienced and newly qualified staff.

8.2 Further initiatives are being introduced, or planned, to address areas of concern for staff and strengthen the areas of good practice which should help to retain more of our current high calibre staff.

9. Recommendation(s)

9.1 Recommendation: The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the activity in relation to recruitment and retention of children's social workers, as outlined in this paper.

10. Background Documents

None

11. 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 – 6 September 2016

Subject: **REPORT ON THE REGIONAL ADOPTION AGENCY**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This report provides the Children's Social Care and Health Cabinet Committee with the outline of a proposal to develop a Regional Adoption Agency in line with Government expectations for adoption services:

The aim is to achieve further progress in our adoption services by:

- Improving the timeliness of the matching processes between children and adoptive parents
- Developing the adopter recruitment and adoption support through sharing and pooling resources with other local authorities.
- Increasing the potential for efficiencies, sharing business processes and the reduction in the duplication of tasks.
- This proposal supports one of the Council's strategic outcomes – 'Children and Young People in Kent get the best start in life'.

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the content of the report and **ENDORSE** in principle the proposal to enter into formal dialogue with Medway Council and the London Borough of Bexley with a view to establishing a Regional Adoption Agency

1. Introduction

1.1 In June 2015 the Department for Education (DfE) reported that local authorities should be working towards the creation of Regional Agencies by 2020. There is an expectation that local authorities will begin planning, developing and working with partners to shape their Regional Adoption Agency (RAA). Their commitment to this approach is such that the Education and Adoption Act 2016 has given power to the government to direct a local authority to enter into a RAA if it has not done so by 2017.

1.2 The Government vision behind the regionalisation of adoption services is to accelerate the pace of change to ensure those children, for whom adoption is the right path, are given the best chance of finding a loving, forever family as quickly as possible. The DfE is providing start-up funding to support early local authorities to take forward their proposals. The paper which outlined this initiative described several inefficiencies.

a) Fragmentation

The current system is fragmented with around 180 agencies recruiting and matching adopters for only 5000 children per year. In the first three quarters of 2014-15, 20 local authorities/groups of local authorities recruited fewer than ten adopters and 58 recruited fewer than 20. Similarly, six voluntary adoption agencies recruited fewer than ten adopters and ten recruited fewer than 20.

A RAA will be more effective and efficient in its operation meaning costs can be reviewed and potential efficiencies achieved. A system that is fragmented reduces the scope for broader, strategic planning, as well as specialisation, innovation and investment.

Large numbers of small agencies renders the system unable to make the best use of the national supply of potential adopters, more vulnerable to peaks and troughs in the flow of children, and is less cost effective.

b) Matching

Whilst the introduction of Activity Days is a real success story, and despite improvements in child timeliness overall, it still takes an average of eight months between placement order and match. This is too long, and more worryingly a national increase from seven months in 2013-14.

The national data also shows that the system could be improved. As at 30 September 2014, there were 3,470 children with a placement order waiting to be matched. 54% of these children had been waiting longer than 18 months.

The above data shows the system is still not working well enough for these vulnerable children.

Sequential decision making and delays in matching are not only damaging to children, but also costly. Children are almost always in foster care whilst they wait for adoption. The cost of a week of local authority foster care has been estimated at around £700 (including on-costs, Independent Reviewing Officer (IRO) Review, fostering social worker and child social worker). This cost is more when there is an Independent Fostering Agency (IFA) placement. Research into the inter-agency fee found that the cost to the local authority of looking after a child who is never found a placement is at least £400,000.

It is vital that children are given the best and earliest possible chance of finding a family, irrespective of authority boundaries and lack of trust of other agencies' adopters.

We know that successful matching relies on being able to access a wide range of potential adopters from the beginning. Operating at a greater scale would allow social workers to do this, thus reducing delay in the system. It could also reduce the number of children who have their adoption decisions reversed. Furthermore, the opportunity for practice innovation created by moving to a new delivery model also has real potential to improve matching.

c) Recruitment

Nationally, there are too few adopters willing and able to adopt harder-to-place children, including sibling groups, children with disabilities or additional needs, as well as older children. Local authorities continue to recruit and assess adopters for children in their local authority in line with their statutory duties, however, despite the rigorous selection process we are left with adopters who, for whatever reason, cannot be matched with the children waiting.

Recruitment from a wider geographical base than an individual local authority, that takes account of the needs of children across a number of those local authorities in a regional recruitment strategy and uses specialist techniques for recruiting adopters for hard to place children, would potentially lead to fewer children waiting.

d) Adoption Support

In May 2015, the Adoption Support Fund was introduced to make therapeutic support easily accessible, timely, and of high quality for families when they need it the most. Case studies from both the prototype phase and since national rollout have shown the benefit of the fund for families that have been in crisis, but also families that have needed a bit of extra support.

Currently, adoption support services are provided by a mix of local authority provision, the NHS, and independent providers (voluntary adoption agencies, adoption support agencies, and small private providers). A recent report identified a risk that, in its current form, both the public and independent sectors are unlikely to be able to grow sufficiently to meet increased demand for adoption support, let alone provide parental choice between a range of providers. There are regional gaps, gaps in the types of services on offer, and little evidence of spare capacity.

2. Aims and objectives of a Regional Adoption Agency

2.1 The key aims of a RAA are to:

- Provide children who have adoption as their plan with an adoptive family that meets their needs
- Ensure that all those affected by adoption receive the information, support and advice that they need to understand the adoption journey
- Ensure that families are well prepared, enabled and supported to care for the children with plans for adoption

2.2 The RAA would be developed so that the focus is on the child's journey through the adoption process, looking to deliver high standards of practice which will lead to better outcomes for the child.

2.3 Key objectives are:-

- Early identification of children for whom adoption is the right option
- Timely placement of all children including sibling groups and older children
- Placements which are sustainable with the right support as needed
- A sufficient range and number of adopters able to parent children with a wide range of profiles and needs, enabling more children to be placed "in house"
- Making available a range of different adoption placement types, including early placement approaches such as Foster to Adopt
- To have an effective and well performing service which would be reflected in the adoption scorecard

3. Benefits of a Regional Adoption Agency

3.1 We anticipate that, following the formation of the RAA, the following benefits will be achieved:-

- Timeliness of adoption matching with central tracking of children and adopters
- Economies of scales for commissioned contracts; one lead commissioner to manage all adoption contracts on behalf of the RAA
- Reduction in bureaucratic processes so they are not replicated three times, in each local authority. Centralised management and administration of adoption panels, including health; this is subject to proposed changes in legislation in respect of adoption panels and whether they are necessary
- Increased government funding for the delivery of centralised adoption agencies
- Recruitment will be driven by the needs of a larger cohort of children who are waiting to be matched. Family finding social workers will be clearer about the adopters who are available and the children requiring placement
- Social workers will have immediate access to a larger pool of adopters when carrying out the matching process. This is likely to speed up the matching and maintain adopted children in their regional areas
- There will be opportunities to work in partnership with health departments across the region, which supports continuing and local health provision. There is increased choice, consistency and availability of support services in relation to post adoption support
- The RAA would look to develop supervision models, looking at cross-agency support, and to develop practice skills and behaviours, learning from good practice across the region. This will also enable external challenge and scrutiny over permanence decision making, timeliness and missed matches, etc
- Mechanisms will be established which will provide an overview of those children coming into the care system and this will provide an opportunity

to develop early planning with protocols agreed across a wider range of local authorities

4. Partners

- 4.1 As members of the South East Adoption Consortium, Kent County Council, Medway Council and the London Borough of Bexley already share information about children needing adoption and adopters waiting for children. In addition preparation groups for adoption applicants are also shared.
- 4.2 With this strong relationship already established, the Council has been in dialogue with these local authorities regarding the formation of a RAA. The DfE is interested in models that could deal with 200 children per year. With Kent County Council, the London Borough of Bexley and Medway Council working together this will be achieved. It is a requirement for all RAAs that they involve a Voluntary Adoption Agency (VAA) partner. Whilst this will be a decision for the authorities collectively, Coram will be an obvious consideration given their long standing and successful partnership with the Adoption Service in Kent.

5. Performance

- 5.1 Comparative scorecard data for Adoption Services in Kent, Medway, and Bexley is detailed below.

Table 1

A1 - Average time between a child entering care and moving in with its adoptive family, for children who have been adopted (days)					
	Latest published 3 year average data 2012-15	Rank (total 151)	Statistical Neighbours	Latest published data: Q1 and Q2 2015-16	
Kent	616	89	607	520	Target is 426
Medway	715	135	602	544	
Bexley	672	122	616	396	
ENGLAND	593			551	

Table 2

A2 - Average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family (days)					
	Latest published 3 year average data 2012-15	Rank (total 151)	Statistical Neighbours	Latest published data: Q1 and Q2 2015-16	
Kent	221	77	236	233	Target is 121
Medway	259	113	214	252	
Bexley	270	121	219	187	
ENGLAND	223			251	

Table 3

A3 - Children who wait less than 16 months between entering care and moving in with their adoptive family (%)			
	Latest published 3 year average data 2012-15	Statistical Neighbours	Latest published data: Q1 and Q2 2015-16
Kent	43%	47%	69%
Medway	40%	46%	67%
Bexley	50%	46%	89%
ENGLAND	47%		59%

Table 4

	Number of approved adoptive families as at 31 March 2015	Number of applications to become an adoptive family still being assessed (not yet approved or rejected) as at 31 March 2015
Kent	75	65
Medway	10	10
Bexley	24	18

Table 5

	Proportion of adoptive families who were matched to a child during 2014-15 who waited more than 3 months from approval to being matched to a child	Adoptions from care (number adopted) 2012-15	Adoptions from care (% leaving care who are adopted) 2012-15
Kent	50%	430	17%
Medway	39%	115	20%
Bexley	Not available	70	14%
ENGLAND	63%	14,390	16%

Table 6

	Number of new Agency Decision Maker decisions (2014)	Number of new Agency Decision Maker decisions (2015)	% change 2014 to 2015	Number of new Agency Decision Maker decisions (2016)	% change 2015 to 2016
Kent	175	90	-47	113	+26%
Medway	40	30	-20		
Bexley	30	20	-29		
ENGLAND	6,170	4,310	-30	Adoption Leadership Board (ALB) data shows continuing decline	

Table 7

	Number of new Placement Orders granted (2014)	Number of new Placement Orders granted (2015)	% change 2014 to 2015	Number of new Placement Orders granted (2016)	% change 2015 to 2016
Kent	165	80	-52	91	+14%
Medway	40	20	-50		
Bexley	25	25	4		
ENGLAND	5,420	3,590	-34	ALB data shows continuing decline	

Table 8

	% of children for whom permanence decisions has changed away from adoption 2012-15"	Number of children waiting to be placed for adoption (as at 31 March 2015)	Number of children waiting to be placed for adoption with a placement order (as at 31 March 2015)	Average time between a child entering care and moving in with its adoptive family. Where times for children who are adopted by their foster family are stopped at the date the child moved in with the foster family (days)2012-15
Kent	18%	60	40	503
Medway	14%	30	10	508
Bexley	16%	10	10	495
ENGLAND	14	4,600	3,060	490

5. Scope of the Regional Adoption Agency

- 5.1 The scope of the RAA has been discussed across the three local authorities. There are clear areas where regionalisation can be progressed for many of the adoption pathways and administrative processes. There are also areas within each local authority which can be considered for regionalisation but which are more complex. Those areas in the authorities where there are separate contracting arrangements will need commissioning oversight, changes to contracts will be dependent on individual local authorities' arrangements and service requirements being appropriate for a regional approach.
- 5.2 All three local authorities recognise the challenges of moving to a regional structure; however all are committed to ensuring that all the business processes, including commissioned contracts, can be centralised through the RAA. Those areas which are more of a challenge can be timetabled to ensure that the complexity is addressed.

6. Adoption Processes and Scope

- 6.1 In order to ensure there is timely permanency planning for all children entering care, permanency planning meetings (PPMs) are held. This supports early

identification of the children for whom adoption is the plan. It is the interface between adoption teams and the childcare teams that manage the entry of children into care and their early care planning for adoption. It was considered that the initial PPMs are best carried out within each local authority area to continue with the early identification of children in district teams, linking with the adoption service where children have a care plan that is likely to be adoption.

- 6.2 There was very good practice identified with some PPMs and notifications to the adoption team prior to entry into care and tracking of all children entering care. The timescales for notification to the adoption service varied across the three authorities and the consensus was that early identification would provide increased timeliness and children were transitioning from care to adoption with good preparation - life story work and later life letters. This led to very early linking with adopters, and in some cases this began at the initiation of proceedings. This also supports an increase of fostering to adopt placements.

7. Tracking and Matching

- 7.1 The early tracking of children which was in place in one local authority was considered to be an area where good practice could be shared across the three authorities and they would all work to have the same tracking systems, this would be part of the RAA and a centralisation of this process could be achieved as it is already in place, although it requires some streamlining.
- 7.2 There would also be a central tracking of all adopters who were assessed and waiting for a match; and for all adopters who are in stages 1 and 2. The recruitment and assessment of adopters would be shared across the three areas, including shared resources for the information evenings; adoption preparation training; mentoring and support groups. The approval process could also be shared, with centralisation of an adoption panel and its administration. This would require one central list of panel members, and consideration of the need to have dedicated RAA medical advisors for children for whom adoption is the plan. These are agreed objectives with the three authorities.
- 7.3 Across the three local authorities, the creation of a central database of adopters would support timely family finding; the central adopters list would be twinned with a central list of all children for whom adoption is the plan. RAA adoption family finding meetings that would review all children who required a match and the available adopters would be considered. The IT database used by each local authority for recording children and adopters would be available for the recruitment and assessment of social workers as well as for family finding social workers. All children (where adoption is the plan) would be allocated an adoption family finding social worker.

8. Post Adoption

- 8.1 The service in Kent is advanced with a contract in place with Coram who are linked with the Tavistock Clinic for psychology services. The Kent post adoption model is one where a multi-disciplinary team of professionals support those families with children experiencing challenges in their adoptive placement.

- 8.2 The service is able to provide services to families who meet the eligibility criteria. This requires assessment with a post adoption social worker. The money to finance the service is claimed through the Adoption Support Fund.
- 8.3 This model has also been expanded to support Post Special Guardianship Services and could be expanded to service all three local authorities; this would require the service to be re-commissioned, and the terms of the contract provided would need to be agreed by the three authorities. This would require Coram to tender for the extension of the contract; consideration could also be given to this being extended for post Special Guardianship Order (SGO) intervention.

9. Inter-country adoptions

- 9.1 The three local authorities currently commission individually with inter-country adoption agencies. This could be a centrally-commissioned service with the ratio of previous usage being an indicator of the funding contribution from the authorities.

10. Connecting Adoptive Families Independent Services (CAFIS) (Barnardo's) Overview of service model

- 10.1 The Independent Adoption & SGO Support Services are available across the whole of the geographical area covered by Kent County Council; the total contract cost for 2016-18 is £752,550. All local authorities are expected to offer these services and ensure they are delivered according to a comprehensive legislative framework. The individual elements of the service are:-

- An independent support service to birth parents - To provide a support and counselling service to birth parents prior to an adoption taking place, where a child is (or children are) looked after by Kent County Council and for whom adoption has been identified as the plan
- A service that provides access to birth records and intermediary services for adult adoptees - To assist adopted persons who have either been adopted through Kent County Council or who are resident in Kent, and who are aged 18 and over, to obtain information in relation to their adoption, and to facilitate contact between such persons and their adult birth relatives
- Access to Information and an Intermediary service for birth relatives and those with a prescribed relationship - To provide advice and support to birth relatives and those with a prescribed relationship aged 18 and over, who require intermediary services and access to non-identifying information when the adoptee has reached age 18 or over
- Contact services (direct contact and letterbox contact) - To provide a direct and indirect contact service for children under the age of 18 who have been adopted or who are the subject of a SGO and who have agreed contact with their birth relatives
- Kent County Council has a significant contract covering the CAFIS service; this is for consideration as part of the RAA but will need careful review, given its current budget and the throughput of work that is carried out by Barnardo's on behalf of Kent.

11. Legal Issues and Risks

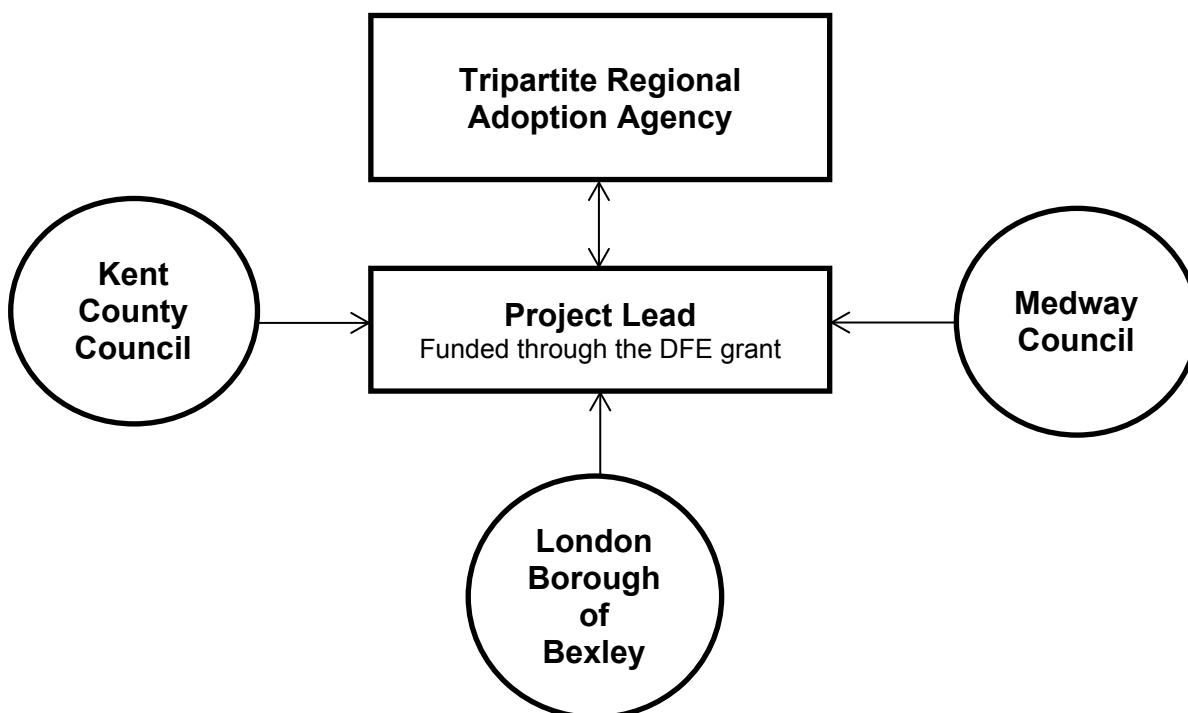
- 11.1 There are likely to be a number of legal issues and risks regarding contracts, procurement and transfer of functions into the RAA. This also may include consideration of pension arrangements and a formal partnership agreement between all the local authorities involved in this project. These will need to be considered at an early stage but much will be dependent upon the final delivery model chosen.
- 11.2 Key risks and issues will be identified as part of the project planning. A risk register will be produced and will be regularly monitored and updated as part of the work plan of the project board.

12. Commissioning/Procurement Issues and Risks

- 12.1 Whatever arrangement is put in place will need to follow the Public Contracts Regulations 2015. This ensures that appropriate supply chain and contractual relationships are in place to meet and manage any sustainability issues, generate innovation and the development of partnerships.
- 12.2 Much will depend on the commercial model chosen. A clear understanding of risks identified within a risk register will pinpoint robust mitigations and reduce risk to the local authorities and the providers, and will enable all parties to understand where risks need to be shared.

13. RAA Governance

- 13.1 There is already a Partnership Board in operation looking at effective cross-partnership oversight and the future strategic direction of the Council's adoption services. It is proposed that this would be converted into a Regional Adoption Agency Project Board with the membership extended to all regional partners involved in the development of the RAA.



13.2 Each partner will be responsible for their own line management and governance responsibilities. Any issues will be discussed at the RAA Project Board as outlined above.

14. Equality Implications

14. There are no equality implications associated with this report.

15. Financial Implications

15.1 A submission will be made to the DfE for funding to support the project management of the delivery of the RAA.

16. Next Steps

16.1 All local authorities to ensure in principle agreements are in place from their respective corporate boards and Member led committees to deliver a RAA for Kent County Council, the London Borough of Bexley and Medway Council.

16.2 Submission to DFE for funding to support the project management of the delivery of the RAA.

16.3 Setting up a formal RAA Project Board and agreeing membership.

16.4 Continue with the discussions in order to centralise the services as far as possible without funding, including sharing of good practice, tracking adopter availability and sharing child level data.

17. Recommendations

17.1 Recommendation: The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the content of the report and **ENDORSE** in principle the proposal to enter into formal dialogue with Medway Council and the London Borough of Bexley with a view to establishing a Regional Adoption Agency

18. Background documents

18.1 Department for Education – Regionalising Adoption Report – June 2015
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/437128/Regionalising_adoption.pdf

19. Contact details

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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
6 September 2016

Subject: **PLACEMENT STABILITY REPORT**

Classification: Unrestricted

Past Pathway of Paper: Corporate Parenting Panel – 20 July 2016

Future Pathway of Paper: None

Electoral Divisions: All

Summary: The report on placement stability was originally requested by the Corporate Parenting Panel on 20 July 2016 as the indicators on the Child in Care Performance Scorecard (attached as Appendix 1) reflected deterioration in placement stability, where children and young people who are looked after have 3+ placement moves. Analysis of the placement changes for children under 5 years of age where there were more than 3 placement moves was also undertaken. The factors that contribute to and influence placement stability are noted in the report. These issues have been reviewed and there are resultant recommendations and actions being taken.

Recommendation: Members of the Children's Social Care and Health Cabinet Committee are asked to **CONSIDER** and **COMMENT ON** the proposed actions to improve placement stability.

