

KENT COUNTY COUNCIL

SELECT COMMITTEE - CORPORATE PARENTING

MINUTES of a meeting of the Select Committee - Corporate Parenting held in the Medway Room, Sessions House, County Hall, Maidstone on Thursday, 19 March 2015.

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

IN ATTENDANCE: Mr G Romagnuolo (Policy Overview Research Officer), Ms K Sanders (Business Intelligence Officer), Mr J Cook (Scrutiny Research Officer), Mrs J Medhurst (Democratic Services Officer) and Mrs C Wade (Democratic Services Officer)

UNRESTRICTED ITEMS

1. 2.00 pm -Dr Noreen Ahmad-Bhatti, Designated Doctor for LAC, East Kent
(Item 2)

(1) Dr Ahmad-Bhatti was welcomed to the meeting and she commenced by referring members to the comprehensive biography of her role in the papers. Her position included being a Consultant paediatrician in community child health at East Kent Hospitals University NHS Foundation Trust and the designated doctor for LAC in East Kent (EK), based in Ashford. In particular she manages epilepsy, assessment of neurodevelopmental disorders, suspected sexual abuse, complex needs due to physical and intellectual disability and teaching and training junior paediatric doctors.

(2) A formal job description was currently being prepared in line with statutory guidance and intercollegiate competency frame work

Q - What is your interaction with the young people of Kent?

(3) Oversee the LAC and Adoption service delivery in East Kent and Quality assure Statutory Initial Health Assessments undertaken by the EKHUFT Community Paediatricians - to identify health issues and deliver workable plans.

(4) Direct clinical care to the LAC and YP on the clinical case load.

Q: Please outline the needs of Kent's LAC?

(5) In 2009/10 analysis of 187 cases identified a variety of needs including development delay, learning difficulties (ranging from mild to severe), problems with hearing, vision, obesity, speech and language problems, self-harming, smoking, teenage pregnancy and mental health. ADHD and autism also impacted on the stability of placements. A further analysis was planned to identify the current situation and trends.

Q: Are health assessments carried out before entering the care system to aid correct matching of Foster parents?

(6) There is no absolute requirement to do so unless a medical is requested due to concerns about neglect or abuse. These assessments can be used to identify suitable placement to meet the individual child's needs. However children with complex medical needs are usually well known to the Health services and the information from the involved professionals can be used to aid correct/appropriate matching of Foster parents or out of county placements.

(7) Q: Does KCC inform the service if any out of County placements are made?

(8) Not always.

Q: Has there been an increase in numbers of foetal alcohol syndrome?

(9) More awareness and training has led to increased diagnosis, although there are still problems as this remains relatively underdiagnosed especially Foetal alcohol spectrum disorder. Working in the EK Team for the last 17 years has given the opportunity to provide continuity of care to the very vulnerable and needy families and now we have also seen the second generation of families who are already known to the Social care system. There is high unemployment and poor parenting skills with mental health issues in the parents of these LAC and the problems in the second generation are more intense, which are partly genetic and partly environmental i.e family dynamics, exposure to chaotic family life, Domestic violence, neglect, parental substance and alcohol misuse. There are more single parent families and mums often have mental and emotional health issues.

Q: Are there any figures available that show the percentage of LAC whose parents actually were or are in care?

(10) There are no official local figures to show the number of current LAC and YP whose mother or father or both were looked after. This is an observation from the clinical experience and the information from IHA reports.

Q: Once problems are identified, eg, mental health, what is the next step?

(11) Depends on the urgency. For urgent cases where there are significant concerns, the examining Paediatrician can contact the duty team and can refer directly after discussing the case. For less urgent cases, SW is given the responsibility in the Health action plan to make the referral to local CAMHS. Now a new LAC CAMHS service has been set up, which provides support to the Child /YP and carers but do not provide diagnostic service for Developmental disorders. However they help in fast tracking these cases to mainstream CAMH's.

Q: Are there any differences between the problems in East and West Kent?

(12) No. Children can be placed in either area and both share the same problems. There is a Kent wide Health and Safe Guarding group where issues raised both from the East and West Kent are considered and this group feeds in to LCSB.

Q: What is the impact of alcohol on pregnancy?