1. Introduction

- 1.1 The current performance for placement stability is not as expected and above the Kent target of 10%. The Corporate Parenting Panel requested an update to be taken to the 20 July meeting on the issues that might be contributing to this indicator.
- 1.2 The placement stability rates are different across age ranges, with increased placement changes for those young people who are older and in their teens. The Corporate Parenting Panel was concerned about children under 5 years of age and was keen to understand the particular reasons for these placement moves. There is also an impact on placement stability as Unaccompanied Asylum Seeking Children (UASC) have placement moves,

including the reception centre and the first placement following on from the reception centre.

- 1.3 The impact of school exclusions and part-time timetables is touched upon as this does impact on the resilience of foster carers to maintain placements.
- 1.4 Social work practice has been audited in relation to placement preparation and planning. There are key areas that have been identified where Specialist Children's Services (SCS) can improve and develop. There is statutory guidance that informs good social work practice and this is being re-launched with clear standards and expectations being outlined for social workers.
- 1.5 Increasing the support to fostering households is in development and needs further consideration. The children and young people entering care can present some behavioural challenges and recruiting foster carers who are able to manage their care can also be a challenge. An increased support offer to current Kent County Council carers has been considered and should provide incentive for potential foster carers to work with the Council as opposed to considering an Independent Fostering Agency (IFA). The recruitment and retention of foster carers will be developed with a focus on increasing placement stability. The offer to foster carers for those children and young people who are the most challenging is subject to an innovation bid. There has also been a pilot in East Kent of wraparound support to foster carers, where a dedicated respite carer was available to offer day care and respite support to four foster carers who had challenging placements.
- 1.6 Good placement stability is apparent in the disabled children's service. The social work undertaken with placement of children who have disabilities is reflected in the positive placement stability indicators.
- 1.7 In reviewing placement stability there are a number of social work practice considerations. There has been an audit of the processes and information in requesting and planning placements. This has been undertaken by the manager in the Access to Resources Team (ART) and there has also been a review of the placement processes in local duty teams by the Head of Fostering.
- 1.8 The impact of the children and young people who have reduced access to education has also been evaluated to identify what impact this has on placement disruption. This is an area where resources can be targeted to improve practical support to carers so they can care for children. Bespoke educational input can help reduce the pressure on a carer who has a young person at home for a significant period of time, compared to if they were attending full time school.
- 1.9 There is good performance in the children with disability service and this can be replicated so the careful matching is also in place with mainstream fostering.

2. Analysis: Placement Stability

- 2.1 The placement stability indicator is an important measure to reflect the placements and care that a child has experienced. On the whole, stability is associated with better outcomes. There has been deterioration in the placement stability indicator for Kent looked after children. In April 2015/16 the indicator reflected that 9.7% of looked after children (180 children) had had 3+ placement moves; in April 2016/7 this had increased to 12.8% of looked after children (296 children) having had 3+ placement moves, reducing to 11.7% (170 children), without UASC inclusion.
- 2.2 UASC placement stability impacts on the indicator as there are two placements as a result of the placement process. The initial placement is at the reception centre and precedes the permanent move. A further move will provide a 3+ placement move and this happens where there is a move to either independent or semi-independent accommodation.
- 2.3 There is further challenge around citizen children who are aged upwards of 14 years. A sample of placements where there has been 3+ placement moves provides a picture of the reasons for the movements. It is apparent that, as young people move towards adulthood, they increasingly spend time away from the placement due to variety of reasons e.g. with partners, potential involvement with gangs and drugs as well as presenting very challenging and disruptive behaviours. All of these behaviours can place pressure on the fostering household. Placements for this age group also reflect emergency responses requiring the use of emergency beds which can cause the number of placement moves to increase.
- 2.4 Placement moves for under 5s have also been reviewed in detail. There have been some placement moves which could not have been expected at the point the child was placed in care. All children under 5 years old had care plans that involved purposeful transitions.
- A child can be placed with their parents in foster care (parent and child placement), and then move to their own placement when a parent and child placement does not succeed; the child may then experience another move into an adoption placement, this creates 3+ placements.
 - In some cases children were in care and then returned home to their parents either through court direction or rehabilitation. They then re-entered care and were placed for adoption; or following a return home they returned to care and did also subsequently move foster placements.
 - Older children aged between 2-5 years had placement moves because foster carers were finding their behaviour difficult to manage.
- 2.5 Virtual School Kent (VSK) monitor the educational attendance of looked after young people and ensure there is early intervention with those young people who are struggling with school attendance (below 85%) who are at risk

of being excluded; or are subject to part-time timetables. VSK is reviewing the engagement with high risk young people to ensure that the most vulnerable children are identified (those at risk of missing from placement and also those who may be at risk or suffering Child Sexual Exploitation) and appropriate resources are available to support educational attainment. The resources should provide increased intervention as part of the wider team around the looked after child.

- 2.6 The period prior to a child entering care provides time to consider appropriate matching; this time should be utilised to ensure the first placement is the most appropriate placement. Receiving a child into foster care is one of the most important events in their childhood and it needs to be carefully planned with information provided to foster carers.
- 2.7 When a placement is experiencing challenges and is at risk of disruption, there are procedures which need to be implemented, including placement stability meetings and disruption meetings. These key meetings should provide an arena of support for learning and development. Foster carers can articulate what they need to continue to provide care; disruption meetings should create an opportunity to learn more about the young person and also provide the foster carer with an understanding of the child's needs and how these can be addressed. A key area is to also ensure placement endings are planned so that carers and young people end and transition from a placement in a positive way.
- 2.8 The innovation bid is an offer to Kent foster carers which includes psychological support delivered through the adolescent teams, and includes use of our outdoor centres. The offer is to develop and provide support to whole fostering households, not only looked after children.
- 2.9 The fostering service are delivering a programme to support foster carers in managing challenging behaviour. The 12 week Fostering Changes programme supports carers to build resilience and develop skills to persevere, particularly with young adolescents.

3. Conclusion

- 3.1 Following on from further analysis, a number of proposals have been made:
 - A continued focus on placement stability to ensure that the social work task is supporting and ensuring that children and young people are receiving appropriate services. At the pre-placement stage, ensuring there is preparation of carers and the matched child and also the post-placement support through placement planning meetings and the use of delegated authority. There is continued focus on improving practice and ensuring there is appropriate matching and placement planning prior to entry into care.
 - The team around the child to work together ensuring that there is a coherent offer to foster carers and the children in their care. The support

offer to ensure that the whole fostering household, including birth children, benefits.

- The innovation bid is further developed and submitted for DfE approval. The model of supporting foster carers with a respite foster carer who links with named children to offer a package of day respite.
- The appropriate assessment and information regarding the child is available for the carer; the information about the carer is available for the child at the point at which the placement is made.
- The social work practice to be developed with a training programme on matching and fulfilling statutory responsibilities for care planning for children in care.
- Supervision to ensure that there is clear care planning in place and that foster carer supervision is in place, with strategies for managing challenging behaviour.
- The virtual school provide an integrated offer to children and young people who are missing out on education that supports foster carers and enhances access to educational development.

4. Recommendations

4.1 Recommendation: Members of the Children’s Social Care and Health Cabinet Committee are asked to **CONSIDER** and **COMMENT ON** the proposed actions to improve placement stability.

5. Background Documents

<https://www.rip.org.uk/resources/publications/leaders-briefings/making-the-right-choices-for-children-in-care-leaders-briefing-2014>

6. Contact Details

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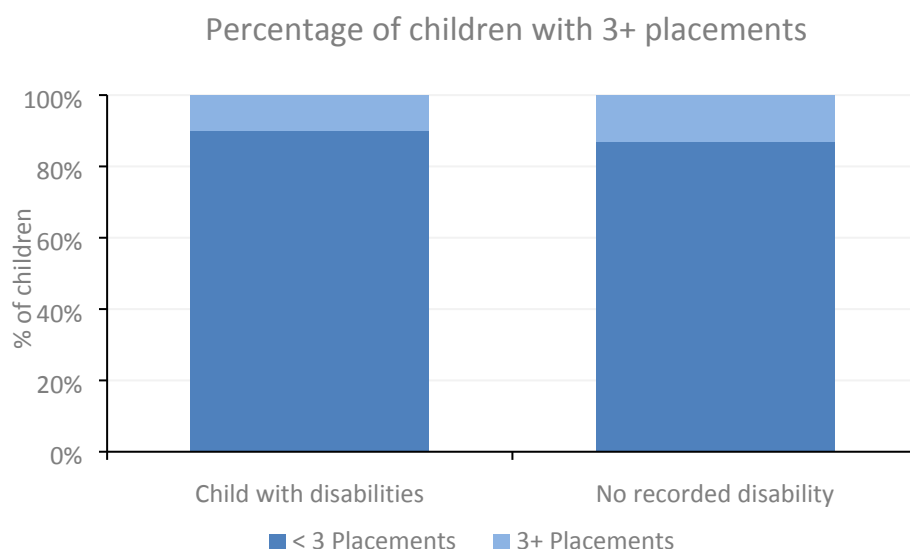
3+ Placements

17 June 2016

Data obtained from the Management Information Looked After Children Report as at 15 June 2016.

Children With Disabilities

Children with disabilities were defined as any child with a recorded disability on Liberi, regardless of the nature of the disability.

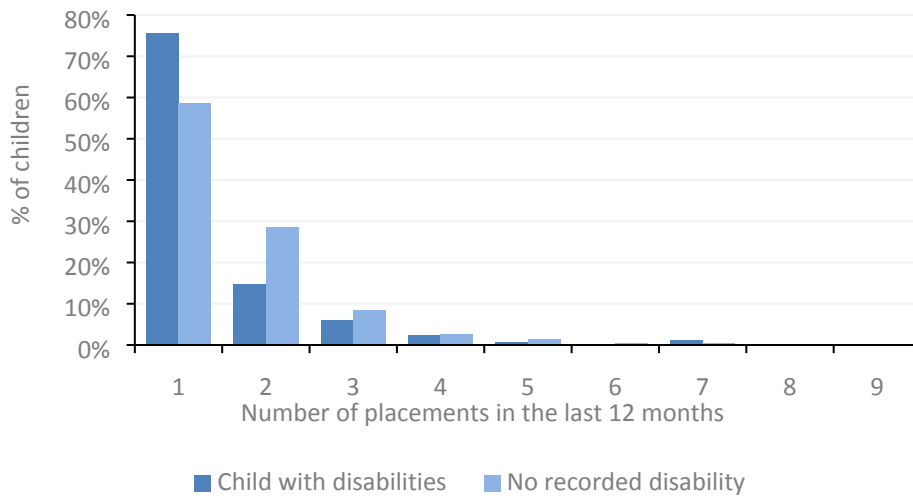


	< 3 Placements		3+ Placements		Total
	Volume	%	Volume	%	
Child with disabilities	154	90.1%	17	9.9%	171
No recorded disability	1840	87.0%	275	13.0%	2115
Total	1994	87.2%	292	12.8%	2286

The proportion of children with disabilities with less than 3 placements in the last 12 months (90.1%) was slightly higher than that for children without disabilities (87.0%).

However, a breakdown by the number of placements showed that children with disabilities had a higher rate of just one placement in the last 12 months and children without disabilities had a higher rate of 2 placements in the last 12 months. This suggests that children with disabilities have a slightly greater placement stability than children without disabilities. But children with disabilities also had a longer average care duration of 1383 days compared to 899 days for children without disabilities which could also influence then number of placements.

Number of placements and disability



Placements in the last 12 months	Child with disabilities		No recorded disability		Grand Total
	Volume	%	Volume	%	
1	129	75.4%	1239	58.6%	1368
2	25	14.6%	601	28.4%	626
3	10	5.8%	178	8.4%	188
4	4	2.3%	54	2.6%	58
5	1	0.6%	28	1.3%	29
6	0	0.0%	7	0.3%	7
7	2	1.2%	6	0.3%	8
8	0	0.0%	1	0.0%	1
9	0	0.0%	1	0.0%	1
Grand Total	171	100.0%	2115	100.0%	2286

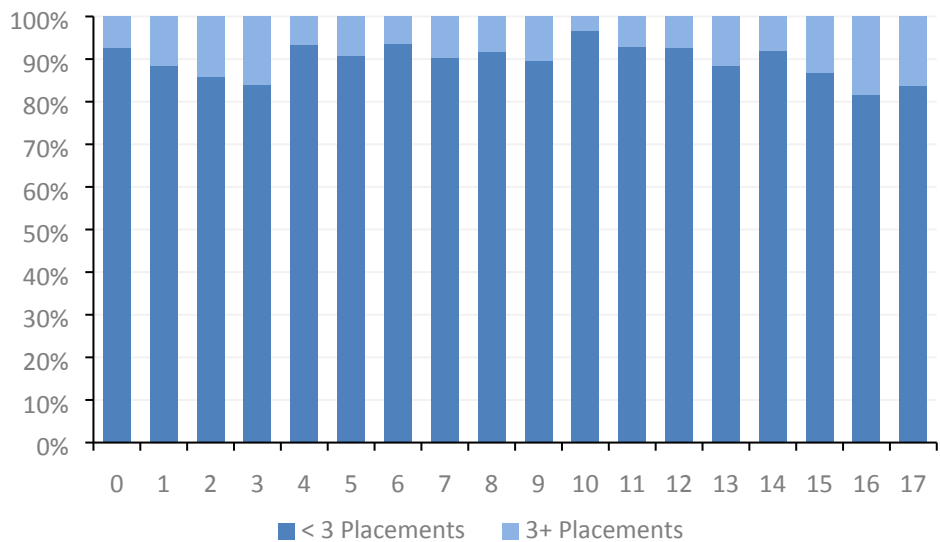
Three quarters of children with disabilities had one placement in the last 12 months (75.4%) compared to 58.6% for children without disabilities.

Children with disabilities within the disabled children’s teams had even greater stability with only 4.9% having 3 or more placements in the last 12 months.

	< 3 Placements		3+ Placements		Total
	Volume	%	Volume	%	
Disabled Children’s Teams	97	95.1%	5	4.9%	102

Age Profile

3+ placements by current age



Current Age	< 3 Placements		3+ Placements		Total
	Volume	%	Volume	%	
0	50	92.6%	4	7.4%	54
1	23	88.5%	3	11.5%	26
2	24	85.7%	4	14.3%	28
3	26	83.9%	5	16.1%	31
4	28	93.3%	2	6.7%	30
5	29	90.6%	3	9.4%	32
6	44	93.6%	3	6.4%	47
7	55	90.2%	6	9.8%	61
8	67	91.8%	6	8.2%	73
9	69	89.6%	8	10.4%	77
10	87	96.7%	3	3.3%	90
11	92	92.9%	7	7.1%	99
12	113	92.6%	9	7.4%	122
13	106	88.3%	14	11.7%	120
14	157	91.8%	14	8.2%	171
15	197	86.8%	30	13.2%	227
16	327	81.5%	74	18.5%	401
17	500	83.8%	97	16.2%	597
Total	1994	87.2%	292	12.8%	2286

16 and 17 year olds saw the highest rate of 3+ placements in 12 months. Approximately half of this age group were in leaving care accommodation so would likely have had at least one move in the last 12 months as part of their care plan.

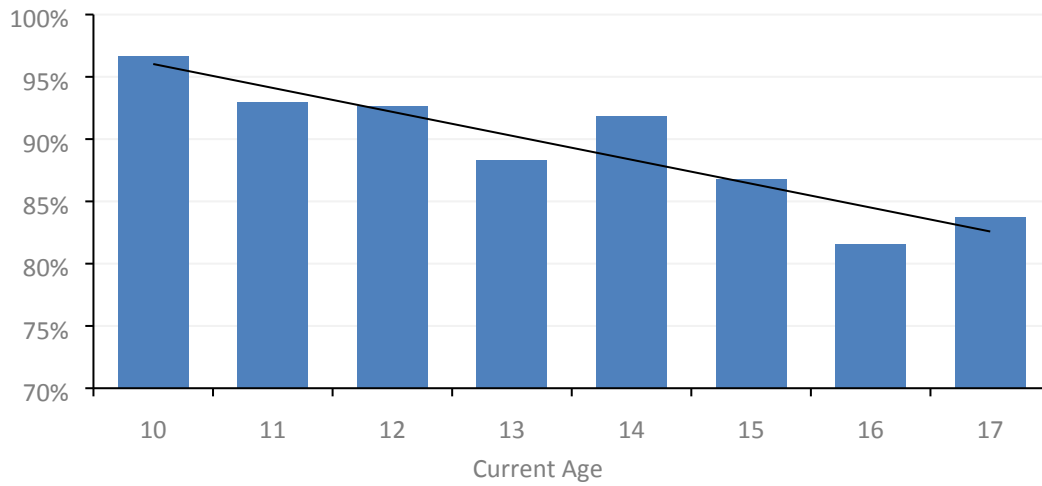
The second highest rate of 3+ placements was seen in 3 and 4 year olds. However, it is worth noting that this age group accounted for a small percentage of LAC, just 2.7% or 61 children, with 7 of these having 3+

placements in the last 12 months. The small size of this group makes it difficult to draw any conclusions but it may be an area worth monitoring.

10 year olds saw the lowest rate of 3+ placements in the last 12 months.

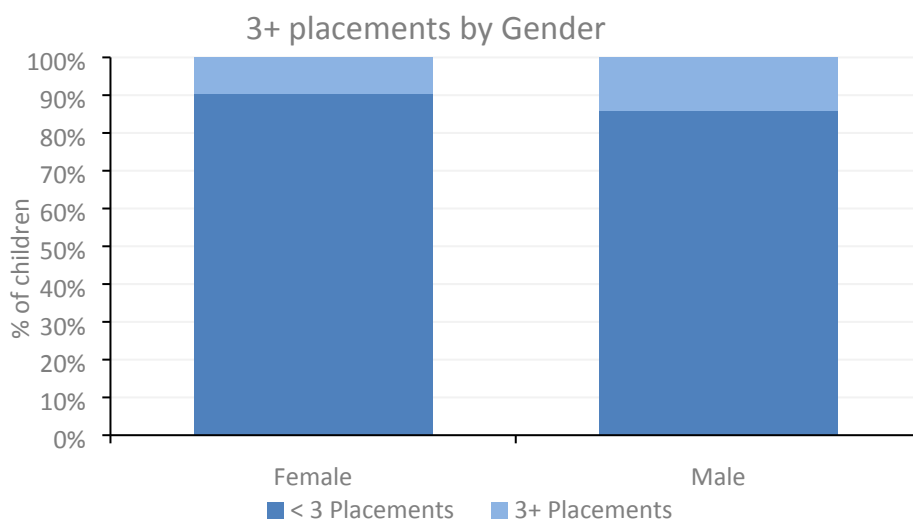
From the ages of 10 to 17 the proportion of children with less than 3 placements decreased with age.

3+ placements for 10 to 17 year olds trend



There was no trend found in children aged 0 to 9 to indicate a linear relationship between age and having 3+ placements in 12 months.

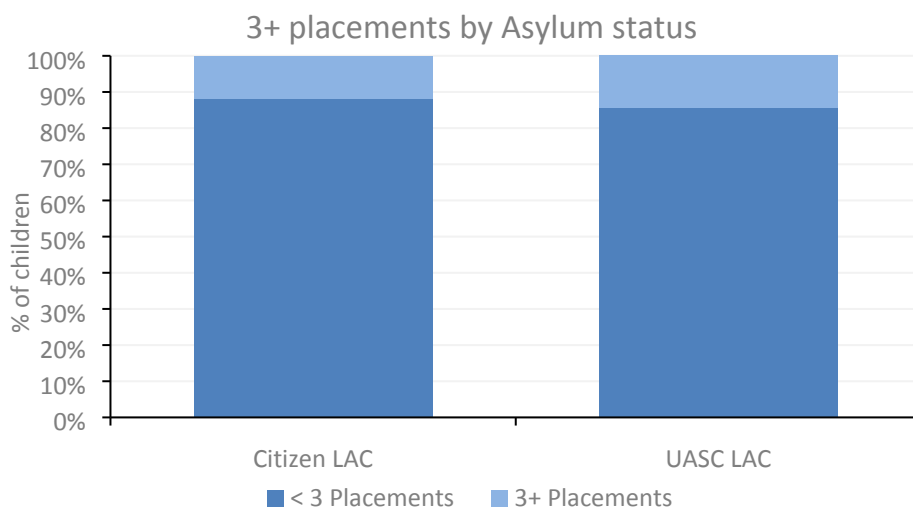
Gender Profile



Gender	< 3 Placements		3+ Placements		Total
	Volume	%	Volume	%	
Female	616	90.3%	66	9.7%	682
Male	1378	85.9%	226	14.1%	1604
Total	1994	87.2%	292	12.8%	2286

Females had a lower rate of 3+ placements (9.7%) than males (14.1%).

Asylum Profile

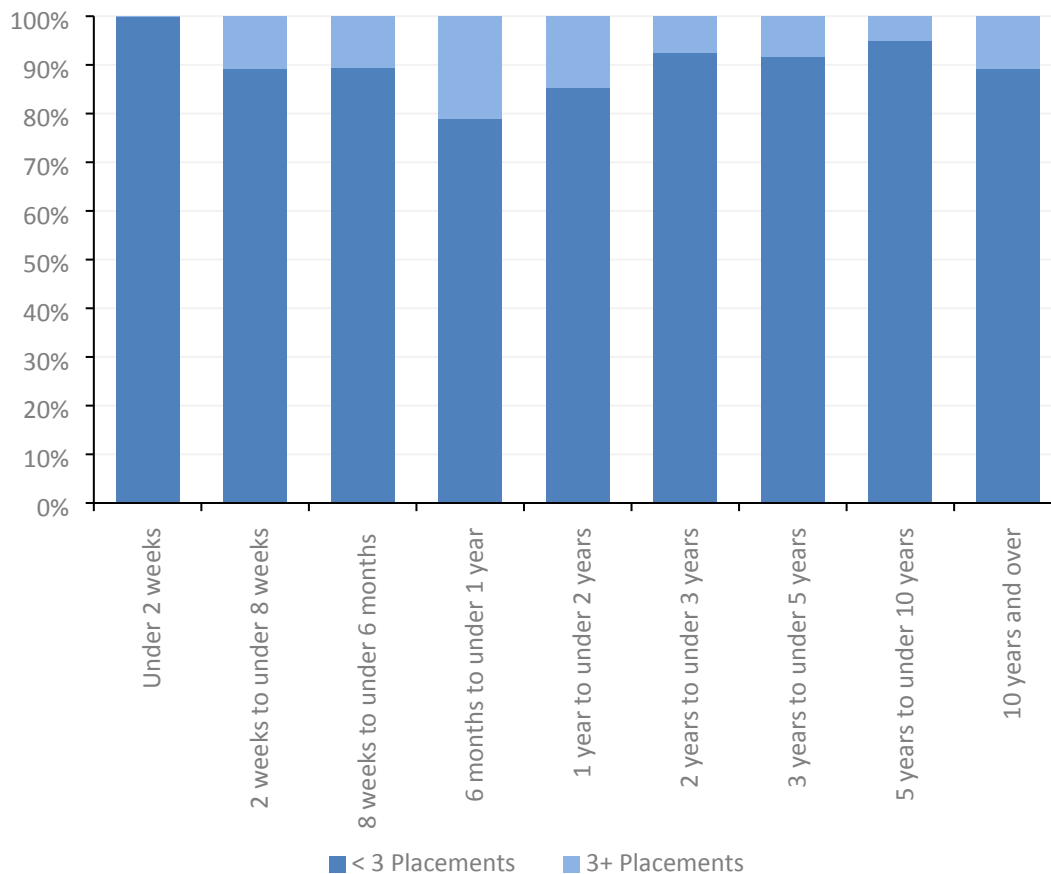


Asylum Flag	< 3 Placements		3+ Placements		Total
	Volume	%	Volume	%	
Citizen LAC	1269	88.2%	170	11.8%	1439
UASC LAC	725	85.6%	122	14.4%	847
Total	1994	87.2%	292	12.8%	2286

UASC had a slightly higher rate of 3+ placements (14.4%) than citizen LAC (11.8%).

Period of Care Duration

3+ placements by period of care duration



Period of Care Band	< 3 Placements		3+ Placements		Total
	Volume	%	Volume	%	
Under 2 weeks	12	100.0%	0	0.0%	12
2 weeks to under 8 weeks	82	89.1%	10	10.9%	92
8 weeks to under 6 months	237	89.4%	28	10.6%	265
6 months to under 1 year	524	79.0%	139	21.0%	663
1 year to under 2 years	301	85.3%	52	14.7%	353
2 years to under 3 years	183	92.4%	15	7.6%	198
3 years to under 5 years	264	91.7%	24	8.3%	288
5 years to under 10 years	341	95.0%	18	5.0%	359
10 years and over	50	89.3%	6	10.7%	56
Total	1994	87.2%	292	12.8%	2286

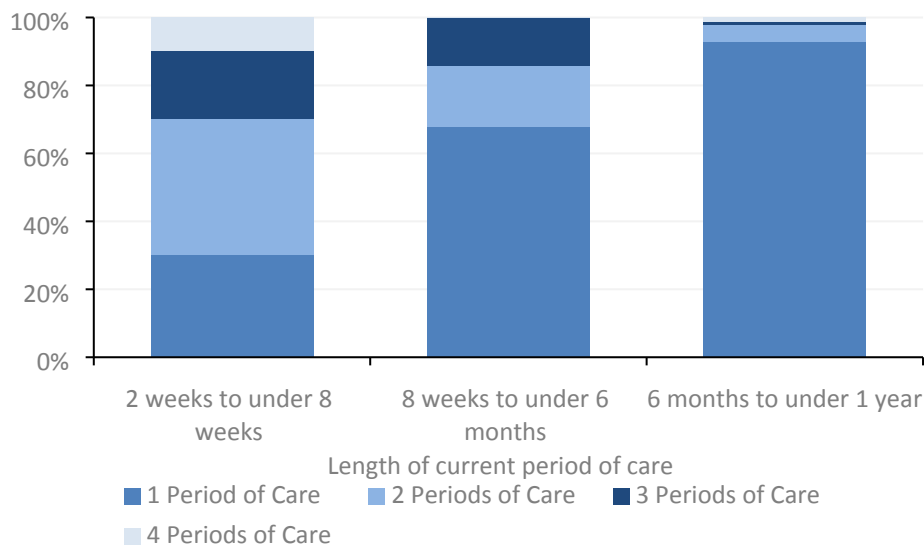
Children with a current period of care between 6 months and 1 year had the highest rate of 3+ placements.

Children who had been in care between 5 and 10 years had the lowest rate of 3+ placements, with 95.0% of children having less than 3 placements in the last 12 months.

The period of care duration is only the duration of the current episode, whereas the number of placements is over the last 12 months, even if this spans more than one period of care. Any children whose current period of care was less than 1 year could have had placements included for previous periods of care.

A breakdown of those children who had been in care for less than a year and had three or more placements showed that 70% of children with 3 or more placements who had been in care for between 2 and 8 weeks had more than one period of care during the 12 month period.

However, the proportion of children with 3 or more placements who had been in care for between 6 months and 1 year and had multiple periods of care is low at just 2.2%. Therefore the high rate of placements for children with this care duration cannot be attributed to multiple periods of care.



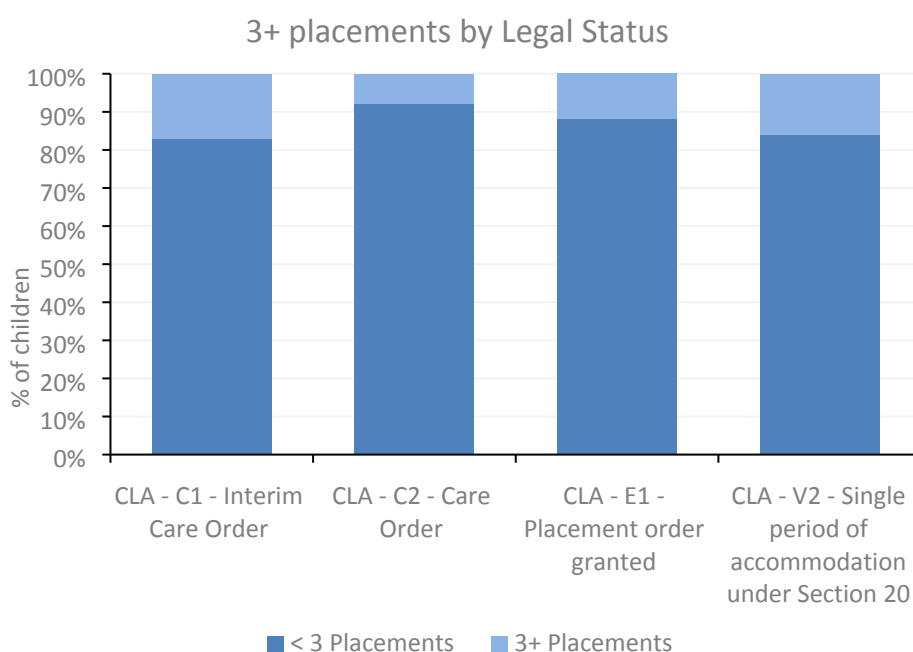
Period of Care Band	1 Period of Care		2 Periods of Care		3 Periods of Care		4 Periods of Care		Total
	Volume	%	Volume	%	Volume	%	Volume	%	
2 weeks to under 8 weeks	3	30.0%	4	40.0%	2	20.0%	1	10.0%	10
8 weeks to under 6 months	19	67.9%	5	17.9%	4	14.3%		0.0%	28
6 months to under 1 year	129	92.8%	7	5.0%	1	0.7%	2	1.4%	139
Total	151	85.3%	16	9.0%	7	4.0%	3	1.7%	177

40 of the 2286 LAC had multiple periods of care in the last 12 months, which accounts for just 1.7%. 26 of the children with multiple periods of care had 3+ placements in the last 12 months, so the small number of these cases is unlikely to have a significant effect on any other groupings.

Legal Status

Children in care under a Care Order had the highest rate of less than 3 placements (92.2%), section 20s have the lowest rate (84.0%).

However, there were differences in the profiles of children with different legal statuses. Children on care orders had a higher average period of care duration, whereas children on interim care orders had a particularly low average period of care duration. The average age for the different legal statuses also varied, so the difference in the number of placements may be related to factors other than the legal status itself.



Note: children with a Legal status of J1 and L1 were excluded from the graph due to the low numbers

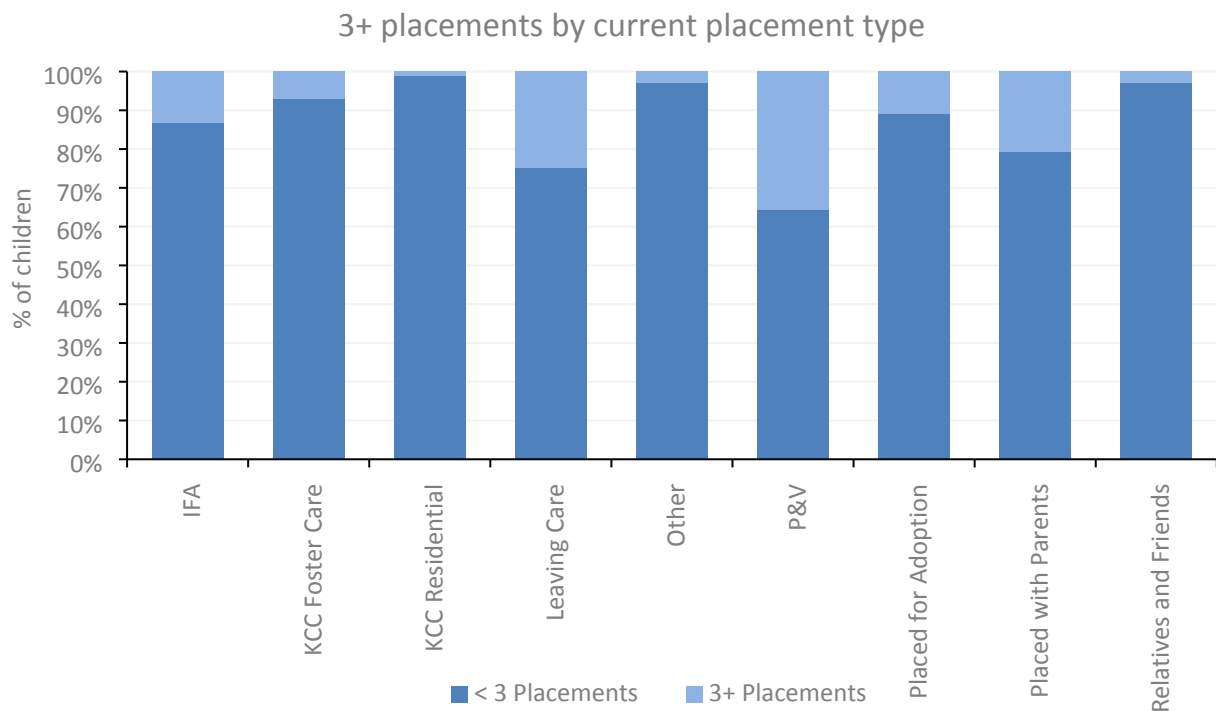
Legal Status	< 3 Placements		3+ Placements		Total
	Volume	%	Volume	%	
CLA - C1 - Interim Care Order	146	83.0%	30	17.0%	176
CLA - C2 - Care Order	810	92.2%	69	7.8%	879
CLA - E1 - Placement order granted	74	88.1%	10	11.9%	84
CLA - V2 - Single period of accommodation under Section 20	959	84.0%	182	16.0%	1141
CLA - J1 - In local authority on remand, or committed for trial or sentence	2	66.7%	1	33.3%	3
CLA - L1 - Under police protection, in local authority accommodation	3	100.0%	0	0.0%	3
Total	1994	87.2%	292	12.8%	2286

Legal Status	Average of Period of Care Duration in days
CLA - C1 - Interim Care Order	176.1
CLA - C2 - Care Order	1786.0

CLA - E1 - Placement order granted	575.8
CLA - V2 - Single period of accommodation under Section 20	427.9
All Legal Statuses	937.5

Legal Status	Average Age
CLA - C1 - Interim Care Order	5.7
CLA - C2 - Care Order	12.1
CLA - E1 - Placement order granted	3.7
CLA - V2 - Single period of accommodation under Section 20	15.6
All Legal Statuses	13.0

Current Placement Type



Placement Grouping	< 3 Placements		3+ Placements		Total
	Volume	%	Volume	%	
IFA	308	86.8%	47	13.2%	355
KCC Foster Care	1009	92.8%	78	7.2%	1087
KCC Residential	90	98.9%	1	1.1%	91
Leaving Care	379	75.0%	126	25.0%	505
Other	32	97.0%	1	3.0%	33
P&V	47	64.4%	26	35.6%	73
Placed for Adoption	41	89.1%	5	10.9%	46
Placed with Parents	23	79.3%	6	20.7%	29
Relatives and Friends	65	97.0%	2	3.0%	67
Total	1994	87.2%	292	12.8%	2286

Children in P&V placements had the highest rate of 3+ placements in the last 12 months.

Children in Leaving Care placements or placed with parents also had fairly high rates of 3+ placements of 25.0% and 20.7% respectively. However, these placements may be planned and in line the child's care plan to either prepare for independence or return home.

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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 – 6 September 2016

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

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

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: The Children’s Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the 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 performance dashboard for Specialist Children’s Services is attached as Appendix A.

2.2 The Specialist Children’s Services performance dashboard includes latest available results, which are for June 2016.

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 performance dashboards, improving the focus on strategic issues and qualitative outcomes.

- 2.4 The results in the performance 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 Specialist Children's Services performance 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 44 measures within the Performance Scorecard with a RAG (Red, Amber, Green) rating applied.
- 3.2 For June 2016, 23 are rated as Green, 20 as Amber and 1 indicator is rated as Red. Exception reporting against the one measure with a Red RAG rating is included within the Report attached as Appendix A.
- 3.3 An additional page showing the impact on performance by the cohort of Unaccompanied Asylum Seeking Children has also been included within the Report.

4. Recommendations

4.1 Recommendation: The Children's Social Care and Health Cabinet Committee is asked to CONSIDER and COMMENT ON the performance dashboard.
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5. Background Documents

None

6. Contact Details

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Social Care, Health and Wellbeing

Specialist Children's Services

Performance Management Scorecard

6th Sept 2016

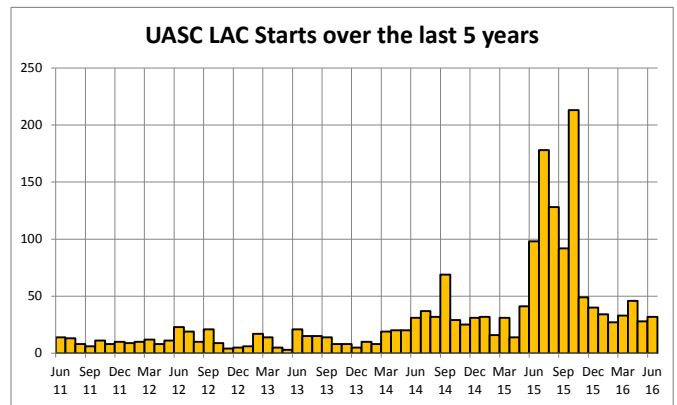
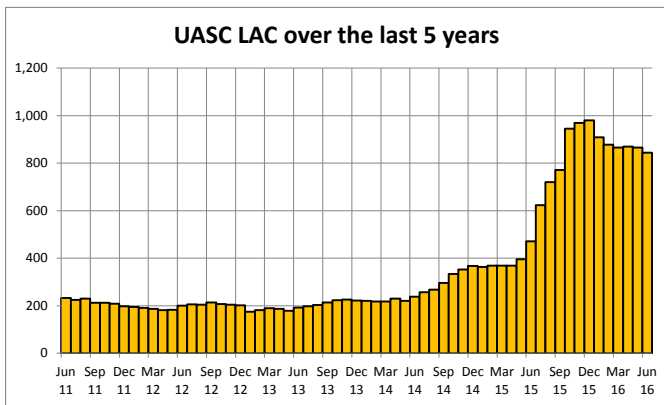
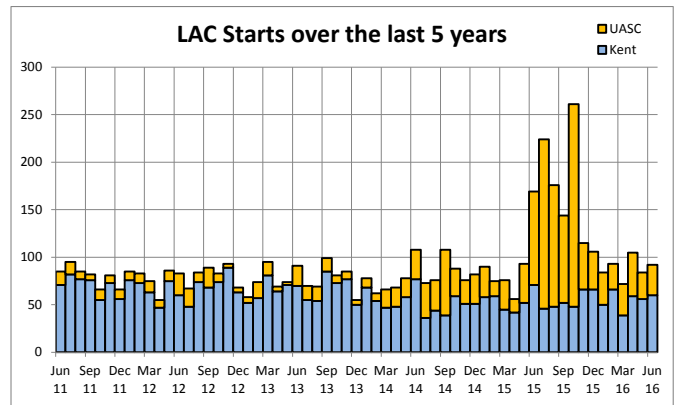
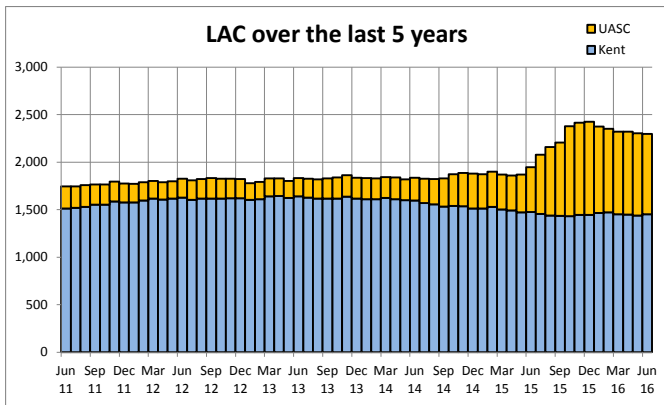
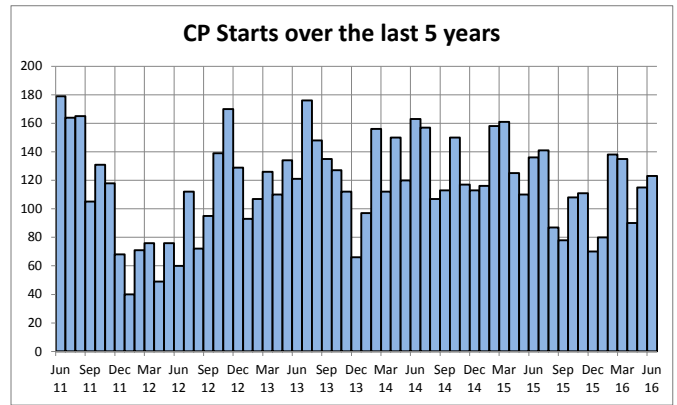
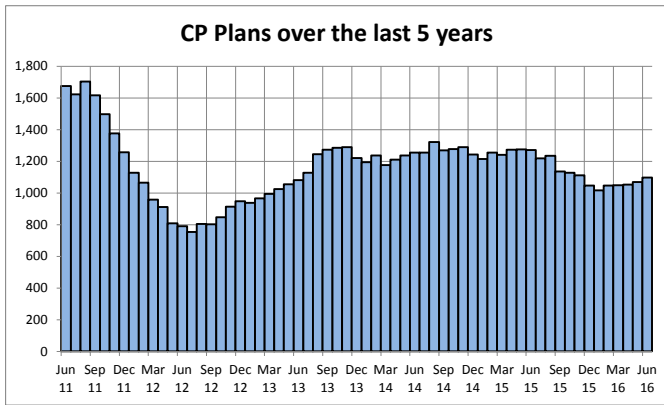
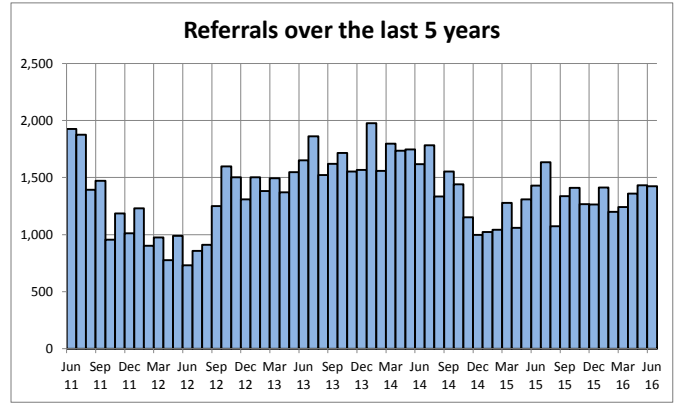
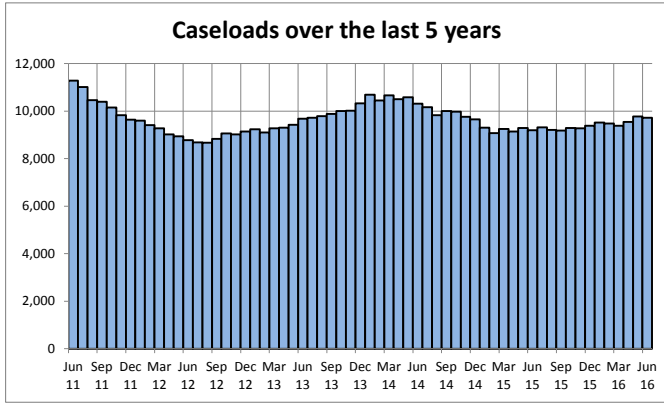


SCS Activity

	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	9719	9773	-54	1425	1633	1098	1070	+28	123	94	2298	2304	-6	844	866	-22	92	91	35	40	-5
North Kent	1218	1155	+63	280	251	186	184	+2	19	17	286	278	+8	71	64	+7	10	14	4	5	-1
East Kent	2394	2483	-89	436	570	373	363	+10	38	27	631	618	+13	85	81	+4	24	14	7	9	-2
South Kent	1754	1819	-65	299	405	311	308	+3	36	33	396	380	+16	66	58	+8	15	15	12	14	-2
West Kent	1377	1338	+39	305	245	215	209	+6	25	17	352	358	-6	91	95	-4	11	14	7	7	0
Disability Service	1203	1195	+8	30	87	13	6	+7	5	0	99	100	-1	0	0	0	0	1	0	0	0
Ashford AIT & FST	417	441	-24	86	121	116	115	+1	6	5	9	6	+3	0	0	0	6	3	1	1	0
Canterbury AIT & FST	360	362	-2	99	102	96	91	+5	11	5	3	1	+2	0	0	0	3	0	3	5	-2
Dartford AIT & FST	218	185	+33	86	64	40	36	+4	5	4	2	1	+1	0	0	0	1	0	0	0	0
Dover AIT & FST	390	432	-42	106	127	102	100	+2	17	15	7	4	+3	0	0	0	1	2	11	13	-2
Gravesham AIT & FST	394	398	-4	100	120	96	94	+2	11	3	0	1	-1	0	0	0	4	5	0	1	-1
Maidstone AIT & FST	433	417	+16	129	105	81	88	-7	9	5	2	5	-3	0	0	0	4	0	3	3	0
Sevenoaks AIT & FST	261	239	+22	67	58	35	37	-2	3	5	5	3	+2	0	0	0	4	0	4	4	0
Shepway AIT & FST	522	527	-5	107	150	89	89	0	13	12	9	8	+1	0	0	0	6	1	0	0	0
Swale AIT & FST	560	646	-86	129	189	114	120	-6	7	12	6	11	-5	0	0	0	1	1	4	4	0
Thanet Margate	420	434	-14	113	121	70	66	+4	11	4	3	2	+1	0	0	0	5	0	1	1	0
Thanet Ramsgate	347	339	+8	85	111	70	66	+4	7	2	8	2	+6	0	0	0	9	0	4	4	0
The Weald AIT & FST	530	497	+33	172	119	110	105	+5	16	7	4	3	+1	0	0	0	5	1	4	4	0
North Kent CIC	311	298	+13	1	1	15	17	-2	0	5	278	271	+7	71	64	+7	0	9	0	0	0
East Kent (Can/Swa) CIC	348	346	+2	0	5	9	7	+2	1	2	327	321	+6	59	54	+5	1	4	0	0	0
East Kent (Tha) CIC	296	297	-1	0	23	14	13	+1	0	2	270	269	+1	26	27	-1	0	7	0	0	0
South Kent CIC	393	387	+6	0	5	4	4	0	0	1	363	354	+9	66	58	+8	1	8	0	0	0
West Kent CIC	399	399	0	0	13	24	16	+8	0	5	345	349	-4	91	95	-4	2	13	0	0	0
SUASC Service	571	584	-13	32	68	0	0	0	0	0	531	568	-37	531	568	-37	29	32	0	0	0
Disability EK	633	627	+6	17	44	8	4	+4	4	0	67	68	-1	0	0	0	0	1	0	0	0
Disability WK	570	568	+2	13	43	5	2	+3	1	0	32	32	0	0	0	0	0	0	0	0	0
Adoption & SG	82	78	+4	8	0	0	0	0	0	0	3	2	+1	0	0	0	0	0	0	0	0
Care Leaver Service (18+)	1102	1098	+4	0	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0

SCS Activity

County Level



Scorecard - Kent

Jun 2016

ID	Indicators	Polarity	Data Period	Latest Result				1 month ago		1 year ago		Short Term Performance: Rolling 3 months and RAG Status
				Latest Result and RAG Status	Num	Denom	Target for 16/17	Result	DoT	Result	DoT	
REFERRAL AND ASSESSMENTS												
1	% of referrals with a previous referral within 12 months	L	R12M	21.8% G	3509	16061	25.0%	21.6%	↓	26.3%	↑	23.3% G
2	% of C&F Assessments that were carried out within 45 working days	H	R12M	89.0% A	15031	16886	90.0%	89.2%	↓	88.8%	↑	90.6% G
3	Number of C&F Assessments in progress outside of timescale	L	SS	16 G	-	-	75	19	↑	58	↑	- -
4	% of Children seen at C&F Assessment	H	R12M	98.0% G	15714	16033	98.0%	98.0%	↓	97.4%	↑	98.1% G
CHILDREN IN NEED												
5	% of CIN with a CIN Plan in place	H	SS	89.3% A	2148	2406	90.0%	89.5%	↓	89.7%	↓	- -
6	% of CIN who have been seen in the last 28 days	H	SS	85.1% G	1635	1922	80.0%	86.0%	↓	83.7%	↑	- -
7	Numbers of Unallocated Cases	L	SS	1 A	-	-	0	0	↓	0	↓	- -
PRIVATE FOSTERING												
8	% of PF visits held in timescale (Current PF Arrangements only)	H	SS	83.9% A	156	186	90.0%	85.3%	↓			- -
CHILD PROTECTION												
9	% of Current CP Plans lasting 18 months or more	L	SS	6.1% G	67	1098	10.0%	7.4%	↑	4.0%	↓	- -
10	% of CP Visits held within timescale (Current CP only)	H	SS	91.1% G	17926	19687	90.0%	90.9%	↑	94.2%	↓	- -
11	% of CP cases which were reviewed within required timescales	H	SS	100.0% G	763	763	98.0%	99.7%	↑	100.0%	↓	- -
12	% of Children becoming CP for a second or subsequent time	T	R12M	19.8% G	253	1276	17.5%	20.0%	↑	18.0%	↓	21.0% A
13	% of CP Plans lasting 2 years or more at the point of de-registration	L	R12M	2.5% G	37	1457	5.0%	2.4%	↓	2.3%	↓	1.4% G
14	% of Children seen at Section 47 enquiry	H	R12M	98.3% G	4587	4666	98.0%	98.2%	↑	98.5%	↓	99.0% G
15	% of ICPC's held within 15 working days of the S47 enquiry starting	H	R12M	85.3% G	1165	1366	80.0%	85.1%	↑	82.4%	↑	84.8% G
CHILDREN IN CARE												
16	CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	13.0% A	298	2298	10.0%	13.2%	↑	9.9%	↓	- -
17	CIC Placement Stability: % in same placement for last 2 years	H	SS	70.7% G	407	576	70.0%	70.5%	↑	72.2%	↓	- -
18	% of CIC Foster Care in KCC Foster Care/Rel & Friends placements (exc UASC)	H	SS	87.1% G	1046	1201	85.0%	86.9%	↑	85.7%	↑	- -
19	% of CIC placed within 20 miles from home (exc UASC)	H	SS	81.1% G	1139	1405	80.0%	81.3%	↓	81.9%	↓	- -
20	% of Children who participated at CIC Reviews	H	R12M	95.5% G	5835	6113	95.0%	95.5%	↓	95.5%	↓	96.8% G
21	% of CIC cases which were reviewed within required timescales	H	SS	97.8% A	2170	2218	98.0%	96.1%	↑	99.4%	↓	- -
22	% of CIC cases where all Dental Checks were held within required timescale	H	SS	94.5% G	1960	2074	90.0%	95.4%	↓	93.6%	↑	- -
23	% of CIC cases where all Health Assessments were held within required timescale	H	SS	85.4% A	1772	2074	90.0%	83.0%	↑	91.1%	↓	- -
24	% of IHA referrals within 5 working days of becoming Looked After	H	R12M	37.6% R	535	1423	90.0%	36.2%	↑	25.4%	↑	82.3% A
25	% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	80.3% G	1180	1470	80.0%	76.7%	↑	73.5%	↑	- -
26	% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	55.6% A	590	1061	60.0%	60.2%	↓	46.9%	↑	- -
ADOPTION												
27	% of cases adoption agreed as plan within 4mths, for those with an agency decision	H	R12M	68.0% A	66	97	75.0%	68.5%	↓	63.8%	↑	66.7% A
28	Ave. no of days between bla and moving in with adoptive family (for children adopted)	L	R12M	452.9 A	39401	87	426.0	488.2	↑	539.0	↑	315.3 G
29	Ave. no of days between court authority to place a child and the decision on a match	L	R12M	199.7 A	16576	83	121.0	224.2	↑	205.1	↑	54.2 G
30	% of Children leaving care who were adopted (exc UASC)	H	R12M	13.5% G	87	644	13.0%	13.3%	↑	22.3%	↓	7.9% R
CARE LEAVERS												
31	% of Care Leavers that Kent is in touch with	H	R12M	67.6% A	1058	1565	75.0%	67.2%	↑	66.8%	↑	68.5% A
32	% of Care Leavers in Suitable Accommodation (of those we are in touch with)	H	R12M	92.6% G	998	1078	90.0%	92.3%	↑	92.9%	↓	94.2% G
33	% of Care Leavers in Education, Employment or Training (of those we are in touch with)	H	R12M	58.0% A	625	1078	65.0%	58.7%	↓	55.0%	↑	53.1% R
34	% of Care Leavers with a Pathway Plan updated in the last 6 months	H	SS	94.3% G	952	1010	90.0%	91.9%	↑			- -
QUALITY ASSURANCE												
35	% of Case File Audits completed	H	R12M	97.6% G	693	710	95.0%	98.3%	↓	96.8%	↑	95.5% G
36	% of Case File Audits rated Good or outstanding	H	R12M	64.9% G	450	693	60.0%	64.1%	↑	46.3%	↑	65.7% G
37	% of Case File Audits rated inadequate	L	R12M	2.3% A	16	693	0.0%	2.7%	↑	6.5%	↑	1.9% A
38	% of CP Social Work Reports rated good or outstanding	H	R12M	65.6% A	1507	2299	75.0%	65.4%	↑	71.0%	↓	59.1% R
39	% of CIC Care Plans rated good or outstanding	H	R12M	61.7% A	3781	6129	75.0%	61.9%	↓	56.8%	↑	67.1% A
STAFFING												
40	% of caseholding posts filled by KCC Permanent QSW	H	SS	75.5% A	397.8	526.6	83.0%	75.0%	↑	75.4%	↑	- -
41	% of caseholding posts filled by agency staff	L	SS	18.3% A	96.5	526.6	17.0%	20.0%	↑	20.9%	↑	- -
42	Average Caseloads of social workers in CIC Teams	L	SS	16.1 A	1747	108.8	15.0	15.4	↓	16.5	↑	- -
43	Average Caseloads of social workers in CSWTs	L	SS	21.3 A	4852	227.6	18.0	22.0	↑	20.1	↓	- -
44	Average Caseloads of fostering social workers	L	SS	17.4 G	835	48.1	18.0	17.7	↑	18.0	↑	- -

GREEN AMBER RED

LATEST PERFORMANCE RAG RATING

23

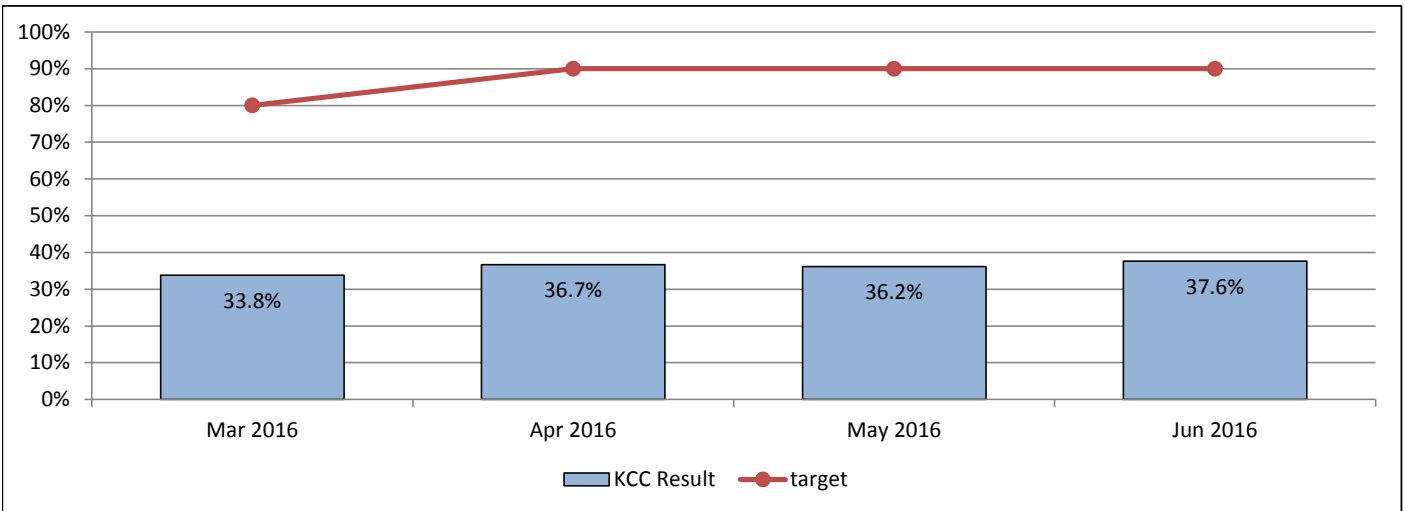
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1

Scorecard - Impact of UASC

Indicators	Polarity	Data Period	INCLUDING UASC				EXCLUDING UASC			Variance with UASC excluded		
			Latest Result and RAG Status	Num	Denom	Target for 16/17	Latest Result and RAG Status	Num	Denom			
CHILDREN IN CARE - KENT												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	13.0%	A	298	2298	10.0%	11.8%	A	171	1454	-1.2%
CIC Placement Stability: % in same placement for last 2 years	H	SS	70.7%	G	407	576	70.0%	70.7%	G	405	573	+0.0%
% of Children who participated at CIC Reviews	H	R12M	95.5%	G	5835	6113	95.0%	97.8%	G	3486	3565	+2.3%
% of CIC cases which were reviewed within required timescales	H	SS	97.8%	A	2170	2218	98.0%	99.4%	G	1396	1405	+1.5%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	94.5%	G	1960	2074	90.0%	95.3%	G	1262	1324	+0.8%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	85.4%	A	1772	2074	90.0%	93.4%	G	1236	1324	+7.9%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	37.6%	R	535	1423	90.0%	59.5%	R	305	513	+21.9%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	80.3%	G	1180	1470	80.0%	88.5%	G	951	1074	+8.3%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	55.6%	A	590	1061	60.0%	56.6%	A	533	941	+1.0%
CHILDREN IN CARE - NORTH KENT AREA												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	12.2%	A	35	286	10.0%	10.7%	A	23	215	-1.5%
CIC Placement Stability: % in same placement for last 2 years	H	SS	66.7%	A	48	72	70.0%	66.7%	A	48	72	0.0%
% of Children who participated at CIC Reviews	H	R12M	95.9%	G	699	729	95.0%	97.8%	G	491	502	+1.9%
% of CIC cases which were reviewed within required timescales	H	SS	98.9%	G	278	281	98.0%	99.5%	G	209	210	+0.6%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	95.5%	G	255	267	90.0%	97.5%	G	193	198	+2.0%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	86.1%	A	230	267	90.0%	92.9%	G	184	198	+6.8%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	73.0%	R	65	89	90.0%	74.4%	R	64	86	+1.4%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	85.7%	G	150	175	80.0%	87.6%	G	134	153	+1.9%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	48.4%	A	78	161	60.0%	53.4%	A	71	133	+4.9%
CHILDREN IN CARE - EAST KENT AREA												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	11.9%	A	75	631	10.0%	12.3%	A	67	546	+0.4%
CIC Placement Stability: % in same placement for last 2 years	H	SS	77.1%	G	178	231	70.0%	77.3%	G	177	229	+0.2%
% of Children who participated at CIC Reviews	H	R12M	95.8%	G	1559	1628	95.0%	98.7%	G	1330	1348	+2.9%
% of CIC cases which were reviewed within required timescales	H	SS	99.7%	G	607	609	98.0%	100.0%	G	524	524	+0.3%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	89.4%	A	516	577	90.0%	91.3%	G	450	493	+1.8%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	87.5%	A	505	577	90.0%	91.7%	G	452	493	+4.2%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	43.3%	R	71	164	90.0%	43.6%	R	71	163	+0.3%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	86.0%	G	382	444	80.0%	88.6%	G	358	404	+2.6%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	57.6%	A	232	403	60.0%	58.6%	A	212	362	+1.0%
CHILDREN IN CARE - SOUTH KENT AREA												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	13.1%	R	52	396	10.0%	14.2%	R	47	330	+1.1%
CIC Placement Stability: % in same placement for last 2 years	H	SS	68.5%	A	74	108	70.0%	68.2%	A	73	107	-0.3%
% of Children who participated at CIC Reviews	H	R12M	96.7%	G	948	980	95.0%	96.6%	G	777	804	-0.1%
% of CIC cases which were reviewed within required timescales	H	SS	98.7%	G	380	385	98.0%	98.7%	G	315	319	+0.0%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	97.8%	G	348	356	90.0%	98.0%	G	292	298	+0.2%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	93.0%	G	331	356	90.0%	94.3%	G	281	298	+1.3%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	75.2%	R	115	153	90.0%	75.7%	R	115	152	+0.5%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	87.5%	G	239	273	80.0%	90.1%	G	218	242	+2.5%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	68.1%	G	156	229	60.0%	67.2%	G	131	195	-0.9%
CHILDREN IN CARE - WEST KENT AREA												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	14.8%	R	52	352	10.0%	11.1%	A	29	261	-3.7%
CIC Placement Stability: % in same placement for last 2 years	H	SS	59.3%	R	70	118	70.0%	59.3%	R	70	118	0.0%
% of Children who participated at CIC Reviews	H	R12M	96.9%	G	853	880	95.0%	98.0%	G	626	639	+1.0%
% of CIC cases which were reviewed within required timescales	H	SS	98.8%	G	337	341	98.0%	98.4%	G	246	250	-0.4%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	94.5%	G	307	325	90.0%	97.4%	G	229	235	+3.0%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	84.3%	R	274	325	90.0%	94.0%	G	221	235	+9.7%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	52.2%	R	47	90	90.0%	52.8%	R	47	89	+0.6%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	85.1%	G	205	241	80.0%	86.7%	G	169	195	+1.6%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	35.4%	R	68	192	60.0%	36.0%	R	63	175	+0.6%
OTHER INDICATORS - KENT												
% of Care Leavers that Kent is in touch with	H	R12M	67.6%	A	1058	1565	75.0%	74.9%	A	638	852	+7.3%
% of Care Leavers in Suitable Accommodation (of those we are in touch with)	H	R12M	92.6%	G	998	1078	90.0%	91.5%	G	589	644	-1.1%
% of Care Leavers in Education, Employment or Training (of those we are in touch with)	H	R12M	58.0%	A	625	1078	65.0%	52.0%	R	335	644	-6.0%
% of Care Leavers with a Pathway Plan updated in the last 6 months	H	SS	94.3%	G	952	1010	90.0%	94.0%	G	499	531	-0.3%
% of C&F Assessments that were carried out within 45 working days	H	R12M	89.0%	A	15031	16886	90.0%	89.8%	A	14487	16126	+0.8%
Numbers of Unallocated Cases	L	SS	1	A	-	-	0	0	G	-	-	+1

% of IHA referrals within 5 working days of becoming looked after			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Mar 2016	Apr 2016	May 2016	Jun 2016
KCC Result	33.8%	36.7%	36.2%	37.6%
Target	80.0%	90.0%	90.0%	90.0%
RAG Rating	Red	Red	Red	Red

Commentary

This performance measure relates to the notification to the Health Service for an Initial Health Assessment within 5 working days for children and young people who have become looked after.

Performance against this measure had been poor during 2015/16, due to a combination of process and incomplete recording of data. This measure has therefore been included as a new performance measure into the SCS Monthly Scorecard to ensure that referrals to Health are made in a timely and consistent manner.

The performance rate of 37.6% relates to a rolling 12 months average. This has been significantly affected by the volume of UASC arrivals in 2015. The implementation of new business processes, and the monitoring of compliance across operational teams, has significantly improved more recent performance. The rolling 3 months average (April-June 2016) shows performance as being 82.3%.

Data Notes

Target: 90% (RAG Bandings: Below 80% = Red, 80% to 90% = Amber, 90% and above = Green)

Tolerance: Higher values are better

Data: Figures shown are based on a rolling 12 month period. The result for April 2016 for example shows performance for May 2015 to April 2016.

Data Source: Liberi

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

Andrew Scott-Clark, Director of Public Health

To: Children's Social Care and Health Cabinet Committee

6th September 2016

Subject: Public Health Performance – Children and Young People

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview on the performance of Public Health commissioned services for children and young people.

Health visiting performance is variable; the service has improved on most indicators that were low in delivery at time of transition from NHS England to Kent County Council; however others are not improving in line with contracted requirements. A service improvement action plan is in place with the provider, who regularly meets with Public Health, to improve on the coverage of those receiving the mandated checks.

To optimise partnership working with maternity services, Public Health is running targeted campaigns in areas of high prevalence of women smoking during pregnancy in Swale, Thanet and Shepway, where prevalence is of particular concern.

The quality section has been expanded to provide an overview of the actions and measures taken by Public Health to address the concerns raised relating to KCC commissioned sexual health services by the Operation Lakeland overview report "Multi-agency review of the services provided to victims of child sexual exploitation in Kent", published in June 2016.

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to **COMMENT** on and **NOTE** the current performance and actions of Public Health commissioned services.

1. Introduction

- 1.1. This report provides an overview of the Public Health key performance indicators for Kent which directly relate to services for children and young people.

2. Performance

Health Visiting Service

- 2.1. Commissioning responsibility for the Kent Health Visiting service transferred from NHS England to KCC in October 2015. KCC now has a statutory obligation to ensure the delivery of five mandated developmental checks for children under the age of 5. Table 1 sets out performance of the service in relation to these checks, all of which are delivered by Kent Community Health NHS Foundation Trust (KCHFT). The contract with KCHFT includes an incremental quarter-on-quarter increase and a performance payment to incentivise improvement and drive up coverage of the checks. Performance Incentivisation payments are not made if targets have not been met (please refer to Appendix 2).
- 2.2. Although performance improved in Q1 16/17 for the interventions that had previously shown particularly poor performance, the New Birth Visit, the 6-8 week check and the 1 year review, the provider continues to work to a Service Improvement Action Plan, which is scrutinised at quarterly performance meetings with the Public Health Consultant responsible for Child Health programmes and the Head of Public Health Commissioning. The Service Improvement Action Plan includes actions surrounding workforce, which, when not at an optimum level, affects delivery of the checks. To help address this, the provider has re-distributed staff across the County, using intelligence on need and population levels.
- 2.3. At the previous Cabinet Committee on 5 July 2016, a proposal to extend the contract with KCHFT was endorsed; this extension provides a significant opportunity to improve service delivery and provide better value for KCC investment through re-engineering and reshaping the existing service. Steps that are currently underway include identifying and exploring opportunities for integration with wider early years service provision, negotiating terms of the extension with KCHFT to deliver efficiency savings, alongside which the Key Performance Indicators (KPIs) and targets are being reviewed and rationalised.
- 2.4. KCC and KCHFT are scrutinising the variance in take-up of all the mandated checks and their forms of delivery; the provider is investigating the effect of parents declining or not responding to invites and also the 'do not attends' (DNAs) across the checks, including the 1 year and 2½ year reviews. KCHFT are also looking into the effect of different methods of communication to optimise the contacts between themselves and parents and increase those receiving the 5 mandated checks, all of which will inform the reshaping of the Health Visiting Service.

Table 1: Health visiting mandated interventions delivered in 15/16 and 16/17. Kent figures

Health Visiting Service	Aim	Q3 15/16	Q4 15/16	Q1 16/17	DoT
No. of mothers receiving an Antenatal Visit	-	866	1,083	1,370	↑
% of New Birth Visits within 14 days	75% - 90%	68%	75%	78%	↑

Health Visiting Service	Aim	Q3 15/16	Q4 15/16	Q1 16/17	DoT
% of New Birth Visits in total (0-30 days)	-	98%	95%	92%	↓
% of infants due a 6-8 week check who received one	65% - 95%	65%	76%	79%	↑
% of infants receiving their 1 year review at 12 months	75% - 90%	35%	56%	67%	↑
% of infants receiving their 1 year review at 15 months	-	72%	93%	78%	↔
% of children receiving their 2-2½ year review	75% - 95%	71%	91%	76%	↔

Source: KCHFT Health Visiting Service

- 2.5. The Committee will be aware of concerns on the accuracy of some of the Health Visiting data, which has been highlighted in previous reports. KCHFT has reported that these data recording and reporting issues will have been fully resolved in Q2 2016/17, hence the assignment of a neutral direction of travel to two of the indicators in Table 1 above. KCC is planning to undertake an audit later this year to verify the improvements that have been reported and the Performance Officers from Public Health and KCHFT meet regularly to address recording and reporting practices.
- 2.6. The table below provides a breakdown of the breastfeeding data that has been collected by the Health Visiting Service. Increased data recording in Q4 2015/16 meant that it could be reported that 45% of mothers reported partial or total breastfeeding at the 6-8 week check. Recording coverage decreased to 88% in Q1 2016/17 and therefore although there has been 47% of mothers with a status reporting breastfeeding, the completion is not robust enough to use this as a fact.

Table 2: Health visiting 6-8 week check infant feeding continuance figures. Kent figures

Health Visiting Service – Infant Feeding Status	Q3 15/16	Q4 15/16	Q1 16/17
Number of infants due a 6-8 week check by the end of the quarter*	4,196	4,058	4,181
Number* and percentage with an infant feeding status (needs to be 95% to be robust)	3,411 (81%)	3,853 (95%)	3,691 (88%)
Number* recorded as totally breastfed	1,124	1,192	1,228
Number* recorded as partially breastfed	460	536	507
Number* recorded as not at all breastfed	1,827	2,125	1,956
% total or partially breastfed of the statuses recorded	46%	45%	47%

Source: KCHFT Health Visiting Service

*The absolute number varies quarter on quarter due to the total number of births varying by quarter

National Child Measurement Programme (NCMP)

- 2.7. There has been no update for NCMP since the previous Cabinet Committee as figures on the 15/16 cohort will be released in December 2016. Key points from the 14/15 cohort are:

- Participation rates remained stable for 4-5 year olds (Year R) and increased by 1% for 10-11 year olds (Year 6).
- The proportion of those with healthy weight for 4-5 year olds decreased from 79% to 77% and excess weight increased from 21% to 22%.
- The proportion of those with healthy weight remained stable at 66%, as did the proportion with excess weight at 33% for 10-11 year olds. Within the excess weight category there was an increase in those measured as overweight, with a decrease in those measured as obese.

2.8. In addition to the actions reported to the previous Cabinet Committee, Public Health presented an update on Kent’s obesity action plans to the Kent Health and Wellbeing Board in May 2016. An evaluation of the outcomes following the recent Sugar Smart campaign has also been undertaken and is published on the Kent Public Health Observatory Website (please see Section 6 for the web page link). The national childhood obesity strategy is expected within the coming months and will be supported by a consultation on a Kent Healthy Weight Strategy.

Young People’s Substance Misuse Services

2.9 The proportion of young people leaving specialist substance misuse services in a care-planned way continues to exceed the national average and was 91% for Q1 2016/17 in Kent. This is below the target of 98%, although it should be noted that this performance relates to very low numbers of young people leaving the service in an unplanned way. The actual number of unplanned exits was fewer than 10 young people in Q1; when a young person drops out of the service, the therapeutic worker for that young person will make every effort to contact and re-engage them back into structured treatment. Analyses of unplanned exits from the service are discussed at every performance monitoring meeting with all learning noted for continuous improvement.

Table 3: Proportion of planned exits from specialist services in Kent

Specialist Treatment Service	Target	14/15				15/16				16/17	DoT
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
% exiting specialist services with a planned exit	98%	99% (g)	100% (g)	94% (a)	97% (a)	94% (a)	94% (a)	96% (a)	94% (a)	91% (a)	↓

Source: Addaction, provider of young people’s substance misuse services

2.10 Substance misuse providers deliver additional Public Health interventions alongside their work on substance misuse; for Q1, 94% of the young people accessing early intervention services received stop smoking information and 90% of those starting specialist treatment, and 100% newly accessing the specialist service were given sexual health information. 100% of the young people accessing specialist services, for whom it was appropriate, were screened for chlamydia.

Smoking during pregnancy

- 2.11 The number of pregnant women who reported being smokers by the end of pregnancy increased over the first 3 quarters of 2015/16. However, the proportion did fall in the final quarter. Nationally, 86.9% of women who are pregnant are reported as non-smokers and the Kent CCGs range from 79.6% to 90.3%, with Kent overall at 86.2%; Dartford, Gravesham and Swanley has the highest proportion reporting non-smoking, followed by West Kent.
- 2.12 The national BabyClear programme has been implemented in Kent for over a year. Public Health, along with the delivery partners, have identified a number of systemic issues and have been working to resolve these. The issues include confidence by the midwives to use the carbon monoxide monitors, training and understanding of the entire BabyClear process and recording and reporting of the information. New training is being arranged to tackle use of the monitors and increase the full understanding of BabyClear. A new midwifery lead to tackle smoking in pregnancy has been appointed jointly with East Kent hospitals.

Table 4: Published smoking status at time of delivery Kent and England

Smoking status at time of delivery	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
% of women with a smoking status at time of delivery Kent	11.8%	12.1%	12.3%	13.9%	13.7%
No. of women with a smoking status at time of delivery Kent	473	500	514	561	549
% of women with a smoking status at time of delivery England	11.1%	10.7%	10.5%	10.6%	10.8%

Source: NHS Digital (formerly HSCIC)

- 2.13 A pilot campaign known as *What the Bump?* is currently in development in Swale, and Kent is part of a national pilot to develop new 'quit smoking in pregnancy' models - Baby Be Smokefree in Thanet and Shepway (SKC CCG).

Table 5: Published smoking status at time of delivery Kent CCGs

Smoking status at time of delivery	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
Ashford CCG	8%	11%	9%	13%	12%
Canterbury & Coastal CCG	9%	11%	10%	13%	15%
DGS CCG	11%	12%	11%	10%	10%
South Kent Coast CCG	17%	14%	15%	18%	20%
Swale CCG	22%	22%	17%	24%	19%
Thanet CCG	14%	14%	20%	22%	20%
West Kent CCG	9%	9%	10%	10%	10%

Source: NHS Digital (formerly HSCIC)

3 Quality Exception Report

- 3.1 The Overview Report into a Multi-Agency Review of the Services provided to Victims of Childhood Exploitation in Kent was published on 27 June 2016 by the Kent Children's Safeguarding Board (KCSB). The report identified a particular case in which visits had been made to sexual health clinics where

there was clear evidence of harmful under-age sexual activity, yet the opportunity was missed to make a safeguarding referral on each occasion.

3.2 This is being reported to the Children's Social Care and Health Cabinet Committee to provide the assurance that sexual health services have put into place systems and processes to ensure recognition of childhood sexual exploitation (CSE) and ensure that appropriate safeguarding referrals are made in the future.

3.3 Actions taken by Sexual Health providers are as follows:

- Reviewed the format of their health records and, as a result, have now introduced electronic records.
- Reviewed their consent policies which reflect the voice of the child.
- A programme of training staff in CSE has been put in place. The voice of the child is now at the core of the work undertaken for young people. Assurance is sought by Public Health from providers on numbers of staff who have completed the CSE mandatory training. The figures for July 2016 are: Kent Community Health Foundation Trust sexual health service 96.2%, Maidstone and Tunbridge Wells NHS Trust sexual health service 98.0%.
- Reviewed their safeguarding referral pathway and case conference pathways. The voice of the child/young person is now embedded into the pathway and follow-up provision.
- Have identified a Single Point of Contact (SPOC) who will be the lead within the organisation for safeguarding. Their current safeguarding policies have been reviewed to include the details of the SPOC.
- All the sexual health providers provide assurance via the ongoing quality safeguarding assurance process of the quality dashboard and indicators.

The specific indicators for supervision are:

- That all relevant staff complete biannual safeguarding supervision (Q1 2016/17 reports that all staff have access to supervision and are taking it up)
- Agreed safeguarding audits are completed.

3.4 Additionally, as the commissioner, KCC Public Health have put into place a contract variation for young people's sexual health services which now requires 'All staff working with children and young people to undertake mandatory training on sexual exploitation and grooming'.

3.5 The final assurance that all the actions that have been implemented will be ratified and signed off at the next KCSB case review group in September 2016 and by the KCSB board in October, when a final Operation Lakeland assurance report will be presented. Ongoing assurance for Public Health commissioned services will continue via the quality and safeguarding governance process.

4 Conclusion

- 4.1 Public Health continues to scrutinize delivery of the Health Visiting Service through quarterly performance meetings with the provider, who is working to a Service Improvement Action Plan. Actions and their outcomes are being assessed as to their impact on delivery of the 5 mandated checks. As part of the wider efficiency and transformation programme within health visiting, Public Health are reviewing the Health Visiting service to improve service delivery and provide better value for KCC investment through re-engineering and reshaping the existing service. Current steps underway include identifying and exploring opportunities for integration with wider early years service provision, negotiating terms of the extension with KCHFT to deliver efficiency savings and reviewed and rationalised KPIs and targets.
- 4.2 Public Health are targeting campaigns on women smoking during pregnancy in Swale, Thanet and Shepway, in addition to the ongoing work with the stop smoking provider and midwifery service on delivery of the BabyClear programme, as the numbers of women with a smoking status at time of delivery continues to cause concern.

5 Recommendations

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to **COMMENT** on and **NOTE** current performance and actions taken by Public Health commissioned services.

6 Background Documents

2016 Change4Life Sugar Smart Campaign.

<http://www.kpho.org.uk/health-intelligence/lifestyle/obesity#tab1>

7 Appendices

Appendix 1 – Key to KPI Ratings used

Appendix 2 – Health Visiting Performance Charts

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Appendix 1

Key to KPI Ratings used:

(g) GREEN	Target has been achieved or exceeded; or is better than national
(a) AMBER	Performance at acceptable level, below target but above floor; or similar to
(r) RED	Performance is below a pre-defined floor standard; or lower than national
↑	Performance has improved
↓	Performance has worsened
↔	Performance has remained the same

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

Appendix 2 – Health Visiting Performance Charts

Figure 1: Health Visiting Service: New Birth Visit within 14 days for Kent, against target and available National figures

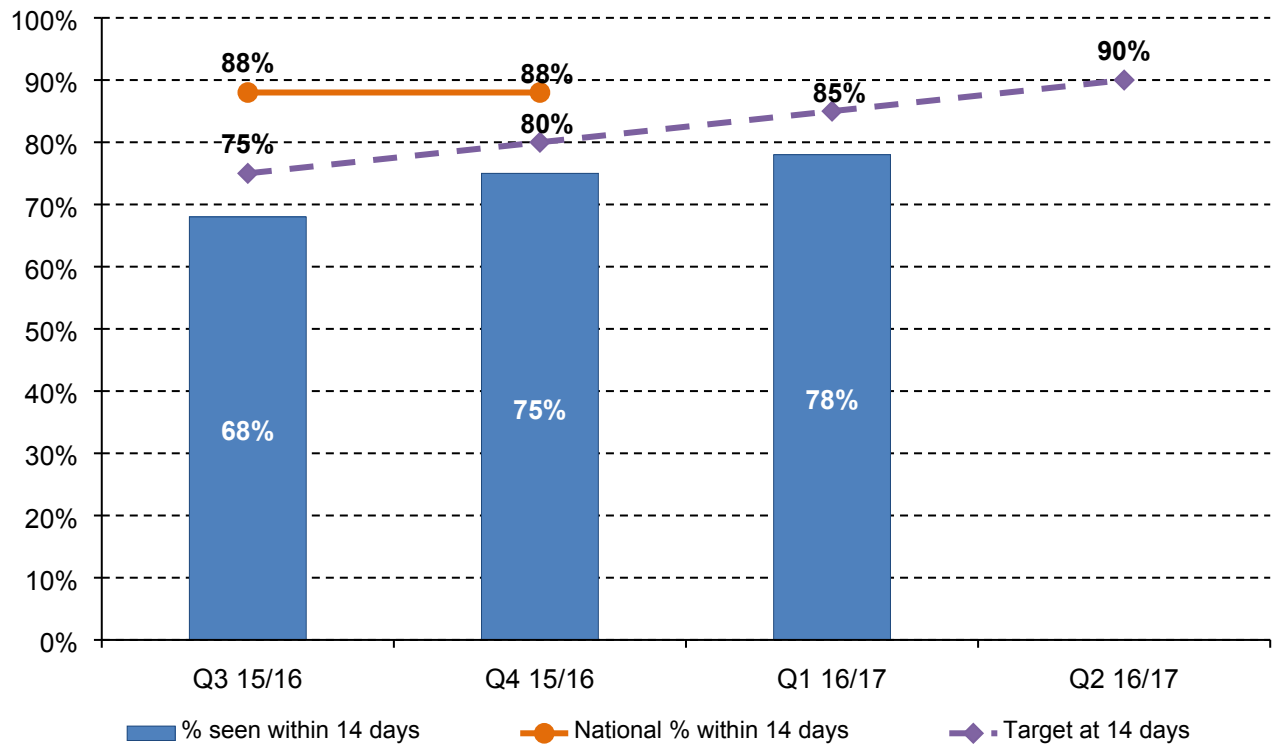


Figure 2: Health Visiting Service: 6-8 week check for Kent, against target and available National figures

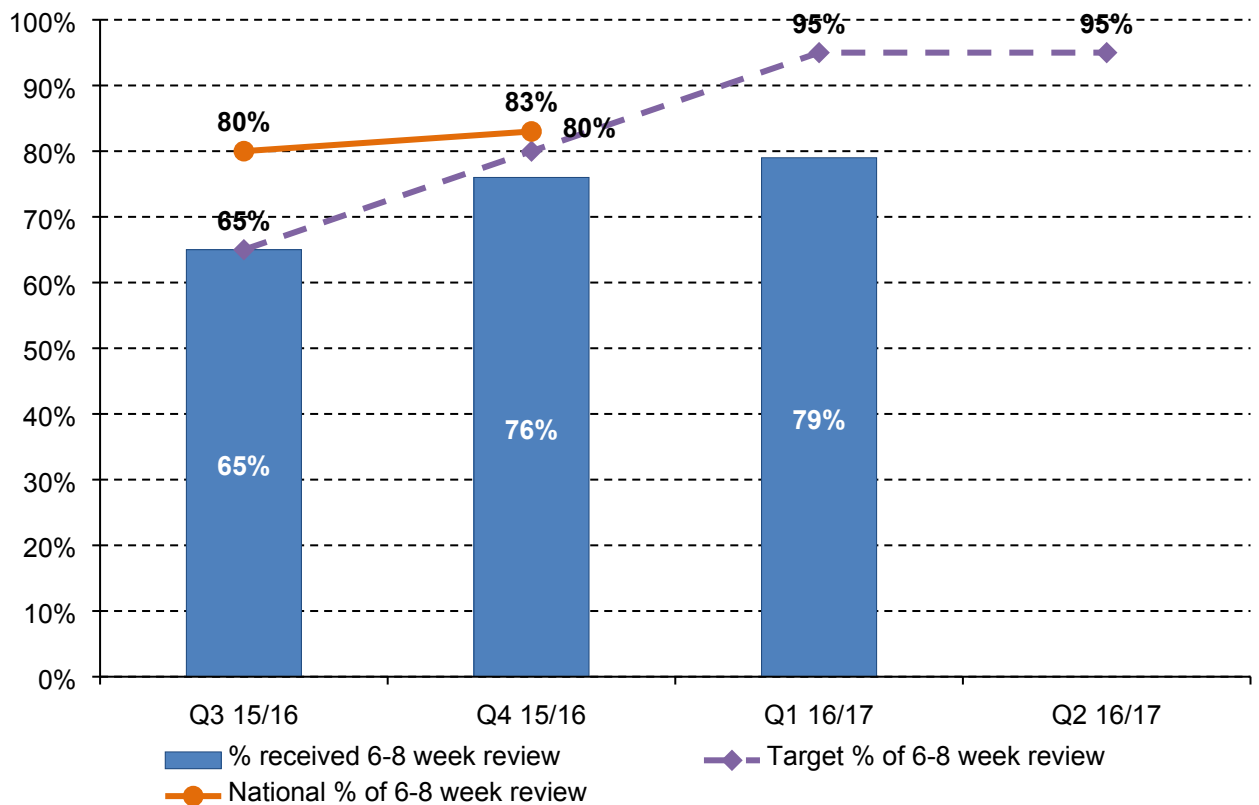


Figure 3: Health Visiting Service: 1 year review at 12 months for Kent, against target and available National figures

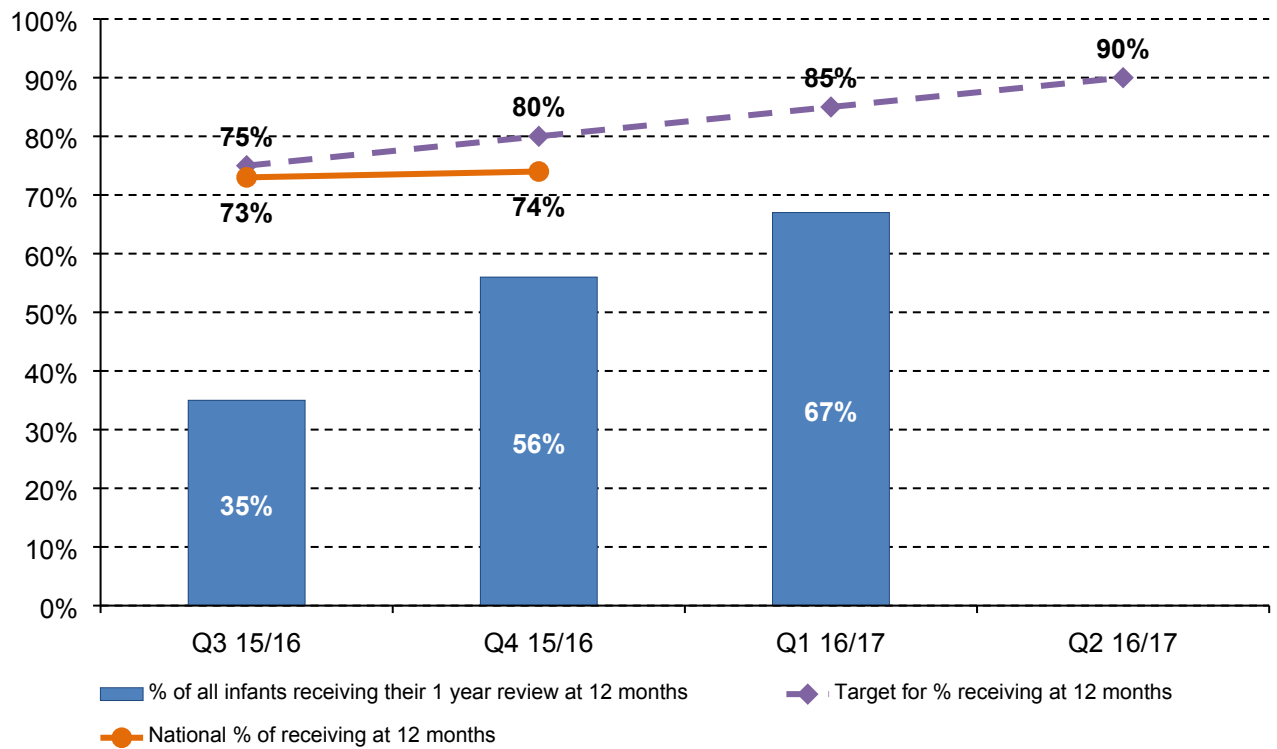
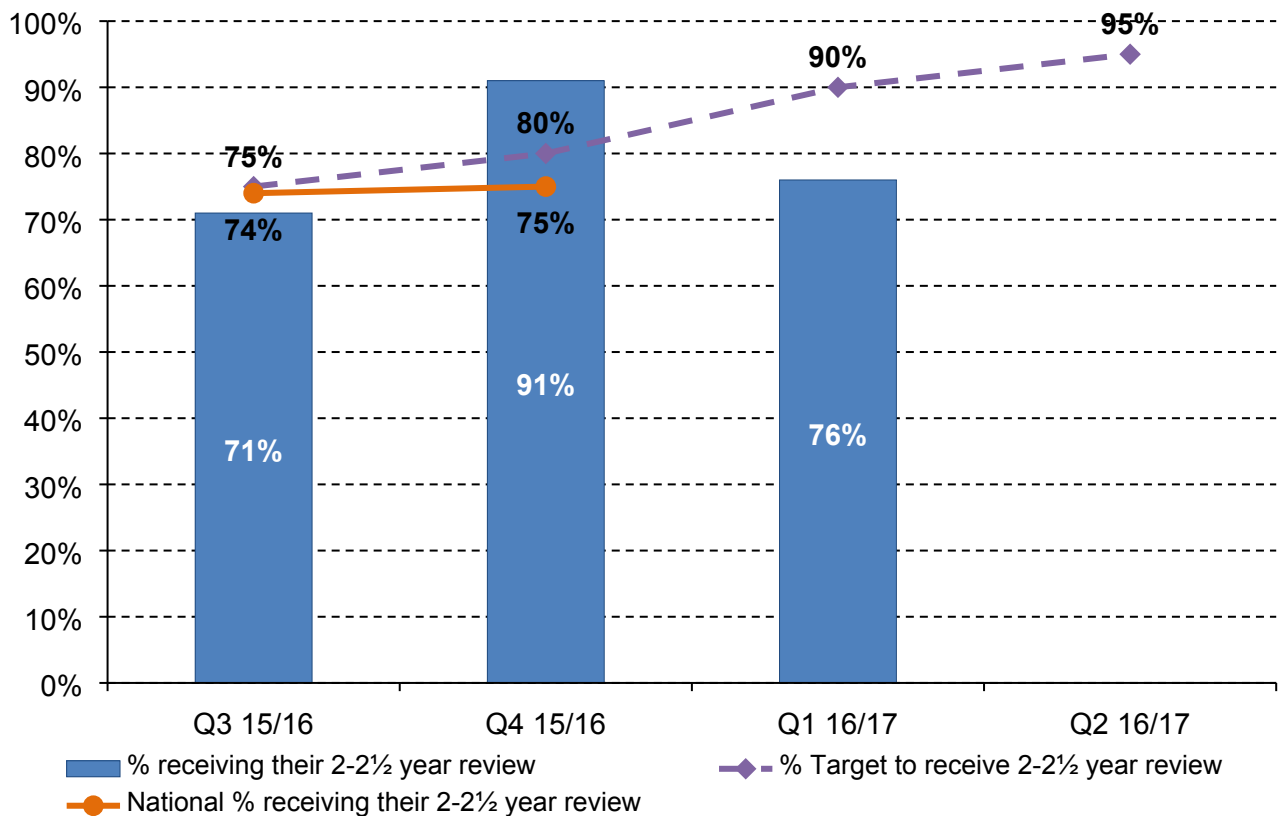


Figure 4: Health Visiting Service: 2-2½ year checks by 2½ years for Kent, against target and available National figures



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 - 6 September 2016

Subject: **ANNUAL EQUALITY AND DIVERSITY REPORT SPECIALIST CHILDREN'S SERVICES**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All divisions

Summary: This report sets out a position statement for services within Specialist Children's Services regarding equality and diversity work and progress on KCC Equality objectives for 2015/2016.

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

- a) **CONSIDER** and **DISCUSS** current performance and proposed priorities, continue to ensure that equality governance is observed in relation to decision making;
- b) **NOTE** the proposed changes to Equality Objectives and **AGREE** to receive revised objectives in 2017; and
- c) **AGREE** to continue to receive the report annually in order to comply with the Public Sector Equality Duty (PSED) and ensure progress against the Council's objectives.

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. Equality Objectives Review

- 2.1 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 suggest that, overall, the council is continuing to progress on the processes and procedures that are

required to ensure that Equality and Human Rights are mainstreamed into the core business of the council.

2.2 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.
- f) Understanding and responding to the impacts on People when KCC is doing its work

2.3 Directorates have been asked to provide equality information to demonstrate how they have complied with equality legislation between 1 April 2015 – 31 March 2016 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.

3 Key Achievements

3.1 Key achievements for Specialist Children's Services division in the Social Care, Health and Wellbeing Directorate include:

3.2 Children's participation

3.2.1 The Children in Care Council are thriving with three groups (the Super Council – primary age children, the Our Children and Young People's Council – secondary school-age children, and the Young Adult Council – young adults). These groups are acting as a 'test bed' for procedure and process development – acting as a critical friend. Meetings are held on a monthly basis and supported by the participation officer who is working to ensure the involvement and participation of young people with protected characteristics.

3.2.2 Young people's participation in the designing and delivery of services has improved, with more young people providing feedback on the quality of services that they receive. This has been achieved through the use of the Mind Of My Own (MoMo) for young adults. The MoMo app is being piloted in North Kent; 42 young people have chosen to use this.

3.2.3 Participation forms which capture the views of young people, including those from protected categories, have been approved and are available for wider circulation. The forms also include participation tools for children with Child Protection and Child in Need Plans. It is hoped that these feedback forms will help to elicit more information from young people in

respect of their needs and aspirations which will help shape future inclusive activities for children services.

- 3.2.4 A Missing Children Focus Group has been arranged for those young people who go missing, to share their experiences and help our service “learn lessons”. Social workers and practitioners from other service areas are now using this information to develop care and safety plans, thereby mitigating future risks of young people going missing.
- 3.2.5 Children and young people 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 (CIC) have access to participation events and online surveys to ensure their views are taken into account when services are commissioned to meet their needs.
- 3.2.6 An accredited training plan, guidance and good practice document has been set up for young people who make up our “recruit crew”. The recruit crew will participate as experts on interview panels for the recruitment of children’s Social Workers and managers.
- 3.2.7 There has been a significant uptake in participation training by staff across the county. 117 staff and foster carers have been trained to date and training has been positively received by those who attended. The skills learnt are being used to encourage children and young people to be fully involved in decisions about their care and wellbeing. Through the involvement in the Child in Care Council project initiatives, some young people have also been involved in training as facilitators, alongside professionals.

	Total Numbers	Foster carers	Social workers	FSWs / IROs
North Kent	29	16	9	4
West Kent	29	7	13	9
East Kent	30	15	9	6
South Kent	29	17	8	4
	117	55	39	23

3.3 Children in Care, Leaving Care and Disabled Children Services

- 3.3.1 The Children in Care teams have continued to provide consistent support for all children, respecting individual’s protected characteristics. The quality of care plans and children and families assessments are being completed and reviewed, with much quality focusing on the children’s individual wellbeing and safeguarding needs. Embedding of the signs of safety framework has further, through assessments, carer planning and case progression meetings, helped to improve the quality management oversight, thereby ensuring the views and needs of the children and their families are fully incorporated into the care plans.

- 3.3.2 Consistency and equity of service to young people within the Leaving Care Services has consistently improved, with a regular review of pathway plans as well as close partnership with their Personal Advisors (PA). The young people are being supported fully to discuss their future aspirations during transition to adulthood and the opportunities they can access, including employment and further educational support during this crucial stage in their lives.
- 3.3.3 Both Children in Care and Leaving Care teams support young people to develop an awareness of Child Sexual Exploitation (CSE) through direct work and using the grooming/boyfriend model to inform their intervention. The Kent Safeguarding Children's Board has rolled out CSE training for practitioners, in which they have been trained in using the CSE tool kit as well as CSE identification and awareness raising in communities.
- 3.3.4 CSE champions have been trained cross the county and are tasked with cascading lessons learnt from serious case reviews and CSE Deep Dives to service areas. CSE cases are being monitored by practitioners through assessments. All identified CSE cases are provided with support and are directed to appropriate services, including the Parents against Child Exploitation (PACE). Where cases have identified victims with protected characteristics, measures have been taken to ensure that any additional needs, including language support, community networks and specialist support are employed to support the young person.
- 3.3.5 CIC going missing remains a priority, as this can be also be an indicator for serious concerns, including abuse, neglect, challenging relationships amongst family members, CSE, Gang Involvement or trafficking. A larger proportion of children who go missing for a longer period of time are Unaccompanied Asylum Seeking Children (UASC). Practice Development Officers (PDO) complete weekly audits to ensure that the right procedures are used to track and collate intelligence to share with the police and other partners in order to know the whereabouts of and safeguard those who frequently go missing.
- 3.3.6 Short Break commissioning meetings have continued with input from parents and parent-led charities to set priorities and changes to commissioned services for disabled services provisions.
- 3.3.7 Young people's views have been reported to the commissioning team by short break providers to guide future commissioning priorities. The commissioning team will review the uptake of specialist holiday clubs to ensure demand and supply match, and will alter contracts if necessary.
- 3.3.8 Teams continue to use iPads with appropriate apps to obtain feedback and views, wishes and feelings of disabled children and young people. Social Workers and Social Work Assistants have become increasingly confident about using I-pads in understanding individual Life Stories and work with children and young people and the Signs of Safety framework to gain their views.

- 3.3.9 UASC with leave to remain continue to make good improvements in their education, employment and integration into British society. They are supported through the Virtual School Kent (VSK) by the Post 16 UASC Support Officers who work closely with a number of different organisations including KCC Social Work teams, Employability and Skills, local youth hubs and external providers such as Gillingham Football Trust, Kent Refugee Action Network, Walk Tall and Asphaleia. The UASC post 16 Support Workers also collaborate very closely with the Reception Centres in Ashford and Cranbrook to ensure a smooth transition for the young people from the centres and out into the community.
- 3.3.10 The Service for Unaccompanied Asylum Seeking Children (SUASC) now consists of five teams ensuring 'business as usual' standards are maintained for UASC who become Looked After by Kent. Every effort has 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. Children and young people's individual identities are also respected via access to prayer mats and copies of their chosen religious text when they first come into care.
- 3.3.11 Numbers of unaccompanied children and young people identified by Home Office officials at the port of Dover, or intercepted by the Police elsewhere in Kent, has seen a significant decrease since the latter half of 2015. To date in 2016, though, Kent has still had over 270 referrals for unaccompanied children. The Government's [Interim National Transfer Protocol for Unaccompanied Asylum Seeking Children 2016-17](#) (NTS) became operational on 1 July 2016. The announcement and launch of the NTS was welcomed by KCC as having an equitable process for permanently allocating children to Other Local Authorities, and will assist with ensuring children receive the most responsive service possible, tailored to their individual needs and often highly traumatic experiences. The NTS forms ensure a clear focus on protecting children's identities during their transfer to a receiving Local Authority highlighting where a child may adhere to a specific diet (e.g. Halal) and gives space to note whether a child is exercising their right to Freedom of Religion.
- 3.3.12 For unaccompanied children and young people (including 18+ Care Leavers) remaining in Kent's care, significant work is undertaken by social workers, social work assistants and personal advisors to help children and young people integrate into the local community. This is done via access to educational provision, local sports clubs or initiatives such as the National Citizenship Service (NCS) for 15-17 year olds. These endeavours are showing signs of success, as two unaccompanied young people enjoyed their experiences with the NCS so much, they are sharing their stories with Kent Radio. Young people resident in the reception centres also organised and hosted an enjoyable evening for the adults supporting them (staff members and local volunteers). The children cooked food from their home countries for everyone to share.

3.4 Independent Reviewing Officers (IRO) and the Kent Pledge

- 3.4.1 Our IRO service continues to make significant progress in ensuring consultative processes are fully accessible to disabled children and those children in care who are non-English speakers. For example, consultation booklets (views and comment form) are completed by children and young people (with the support of their social workers) prior to their CIC review. The booklets have been translated into 5 major languages spoken by children and young people where English is not their first language.
- 3.4.2 Additionally, the consultation booklet for disabled children is now embedded in the CIC reviewing process. Children and Young people are encouraged to attend and actively participate at their reviews. IRO contact cards have been developed to invite children and young people to their reviews. The contact card also allows children and young people to know who their IRO is and how to contact them.

3.5 Fostering and Adoption Services

- 3.5.1 Kent Fostering and Adoption services continue to advertise widely to recruit carers from a variety of backgrounds, including those potential carers who are single, in a civil partnership and from black and minority ethnic communities. Equal opportunities for all, regardless of gender, sexual orientation, ethnic background, age, religious beliefs and disability is promoted throughout; this is evidenced in the recent recruitment materials including the updated website, social media (twitter) and live web chats to target carers from protected groups. This practice is embedded in the commissioning process and it is a monitoring requirement on all returns.
- 3.5.2 Information evenings increased in areas targeting carers from protected groups (Deal, Dartford, Swanley and Gravesend). Male carers and same gender couples have been invited to talk at these events. A good number of responses were received and enquiries made by potential Foster carers. The fostering service is currently being supported by the charity group Penny Appeal, with the target of recruitment of more Muslim families in Kent. Penny Appeal is also providing support with a mapping exercise and helping with access to community groups, particularly in north and west Kent. The first meeting has been held with actions identified, particularly in accessing hard to reach community groups through their leaders within the mosques.

3.6 Data collection and understanding of demographic needs

- 3.6.1 Within Specialist Children's Services (SCS), 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; for example, the number of UASC children who go missing.
- 3.6.2 The Management Information Unit (MIU) continues to collate all demographic and service delivery information regarding protected groups. Feedback forms are provided to parents and children following every case

conference. The information is collated and analysed and has been used in the transformation of our Child Protection (CP) Conference methodology, which is now fully delivered through the Signs of Safety framework. The feedback from parents using this new way of convening the CP conference has been positive.

- 3.6.3 Children and parents/carers have also had the opportunity to provide feedback on service delivery and outcomes following CP Case Conferences, Family Group Conferences and CIC reviews. The consultation form has been revised following research with parents to make it easier to use.

4. Key priorities for future development and reporting

- 4.1 The priorities set out below are underpinned by the need to ensure that best practice is achieved while working with children and families, particularly those with protected characteristics. Although there has been an improvement in identifying equality issues and number of initiatives developed as highlighted, there remains an urgent need for the mainstreaming of equality and diversity legislation and practice in our everyday work.
- 4.2 Ensure that data relating to all protected characteristics is collected for all service areas, fully analysed and used in both service provision and decision making. It would appear from the available data that information on some protected characteristics is not frequently or consistently collected. For example, those on religion and sexuality were not available for analysis.
- 4.3. Identifying and investigating disproportionality in complaints is a pivotal way of identifying services that are not accessible and/or responsive to the needs and aspirations of specific groups who share a protected characteristic. The current complaint process does not fully collect and analyse complaints from some protected characteristics. This area must be prioritised to ensure we fully meet our duty under the Equality Act 2010.
- 4.4. Increase understanding of equality and diversity, and compliance with relevant processes, by staff at all levels. Although there are various opportunities for staff to update their knowledge on equality issues, including basic online induction training, evidence from the training and development team suggests there is poor uptake of these opportunities.
- 4.5 Increase understanding of safeguarding children issues in new and emerging communities. Kent is seeing increasing numbers of children in need and child protection cases from some newer communities and growing ethnic/European communities. This includes issues or concerns around physical chastisement, female genital mutilation and breast ironing as well as child sexual exploitation and trafficking among the UASC child population. There is an urgent need to ensure that our practitioners are inter-culturally trained and competent to meet the needs of the children in these communities.

4.6. Recruit an increasing number of carers from BME and Gay/Lesbian/ Transgender communities into the fostering and adoption services to meet the growing needs of our diverse children.

4.7. Continue to improve our interpreting services to ensure that children whose first language is not English are provided with or have access to a professional service when required, to ensure that they are fully consulted and are able to effectively contribute to the development and review of their care plans.

5. Due Regard

5.1 KCC continues to use Equality Impact Assessments (EqIAs) to capture and evidence 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 KCC evidences this by way of an EqIA. Decisions taken without full equality analysis leaves the authority open to potential Judicial Review.

6. Future reporting

6.1 Equality Objectives are now being reviewed as existing objectives are due to expire in 2016. Successive annual reports demonstrate that KCC has and continues to make good progress against them.

6.2 The new Equality Objectives will be specific and measurable, with a greater emphasis on accountability across the authority.

7. Conclusion

7.1 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.

8. Recommendation(s)

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

a) **CONSIDER** and **DISCUSS** current performance and proposed priorities, continue to ensure that equality governance is observed in relation to decision making;

b) **NOTE** the proposed changes to Equality Objectives and **AGREE** to receive revised objectives in 2017; and

c) **AGREE** to continue to receive the report annually in order to comply with the Public Sector Equality Duty (PSED) and ensure progress against the Council's objectives.

9. Background Documents

- 9.2 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>

10. Contact details

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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
6 September 2016

Subject: **COMPLAINTS AND REPRESENTATIONS 2015/16**

Classification: Unrestricted

Previous Pathway of Paper: Social Care, Health and Wellbeing DMT – 5 August 2016

Future Pathway of Paper: None

Electoral Divisions: All

Summary: This report provides information about the operation of the Children Act 1989 Complaints and Representations Procedure in 2015/16 as required by the regulations

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the content of this report

1. Introduction

- 1.1 This report covers the Complaints and Representations relating to Specialist Children's Services and to the Disabled Children's Service. There is a statutory requirement on the Directorate 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. It also provides an additional safeguard for vulnerable people and the information contained in complaints and representations 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 included in the Children Act 1989 Representations Procedure (England) Regulations 2006. The associated guidance states that the report should be presented to staff and to Members and be made available to the regulator and the general public. The Regulations are quite prescriptive about the type of information that needs to be included in the report
- 1.3 All Children in Care in Kent are advised how to make a complaint. Information about the complaint procedure 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	2011/12	2012/13	2013/14	2014/15	2015/16
Statutory complaints	305	224	222	196	210
Enquiry	151	149	148	139	139
Compliment	59	93	89	94	68
Non-statutory complaints	198	172	105	35	37
Representations and miscellaneous contact	267	269	316	253	288
Complaints total	503	396	327	231	247

2.1 Representations via elected representatives

2.1.1 Issues raised by Members of Parliament and County Councillors on behalf of constituents 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 as appropriate.

2.2 Non-statutory complaints and representations

2.2.1 Complaints received about services excluded from the statutory complaints procedure or from people without a statutory right to complain are handled as Representations. Advice is given to the complainant and the Representation is recorded both on the complaints database and on the client record. A written response is sent from the Service Manager within five working days.

2.2.2 Functions excluded from the complaints procedure include child protection investigations, multi-agency decisions and certain types of court action where there are other routes for challenging the Local Authority which would make an independent investigation inappropriate. Complaints about other 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.

2.2.3 Other “miscellaneous” contacts received included complaints about other Local Authorities and organisations, personnel issues, legal action and matters for the police.

3. Contact method

Type of Record	Card/Gift	Email	Letter	Telephone	Website	Total
Children Act	0	129	37	33	11	210
Non-statutory Complaint	0	22	7	7	1	37
Enquiry	0	96	41	2	0	139
Compliment	6	61	1	0	0	68
Representation	0	98	37	32	11	178

3.1 As in previous years, it remains relatively unusual for people to complain online although there was a slight increase in use of the website to provide feedback. The

most significant change in 2015/16 was the scale of the continuing increase in the use of email, which was up by over 50%, and the corresponding decrease in the use of letters.

4. Compliments

4.1 The Complaints Team also logs compliments, which is the positive feedback received about staff and services. The statistics are similar to previous years.

4.2 Compliments were received about the following services.

Service	%
Adoption	4
Assessment and Intervention	2
Children in Care	5
Children in need	1
Disabled children	10
Respite care for disabled children	42
Out of Hours service	1
Family support	3

4.3 Compliments made by parents

4.3.1 62% of the total compliments received were from parents; the majority of those were about the respite care service for disabled children.

Parent with children in need to social worker
"I want to thank you for everything you've done to help me and my kids. If it wasn't for you god knows what would have happened to me..."

Parents of disabled children to respite centre
"I trust the staff – they are fantastic"
"The service is a godsend"

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

Child to social worker
"You have helped me out...I do lison and the things you say mean a lot. You were made to do this job. I have never had a better person to talk to about what's going on in my life... thank you so so so so so so so so so much. You are the best in the world."

4.3.3 Compliments about social workers were also received from professionals in other agencies and service providers involved with the child.

Probation officer
"M was very astute in her dealings with X...the quality of agency liaison and social work input was one of the best examples I have seen of good practice."

Assistant Head teacher
"The level of initiative and appropriate level of challenge you presented, combined with empathy and understanding towards the family you supported makes you a credit to your profession."

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

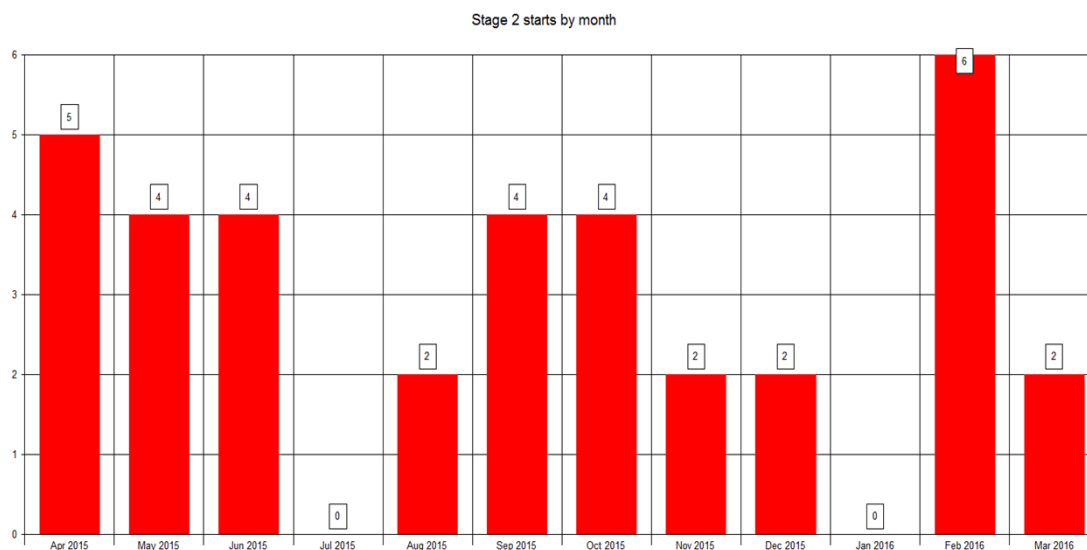
	2011/12	2012/13	2013/14	2014/15	2015/16
Stage One – Local Resolution	305	223	228	193	210
Stage Two – Formal Investigation	26	27	33	25	36
Stage Three – Complaints Review Panel	1	0	2	1	1
Local Government Ombudsman referral *	18	23	30	29	17

*includes non-statutory complaints and enquiries about new complaints

5.3 Where a complaint is not resolved at Stage One, or if Stage One is not completed within the timescale, then the complainant has the right for the complaint to be considered at Stage Two of the procedures (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 Two of the Stage Two complaints had not been considered at Stage One; in both cases this was because of the serious nature of the allegations made, which warranted immediate investigation. One of the investigations did not continue once the complaint had been formalised but was instead handled under the process for allegations against foster carers.

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 Stage Three, which is a Complaints Review Panel, if they remain dissatisfied and the main issues are not upheld at Stage Two.



- 5.6 The number of Stage Two complaints in 2015/16 is equivalent to 17% of the number of Stage One complaints received in the same year. The previous years had been showing a steady decrease (15% in 2013/14, 13% in 2014/15).
- 5.7 73% of the Stage Two complainants had received a written response at Stage One within the statutory timescale. 44% had not had a discussion or meeting with the manager before the reply at Stage One was written. Eight of the twelve young people who complained at Stage Two had not been contacted by the manager responding at Stage One before the reply was sent.
- 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.
- 5.9 The increase in Stage Two complaints did not lead to a corresponding increase in escalation to Stage Three or the Local Government Ombudsman. One complaint escalated to a Stage Three Complaints Review Panel.
- 5.10 The decrease in complaints escalating to the Local Government Ombudsman (reported last year) continued in 2015/16. 17 complaints were made to the Local Government Ombudsman. Six of the referrals to the Local Government Ombudsman (LGO) were statutory complaints; all had been investigated at Stage Two and one at Stage Three.

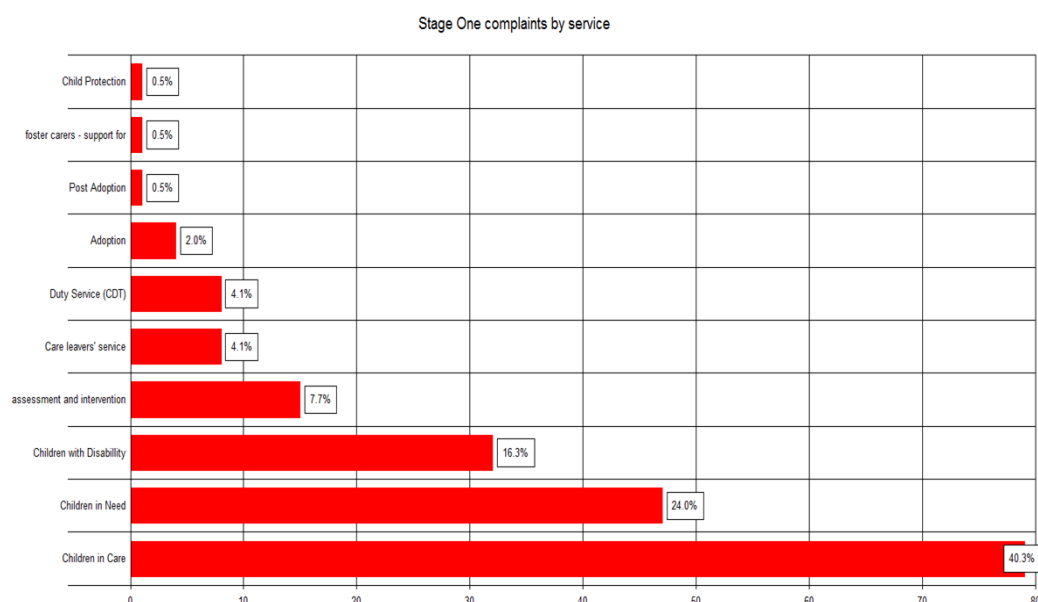
6. Which Customer Groups made the Complaints

6.1 Statutory complaints

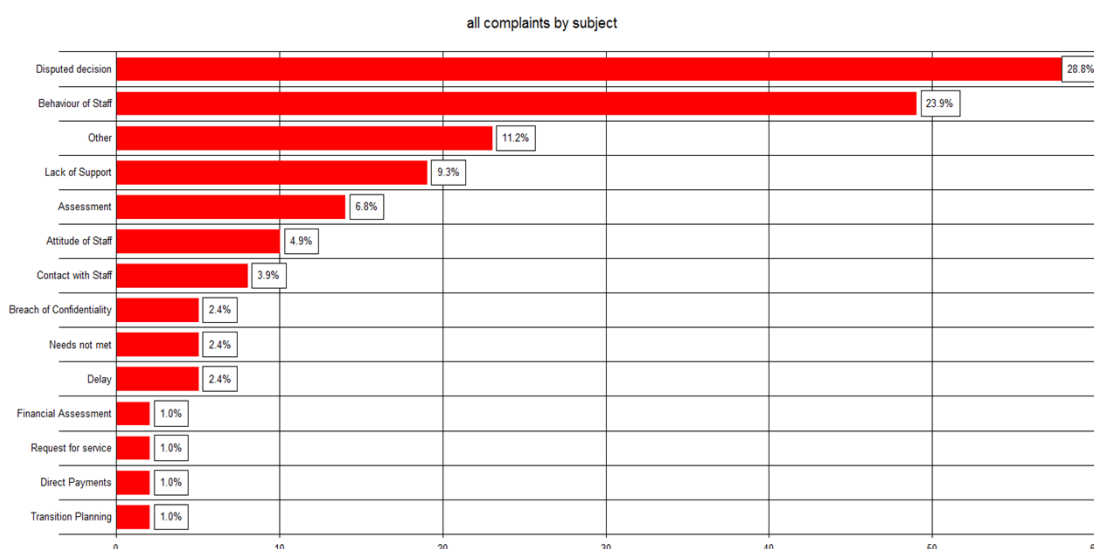
Originator	2011/12	2012/13	2013/14	2014/15	2015/16
Child or young person	29	36	43	32	44
Parent	230	149	138	130	133
Close relative	20	12	6	10	7
Carer	8	9	17	6	8
Foster carer	11	13	5	13	7
Other	0	0	5	0	7
Legal representative	6	1	0	1	0
Prospective adopter	0	4	0	1	2
Special Guardian	0	1	8	3	2
Total	304	225	222	196	210

7. The types of complaints made

7.1 This section sets out the issues raised by complainants: what the statutory complaints were about. While most complaints were not upheld, they do provide insight into how people directly affected by services experience them. The graph below shows the services which the Stage One complaints were about.



7.2 The breakdown of the statutory complaints by subject using data from all three stages (as seen in the graph below) reflects how the complaints were presented by the complainants themselves. There is some overlap between categories. "Other" refers to the complaints about isolated issues which were raised in less than 1% of the total number of complaints.



7.3 Complaint about professional decisions and assessments

7.3.1 One third of the complaints made about decisions related to Children in Care. Half of those were made by the children and young people themselves, most complaining about proposed placement moves or standards of accommodation.

7.3.2 Parents of Children in Care complained about issues relating to the care plans for their children. Three foster carers complained about a decision to remove children from their care.

7.3.3 16 of the complaints were from parents of disabled children wanting more support than had been offered or disputing the decision that their children did not meet the threshold for a service from the Disabled Children's Service.

7.3.4 Two of the complaints were from care leavers wanting their support to continue longer.

7.3.5 Many of the complaints about decisions relating to children in need were from estranged parents or relatives wanting the Local Authority to take more action.

7.3.6 19 parents disputed the outcome of assessments that had been made or disagreed with statements or information about themselves that had been included in the assessments of their children's needs.

7.4 Lack of support / needs not met

7.4.1 Half of these complaints (13) were from children and young people. Three were care leavers: wanting help to go to university, help to get back into education and help to obtain a council property. Younger Children in Care wanted contact with their siblings and more visits from the social worker. Some children described feeling isolated.

7.4.2 Only five of the complaints were from parents: wanting more support such as respite care and help with a child's behaviour. One adoptive parent complained about the lack of post-adoption support.

7.4.3 Five of the complaints were from relative carers including two Special Guardians. All wanted more support from a social worker.

7.5 Complaints about staff

7.5.1 As in previous years, 90% of these complaints were from parents and 10% were from children and young people.

7.5.2 Some of the complaints from parents described the relationship with the social worker as having “broken down” and a number requested a change of social worker. Many of these complaints appeared to focus a general disagreement with decisions (e.g. an Interim Care Order) or their distress about the situation they found themselves in onto the worker with whom they had the most contact. As in previous years, complaints reflect a public perception that decisions are taken by social workers in isolation and that a change of social worker could result in a different decision.

7.5.3 Some complaints were more specific. They included allegations that staff had been discussing a child’s case openly in the office, a worker’s inconsistency, not receiving information as promised and meetings being “disorganised”.

7.5.4 The children and young people complaining about staff wanted a closer relationship with the social worker: “she doesn’t listen to me”, “doesn’t return my calls”, “is always late”. One care leaver described feeling “unsupported”.

7.6 Delay

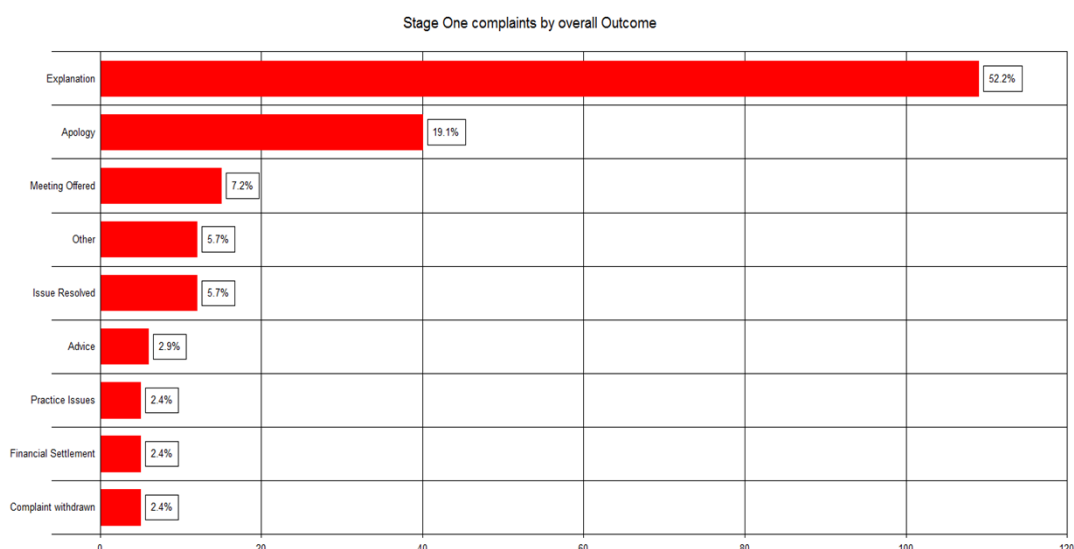
7.6.1 These complaints were very clear and specific. They were: a birth parent complained about the delay in being sent pictures of her child who is being adopted, a young person complained about the delay in being given savings from a former foster carer, a mother complained about access for her partner following a clear DBS check, another complaint was about a delay in reassessing a child and another related to a delay in allocating an Occupational Therapist.

7.7 Breach of confidentiality

7.7.1 Two complaints were that correspondence had been sent to the wrong address. A parent complained that the social worker divulged personal information to another family member and a close relative complained that the child’s assessment named her as the person who had made the referral, resulting in relationship breakdown with the child’s mother.

8. The outcome of complaints

8.1 Of the Stage One complaints completed in 2015/16; 11% were fully upheld and 28% partially upheld. 7% resulted in further work or meetings planned to resolve the issue, and 2% were withdrawn. 49% were not upheld.



- 8.2 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. Providing an explanation remains the most common outcome of a complaint. “Issue resolved” is recorded when the complainant has agreed the resolution, usually in a meeting, before the written reply is sent.
- 8.3 33 Stage Two complaints were recorded in 2015/16. Six complaints were fully upheld, nine were partially upheld, 11 were not upheld and seven were withdrawn before the investigation was completed.
- 8.4 The complaint which escalated to Stage Three was partially upheld. The complaint was upheld following further investigation by the Local Government in 2016/17 and resulted in a public report that was presented to the Children’s Social Care and Health Cabinet Committee on 5 July 2016.
- 8.5 Concerns and themes emerging in upheld complaints are set out in the section in this report on learning the lessons from complaints.
9. Outcome of complaints considered by the Local Government Ombudsman
- 9.1 Complainants have the right to contact the Local Government Ombudsman (LGO) at any time, however 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. The LGO may decide to investigate a complaint prematurely on the grounds of urgency or because of the serious nature of the complaint.
- 9.2 Complainants may complain to the LGO if they wish to challenge a decision that they are ineligible to access the statutory complaints procedure.
- 9.3 Of the complaints considered by the LGO in 2015/16, eight had been considered under the statutory complaints procedure, six had been handled as representations, four had been recorded as “miscellaneous” and the complainant provided with advice as to the appropriate body for considering the complaint (e.g. court of law, Independent Review Mechanism, District Council), and three had been handled

under the Council's corporate complaints procedure. One had been handled as an MP enquiry.

9.4 The Ombudsman's decisions were as follows.

Ombudsman Decision	Detail
Not investigated 5 complaints	<ul style="list-style-type: none"> • The LGO decided that there were insufficient grounds to warrant investigation of what was a late complaint. • LGO decided that the complainant was not personally affected by the information that was alleged to have been given to her family by the Council and that it was unlikely therefore to find fault. • The decision not to investigate was because the complaint was about the complainant's deregulation as a foster carer and the complainant was able to apply to the Independent Review Mechanism. • The LGO could not investigate matters of residence and contact which had been decided in a court of law. • The complaint related to work which the social worker had carried out specifically for the court. The complaint was therefore deemed to be outside the LGO's jurisdiction.
Premature complaint 4 complaints	The LGO referred the complaints back to the Council because it had not had the opportunity to consider them via its own complaints procedures.
No fault found 4 complaints	<ul style="list-style-type: none"> • Three of the complaints were about how the Council had carried out child protection investigations. The LGO found in all cases that the Council had followed requirements. • One complaint alleged the Council caused delay in the District Council processing a Disabled Facilities Grant for adaptations to the family home for a disabled child. The LGO found the Council to have been pro-active and not responsible for the delay.
Maladministration and injustice caused 2 complaints	<p>Two complaints relating to services to disabled children, two or more years before.</p> <ul style="list-style-type: none"> • The Council failed to update a disabled child's core assessment in a three-year period and also failed to renew the child in need plan every six months, as required. The Council apologised and agreed a payment in respect of avoidable distress and time and trouble to make the complaint. • The Council failed to identify suitable services for a disabled child. The Council apologised and agreed a payment for avoidable distress and time and trouble to make the complaint.
Local Settlement 4 complaints	<ul style="list-style-type: none"> • The Council agreed that it was wrong to place a young mother in b&b accommodation. • The Council had agreed to make a backdated payment to a Special Guardian following a review of the payments made, but the payment had not been received. • The Council was at fault because the summary of its child protection involvement was ambiguous and failed to make it clear that concerns were unsubstantiated and did not lead to ongoing involvement. • The Council agreed that it was at fault for failure to have a written agreement in place for the temporary change in living arrangements while a child protection investigation was conducted. The Council apologised and made a payment for avoidable distress.
No maladministration 2 complaints	<ul style="list-style-type: none"> • There was no fault in the way in which the Council investigated and recorded two incidents of alleged abuse. • The complainant alleged that the Council told other people that he posed a risk to children but the LGO found that the Council acted in accordance with regulations.

10. Details about advocacy services provided under these arrangements

- 10.1 It is a statutory requirement for the Local Authority to offer an advocate to a child or young person wishing to make a complaint.
- 10.2 A change was 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 as Children in Need, Children in Care, subject to a Child Protection Plan, or as Care Leavers. The advocacy service in Kent has been provided by the Young Lives Foundation since 1 April 2015.
- 10.3 44 of the complaints received in 2015/16 were made by children and young people.
- 10.4 32 complaints were sent to the Complaints Team by advocates on behalf of children and young people. 12 children and young people contacted the Local Authority direct themselves to make a complaint and were offered the advocacy service run by the Young Lives Foundation (YLF): four took up the offer, seven did not, one young person chose to be supported by a parent. A further four complaints were received via other agencies (Coram Voice and the British Red Cross) that young people had contacted direct for support. The majority of complaints made by children and young people (28) were sent direct to the Complaints Team by the Council's contracted advocacy service run by YLF who supported complainants in 32 complaints.
- 10.5 In total, 38 children and young people used an advocate to help them pursue their complaints.

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

11.1 Statutory timescales

The Local Authority must consider and try to resolve Stage One complaints within 10 working days of the start date. This can be extended by a further 10 working days where the complaint is considered to be complex. 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.

11.1.1 Performance against statutory timescales in 2015/16 were as follows:

- 96% Stage One acknowledgements sent out within three working days (98% in 2014/15)
- 76% of Stage One responses met the 10 day timescale set (68% in 2014/15)
- 73% of Stage One responses met the 20 day (extended) timescale (75% in 2014/15)
- 74% of all Stage One responses were completed within 20 days (79% in 2014/15)

11.1.3 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 so they were extended. 33% of Stage Two complaints were fully completed within 65 working days in 2015/16.

11.1.4 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.

11.2 Non-statutory timescales

- 94% complaints acknowledged within three working days (97% 14/15)
- 74% of non-statutory complaints met the 20 day timescale (72% in 14/15)
- 99% of enquiries were acknowledged within three working days (96% in 14/15)
- 67% of enquiries were completed within 20 working days (67% in 14/15)

12. Learning the Lessons from Complaints

12.1 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 in part, and resulted in an apology, change of decision, change of policy or some other action taken as the direct consequence of a complaint. Some lessons learned came out of Stage Two investigations and were not necessarily the main issues that complainants themselves had raised.

12.2 Most lessons learned were 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 poor quality of recording
- Copies of letters, emails and other significant documents not uploaded onto the client system. Too many records saying e.g. "letter sent"
- Failure to always fully engage parents in a meaningful way when completing assessments of their children to ensure that reports are balanced and accurate
- Failure to consult some adults with parental responsibility who are not the main carers for the child when completing assessments. This has been a theme in past years

12.3 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 2015/16 include:

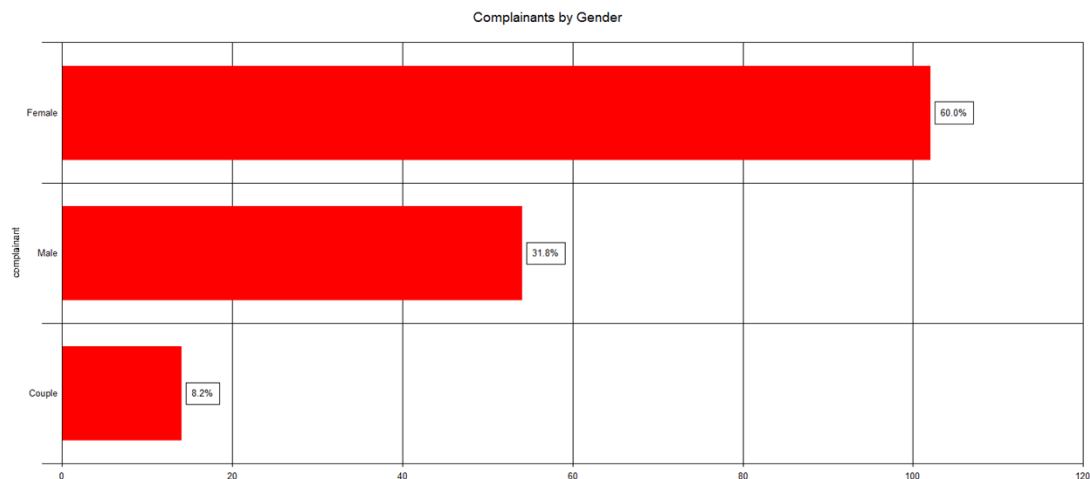
- A review of information provided to potential adopters was agreed
- Following a number of complaints last year about historic data being inappropriately pulled into reports by the client system, the system was changed in early 2015. No further complaints were received on this subject in 2015/16
- Following a complaint to the Ombudsman, a change has been made to the wording of the Direct Payments policy

12.4 Themes identified in previous years not repeated in the year's complaints are also an indication that lessons have been learned and that system and practice changes have had an effect. The main themes identified in 2014/15 which showed a significant reduction in 2015/16 were:

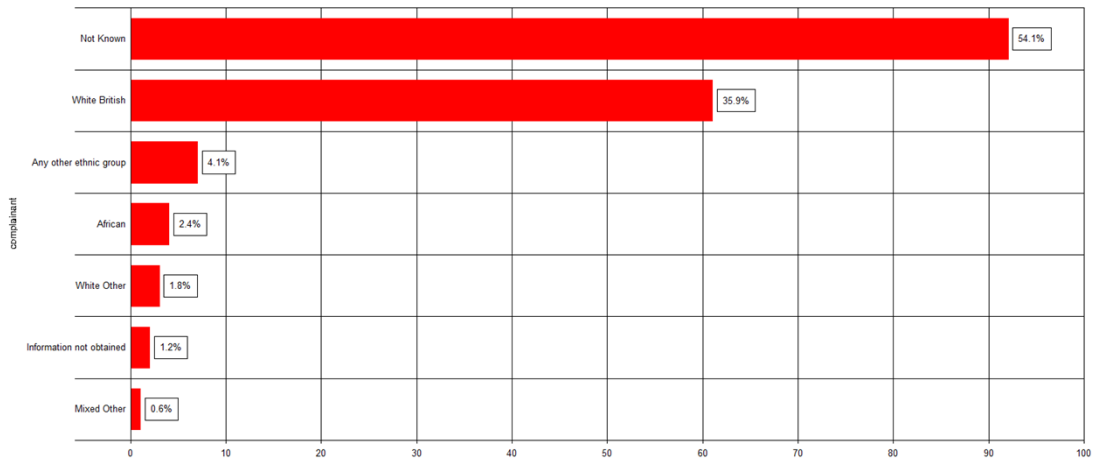
- Fewer complaints upheld about confidentiality breaches. In the complaints that were received, the cause identified was human mistake rather than system and management oversight failures, as in previous years
- Fewer complaints from relative carers and Special Guardians about support and inconsistent payments
- Only one complaint about the transition process to adult services for disabled children

13. Summary of statistical data about complainants

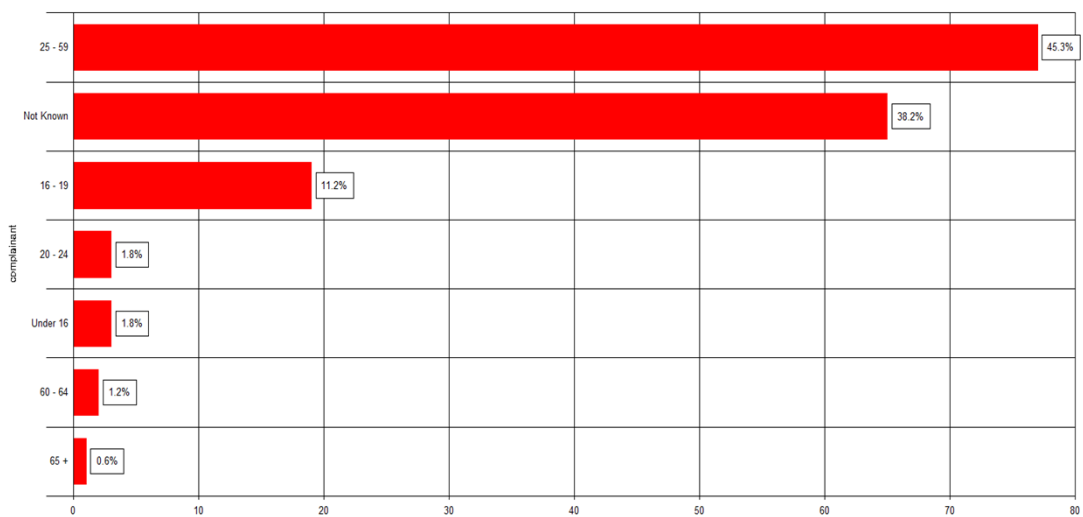
13.1 Diversity information is taken from the client system in respect of Children and Young People and a form is sent with every complaint acknowledgement, seeking information on the ethnicity, gender and age of complainants, because, for most people, this information is not already held by the Local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



Complainants by Ethnicity

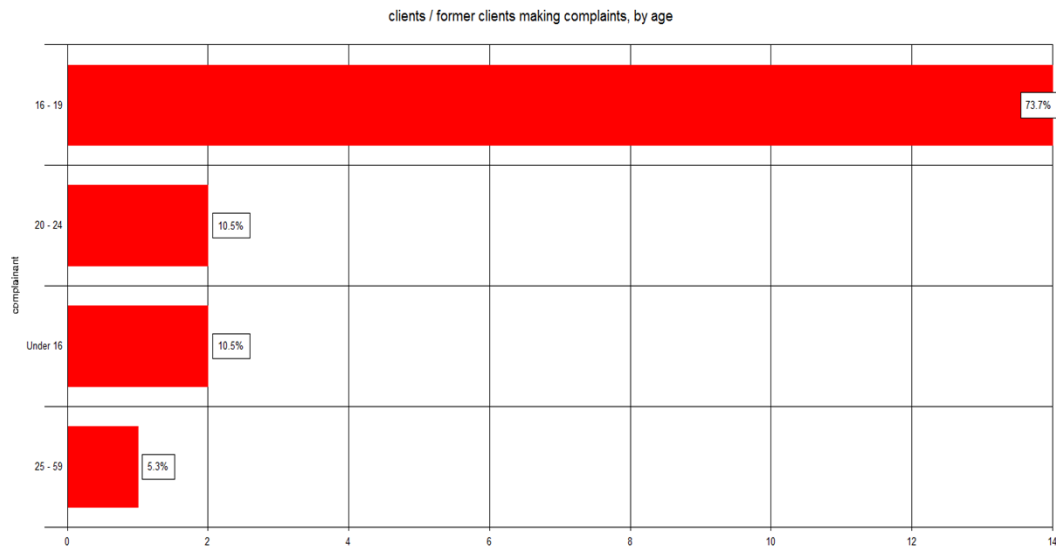


Complainants by Age



13.2 As in previous years, the majority of complainants were white British mothers of children in the care system.

13.3 One of the main reasons the complaints procedure was introduced was to provide a means for children and young people to raise any concerns they have about the service. While adults also have the right to complain about how they are directly affected by services, it is important that the Council continues to seek ways to ensure the complaints procedure is accessible to children and is easy to use.



13.4 21% of the total number of statutory complaints received were from children or young people (16% in 2014/15).

14. Review of the effectiveness of the complaints procedure

14.1 The management of the SCS Complaints Team transferred to the Social Care, Health and Wellbeing Operational Support Unit on 1 April 2016. This brings the Children's and Adults complaints teams together whilst continuing to work to the different statutory complaints requirements.

14.2 With the change of management arrangements, the opportunity is being taken to review aspects of the operation of the complaints procedure. This includes placing an emphasis on early resolution; learning the lessons from complaints and more regular reporting to the management team. In light of a recent finding by the Local Government Ombudsman, it is likely that there will be more Stage Three Complaints Review Panels rather than early referral to the Ombudsman's Office.

14.3 Another development is that a decision has been taken to purchase a corporate customer feedback database that Directorates will be required to use to log complaints and other representations. It is important that the database is configured to enable the Directorate to continue to meet all statutory requirements in terms of complaints handling and reporting.

14.4 Although there has been a change to the management arrangements for children's complaints, the Complaints Team will continue to work closely with Specialist Children's Services and the Disabled Children's Service to ensure effective and robust complaints processes are in place. The effectiveness of any complaints procedure is dependent on the wider organisational culture in which it operates.

14.5 In 2015/16 the complaints team responded to a number of team/unit requests for information about complaints relating to their services. This included attending management team meetings to provide presentations on complaints handling, and to provide induction sessions for new managers.

14.6 Two full days' training were provided by the Local Government Ombudsman for new Investigating Officers. The pool of staff trained to act as Investigating Officers increased in 2015/16 and contributed to improved response times.

14.7 The majority of staff acting as Investigating Officers in 2015/16 were Team Managers (62%). Others were Senior Practitioners, Service Managers, Independent Reviewing Officers, Practice Development Officer, Independent Child Protection Conference Chairs and a Principal Occupational Therapist. Investigators were nominated by Assistant Directors and were each allocated an investigation into a complaint in another part of the county under different line management. Investigators came from the following services:

East Kent	5
North Kent	4
West Kent	4
South Kent	5
Disabled Children's Service	5
Safeguarding	5

14.8 The Complaints Team monitors complaints by service unit and area. Weekly reports were provided for management in 2015/16 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 the Specialist Children's Services Divisional Management Team via the Management Information Unit and to Corporate Management Team via the Strategic and Corporate Services Directorate. Complaints data on performance and by subject was also provided for some Area Deep Dives.

15. Conclusion

15.1 Kent County Council continues to operate a robust and responsive service for people making complaints about Specialist Children's Services, in accordance with legal requirements. It is important that children and families feel able to complain if they are dissatisfied with the service received as it provides an opportunity to resolve issues and, where the service has not been to the expected standard, it is an opportunity to learn lessons and put things right.

16. Recommendations:

16.1 Recommendation: The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the content of this report

17. Background Documents

None

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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 – 6 September 2016

Subject: **CONTRACT MANAGEMENT OVERSIGHT**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This report describes the role that the Cabinet Committee can play in the commissioning cycle as they relate to the 'Do and Review' elements of the cycle.

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE**, or **MAKE RECOMMENDATIONS** to the Chairman in respect of its future Work Programme.

1. Introduction

- 1.1 Cabinet Committees function as advisory bodies to the Cabinet and in exercising this role they may provide advice on a range of topics in relation to policy initiatives, Key Decisions and monitoring the effectiveness of service delivery and performance.
- 1.2 Kent County Council's move to becoming a strategic commissioning authority means that the advisory role of Cabinet Committees will need to reflect the increasing focus on relevant parts of the established commissioning cycle in operation in KCC (Analyse, Plan, Do and Review).
- 1.3 The purpose of this report is to update the Cabinet Committee on the role they can play in respect of the 'Do and Review' aspects of the commissioning cycle, which naturally fits well under the existing responsibilities of monitoring performance of service areas that the Cabinet Committee oversees.

2. Financial Implications

- 2.1 These relate to the allocated budget for Specialist Children's Services, the service delivery of which is set out in the approved Divisional Business Plan. Budget monitoring reports are produced for this Committee and Cabinet in accordance with the usual procedure.

3. KCC Strategic Statement Policy Framework

- 3.1 Both the overarching strategic outcomes of 'Children and young people in Kent get the best start in life' and the supporting outcomes influence the work of the Specialist Children's Services Division.
- 3.2 To that end, the advisory role of this Committee in overseeing the effectiveness of services, particularly on the implementation and contract management of commissioned services, is relevant.

4. Contract Management Oversight

- 4.1 In December 2015, the County Council considered a paper on embedding a strategic commissioning approach. This identified the need to ensure that KCC remains an effective member-led authority even as strategic commissioning becomes business as usual.
- 4.2 Understanding the key activities of the commissioning cycle and, more importantly, being aware of where oversight responsibilities sit cannot be stressed enough. This Committee will know that there have been changes to the business planning process since 2015/16 and the current year's business plan contains richer service redesign, commissioning, service provision and contract information.
- 4.3 The Strategy, Policy and Assurance Division in the Strategic and Corporate Services Directorate carried out an analysis of the business plan information to produce an indicative 'pipeline' of commissioning activity for 2016/17. The intention is to identify upcoming commissioning, in particular those relating to the 'Do and Review', to assist Cabinet Committees to plan their forward agenda for 2016/17.
- 4.4 The Policy Team used criteria to identify the commissioning activity that may be of interest to Cabinet Committees. This included where large contracts and review are planned, Key Decisions beyond 2016/17, and activity entering the 'Review' phase in 2016/17 or early 2017/18.
- 4.5 The output from the analysis work carried out by the Policy Team has been shared with Cabinet Committees Chairpersons to assist with forward planning during 2016/17.

5. Conclusions

- 5.1 It is understood that Kent County Council's move to becoming a strategic commissioning authority will result in Cabinet Committees being required to reflect greater interest in, and also focus on relevant sections of, the commissioning cycle that operates in KCC (Do and Review). This report has highlighted the availability of further information to assist Cabinet Committees with forward planning.

6. Recommendation

6.1 Recommendation: The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE**, or **MAKE RECOMMENDATIONS** to the Chairman in respect of its future Work Programme.

7. Background Documents

7.1 Social Care Health and Wellbeing Directorate 2016/17 Business Plan.
http://www.kent.gov.uk/_data/assets/pdf_file/0017/36134/Directorate-Business-Plan-Social-Care-Health-Wellbeing.pdf

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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 – 6 September 2016

Subject: **CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SERVICES**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper is intended to provide the Children's Social Care and Health Cabinet Committee with an update on progress of the procurement and mobilisation of the Children and Young People's Mental Health Service.

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

1. Introduction

- 1.1 The aim of the Integrated Children and Young People's Emotional Health and Wellbeing service procurement programme is to procure and mobilise a unified whole system, good quality service for Kent and effectively link the pathway of provision between the emotional wellbeing early intervention service and more specialist provision for children with serious mental health problems.
- 1.2 This will be achieved through four separate contract Lots under one Procurement Programme. All four Lots are linked through an integrated Single Point of Access (SPA) to be hosted in either Lot 1 or 2.
- Lots 1 and 2 for Targeted and Specialist Mental Health Services for Children and Young People, including provision for Looked after Children. These Lots are led and contracted by the NHS
 - Lot 3 for Primary School Public Health Service
 - Lot 4 for Adolescent, both of which are led and contracted by KCC. The original timetable showed a new contract commencement date of 1st April 2017 for all four contracts, with award decision made in February 2017. This timetable is going to plan for the early stages of the procurement.

- 1.3 Through the process there has been a real risk that for the Clinical Commissioning Group (CCG) led Lots, 1 and 2, the required governance to approve the final tender documentation, the invitation to submit final tender (ISFT) and to approve the award decision will put significant pressure on the programme's ability to have secured the necessary governance in order to award contracts in February 2017.
- 1.4 This in turn will place pressure on the allocated mobilisation period available, which was already extremely tight, to enable the successful providers to not only conduct the necessary staff consultation, but also to mobilise other resources, either people, property or systems, in order to meet the required service commencement date of 1 April 2017.
- 1.5 In addition, the equivalent service for Medway will commence in September 2017, and there are specific impacts for Swale regarding the transition points, if the new contracts are not aligned.
- 1.6 In recognition of these issues it has therefore been recommended by the CCG Project Board, chaired by the Accountable Officer for West Kent CCG (Ian Ayres) that the back end of the procurement timetable for final approval be extended for Lots 1 and 2. This will accommodate the necessary time for transition and mobilisation of the new service, with specific emphasis on TUPE and any staff consultation. It is important to note here that the required service improvements will still occur within the current contracting arrangements and therefore this does not represent a delay to the agreed service enhancements.

2. Timetable

- 2.1 The revised timetable now shows an award date of May 2017 and a commencement date of 1 September 2017. This will require extensions to the current provision, which is in the process of being secured.
- 2.2 For Lots 3 and 4 (the KCC Lots) the governance process is much simpler and therefore less protracted and, as such, there is little to be gained in extending the award and commencement dates in line with Lots 1 and 2.
- 2.3 The overall timetable has therefore been amended to represent a phased approach to the award and commencement dates within the programme. It is important to stress that the programme will still deliver an integrated service with the core elements, the specification, competitive dialogues, evaluation and contract measurement of the new service jointly agreed and approved by the Kent Children and Young People's Early Help Collaborative Commissioning and Procurement Board, chaired by the Corporate Director of Social Care, Health and Wellbeing (Andrew Ireland) and the Accountable Officer for West Kent CCG (Ian Ayres).
- 2.4 The Competitive Dialogue process timescales will remain the same for all Lots and, where possible, due to commonality of providers, these will be done in conjunction.

2.5 The revised high level timetable for the project to meet timescales of 1 April 2017 for Lots 3 and 4 and 1 September 2017 for Lots 1 and 2 is provided as appendix 1

3. Impact and benefits for KCC Services

3.1 For KCC this does represent a change in the original goal of the integration model and our ability to influence and improve the design and delivery of the Children and Adolescent Mental Health Service (CAMHS). However, working with the CCGs and agreeing to this short additional time does enable greater influence and control over the new model, with much greater reach than our budget input supports.

3.2 In line with the “Future In Mind” agenda, mental health procurement and the CCG Transformation plans, the following enhancements are supported throughout the whole system:

- Greater engagement and communication with NHS commissioning colleagues
- Improving the crisis response offer by introducing children’s based acute psychiatric liaison in acute settings
- Reduced waits for assessment and treatments
- Priority assessments for vulnerable children, including young people known to the youth offending service
- Children in Care seen as a priority throughout the whole system
- Improved access to targeted support through primary mental health workers in Early Help units
- Single point of access for mental health and emotional wellbeing referrals, providing access to the most appropriate service, preventing unnecessary referrals into the specialist mental health service
- Enhanced Eating Disorder provision across the county and made preparations for a re-procurement
- Commissioned Sussex Partnership Foundation Trust (SPFT) to provide mental health support to unaccompanied asylum seeking children
- In addition, the NHS has transferred monies to KCC to develop a self-harm reduction programme in schools
- Primary mental health workers

3.3 The new mental health service will include support for children and young people who have been sexually abused or who exhibit harmful sexual behaviour. These services are currently provided by two organisations, Action for Children and Core Assets. These contracts will need to be extended in line with the revised timetable.

3.4 KCC is currently working with the incumbent provider to mutually agree a contract variation so that some primary mental health workers, working with staff in the Early Help Units, can come on line before the revised start date, but with a phased plan of implementation following recruitment.

4. Governance

4.1 The existing CAMHS service has attracted much political attention and has been subject to close scrutiny from Health Overview Scrutiny Committee (HOSC). The current programme of work to support the delivery of a new model has been to various member meetings and the following messages have been given:

Meeting	Date	Message
Children's Social Care and Health Cabinet Committee	5 July 2016	KCC Strategic Procurement is leading both procurement exercises on behalf of West Kent CCG and Public Health. The procurement will be undertaken using the competitive dialogue approach so there are opportunities to ensure that services and dialogue are aligned. The procurement process commenced with a market meeting held on 10 June 2016. The new contract is due to commence on 1 April 2017. ROD attached to the above paper The current contract is due to end on 31 March 2017. A new service will be procured by West Kent CCG as the lead commissioner on behalf of all CCGs and KCC which will commence on 1 April 2017
Children's Social Care and Health Cabinet Committee	22 March 2016	The report advised that a competitive dialogue process was going to be used, therefore the existing contract with SPFT needed to be extended until 31 March 2017. The report says that ' the new service is due to start in April 2017 ' and ' contract start in April 2017 '.
HOSC	4 March 2016	The paper to HOSC was to determine if the service being procured constituted a substantial variation of service which would necessitate a period of consultation. The report advised that the procurement process is set to begin in March 2016 and will be completed by 31 October 2016 for the Universal & Early Help contract and by 31 March 2017 for the Health contract. (decision deferred from previous meeting)
HOSC	29 January 2016	The paper to HOSC was to determine if the service being procured constituted a substantial variation of service which would necessitate a period of consultation. The report advised that the procurement process is set to begin in March 2016 and will be completed by 31 October 2016 for the Universal & Early Help contract and by 31 March 2017 for the Health contract.

		Papers to HOSC and Children's Social Care and Health Cabinet Committee in 2015 reported starting the procurement in September 2015 and concluding in August 2016.
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5. Next Steps

- 5.1 A report detailing progress on the procurement process will be presented by the Accountable Officer for West Kent CCG to a future HOSC Meeting; the exact timing of this is yet to be confirmed.

6. Recommendation

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

7. Background Documents

None

8. Contact Details

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From: Peter Sass, Head of Democratic Services

To: Children's Social Care and Health Cabinet Committee –
6 September 2016

Subject: **Work Programme 2016/17**

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 2016/17.

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

2. Terms of Reference

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

Children's Social Care and Health Cabinet Committee

Commissioning

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

Specialist Children's Services

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

Child and Adolescent Mental Health Services

Children's Social Services Improvement Plan

Corporate Parenting

Transition planning

Health – when the following relate to children

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

2.2 Further terms of reference can be found in the Constitution at Appendix 2, Part 4, paragraphs 21 to 23, and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2016/17

3.1 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 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 2016/17.

6. Background Documents

None.

7. Contact details

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CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE – WORK PROGRAMME 2016/17

Agenda Section	Items
10 NOVEMBER 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions	<ul style="list-style-type: none"> • 16+ accommodation strategy (provisional) • Review of means testing for Special Guardianship Orders and Adoption Allowances • Independent Accommodation/Supported Lodgings Service • School Nursing Service (in line with Emotional Health and Wellbeing Strategy and Pathway) - key decision – <i>November or January?</i>
C – Other items for Comment/Rec to Leader/Cabinet Member	<ul style="list-style-type: none"> • Action Plans arising from Ofsted inspection (replaces former CSIP update) to alternate meetings • Business Plan update • Early Help services update • Report on how Kent County Council performs as a commissioner and its perception amongst voluntary organisations (<i>requested by Mr Sweetland, 13 May</i>) • Children and Young Person's Plan (<i>en route to HWB</i>) • Emotional Health and Wellbeing Strategy – 6 monthly update • Report on all services due to be recommissioned
D – Performance Monitoring	<ul style="list-style-type: none"> • Specialist Children's Services Performance Dashboards • Children in Care Stats • Public Health Performance Dashboard • Contract Management • Work Programme
E – for Information - Decisions taken between meetings	
11 JANUARY 2017	
B – Key or Significant Cabinet/Cabinet Member Decisions	<ul style="list-style-type: none"> • School Nursing Service (in line with Emotional Health and Wellbeing Strategy and Pathway) - key decision – <i>if not in November</i>
C – Other items for Comment/Rec to Leader/Cabinet Member	<ul style="list-style-type: none"> • Budget Consultation and Draft Revenue and Capital Budgets
D – Performance Monitoring	<ul style="list-style-type: none"> • Specialist Children's Services Performance Dashboards • Children in Care Stats • Public Health Performance Dashboard • Contract Management • Work Programme
E – for Information - Decisions taken between meetings	
23 MARCH 2017	
B – Key or Significant Cabinet/Cabinet	

Member Decisions	
C – Other items for Comment/Rec to Leader/Cabinet Member	<ul style="list-style-type: none"> • Draft Directorate Business Plan • Strategic Risk Report • Action Plans arising from Ofsted inspection (replaces former CSIP update) to alternate meetings • Update on teenage pregnancy strategy– seek data for more local (ward) level. <i>(Requested at 8 Sept 2015 mtg)</i>
D – Performance Monitoring	<ul style="list-style-type: none"> • Specialist Children’s Services Performance Dashboards • Children in Care Stats • Public Health Performance Dashboard • Contract Management • Work Programme
E – for Information - Decisions taken between meetings	

Regular items for rest of year (add dates when set)

month	section B/C/D/E	item
MAY 2017	D D D D D	<ul style="list-style-type: none"> • Specialist Children’s Services Performance Dashboards • Children in Care Stats • Public Health Performance Dashboard • Contract Management • Work Programme
JUNE/JULY 2017	D D D D D	<ul style="list-style-type: none"> • Action Plans arising from Ofsted inspection (replaces former CSIP update) to alternate meetings • Specialist Children’s Services Performance Dashboards • Children in Care Stats • Public Health Performance Dashboard • Contract Management • Work Programme
SEPTEMBER / OCTOBER 2017	D D D D D D	<ul style="list-style-type: none"> • Equality and Diversity Annual report • Annual Complaints report • Specialist Children’s Services Performance Dashboards • Children in Care Stats • Public Health Performance Dashboard • Contract Management • Work Programme
NOVEMBER / DECEMBER 2017	D D D D D	<ul style="list-style-type: none"> • Action Plans arising from Ofsted inspection (replaces former CSIP update) to alternate meetings • Specialist Children’s Services Performance Dashboards • Children in Care Stats • Public Health Performance Dashboard • Contract Management • Work Programme