(13) Evidence and research has confirmed that alcohol is a toxin/poison and even a small amount during the critical period of pregnancy is toxic. Mother's emotional and mental health, together with problems related to alcohol and substance misuse, all impact on the developing brain. Environmental factors including family dynamics have an effect on developing foetus as well. Research has shown that babies born to alcoholic mothers are at higher risk of developing developmental and mental health issues as well as learning and behaviour difficulties. Identified areas of difficulty include brain, eyes, and heart, growth, concentration and attachment issues. Clinical practice has shown that most pregnancies were unplanned and the mother's definition of a unit of alcohol was not the same as you would expect.

Q: What is the impact of smoking on pregnancy?

(14) The foetus may develop respiratory/bronchial problems, have an increased risk of developing asthma or hyper sensitivity and be of greater risk of becoming a smoker themselves in later life.

Q: How can binge drinking be addressed?

(13) There is no simple solutions-a vicious circle developed in families where alcoholic parents were not good role models, neglected children grew up thinking this was the norm. Increasing awareness was essential.

Q: To what extent are the health needs of these children effectively met?

(14): We cannot change the genetic influences and familial risks but we can modify and improve environmental risk factors. When we identify the needs, all agencies/ staff involved with the LAC/YP try their best to meet these identified needs but the constant restructuring of Organisations and lack of continuity did little to promote stability.

Q: How effective was the interaction between different agencies, communication and the sharing of information?

(15) To achieve the best outcomes, Statutory guidance promotes collaborative working between all the agencies involved with the LAC and YP which can only be achieved with better information sharing, robust Governance arrangements and integrated Pathways. This has resource implications. KCC and partner agencies including the Health providers are working towards developing integrated pathways. There is a Child in Care coordinator that provides single point of contact for all the referrals for initial and review health assessments and adoption medicals. Now a Kent wide LAC provider/Care leaving group has been established to oversee various services provided for LAC and care leavers and developing integrated pathways. To manage the problems like Child sexual exploitation and gang bullying, there is an

absolute need of working together and Health and safeguarding group provides a platform where all the relevant agencies share the information and work collaboratively to promote the safeguarding.

Q: How can elected members help, be more effective?

(16) Elected members are the corporate parents. They need to know the profile of their children, their diverse needs, their strengths and the areas where they are struggling. They need to ensure that all the relevant agencies involved with LAC and YP are fulfilling the role on their behalf and are providing a high quality child centred service and where the barriers are met, use their power to overcome these barriers.

Q: Despite being Corporate Parent members are one stage removed-how can individual members be aware of a child's status and help?

(17) Regular feedback is crucial, young people do have direct access to the Panel and it is imperative their views are taken seriously. IRO also maintain a close link with the LAC and YP, their feedback is also a valuable resource that can be used to reach out or kept informed of the LAC /YP 's status.

Q: Is feedback received by the Corporate Parenting Group?

(18) Previously there was no arrangement in place for regular feedback to KCPG from the Panel, but more recently one of the Panel members have started joining KCPG meeting, which is very helpful, as this feedback needs to be a two-way process.

(19) There were no other questions and the Chairman sincerely thanked Dr Ahmad-Bhatti for attending the Select Committee and furnishing the members with such informative and honest information.

2. 3.00pm -Teresa Vickers, County Manager - Fostering, Kent County Council (Item 3)

(1) The Chairman welcomed Teresa Vickers to the meeting.

(2) Teresa gave an overview of her role and responsibility for Fostering in Kent. She explained that she had worked in Children's Social Care for 37 years covering Residential, Hospital Social Work, Children and Families, Adoption and Fostering. She advised that following the restructure in 2012, the remit of her role included responsibility for the recruitment, assessment, training and panel processes for prospective foster carers, as well as the commissioning and delivery of learning and development programmes for all approved foster carers.

(3) She went onto advise that her role also included responsibility for the Specialist Fostering teams of Disability, Fostering and Therapeutic Reparenting (TRP). The TRP Scheme is a fostering service for young children with severe attachment difficulties.

(4) Theresa explained that Kent has 900 registered foster carers, caring for over 1,100 children and there have been 140 foster carers approved in the current financial year.

Q - Please can you clarify the numbers as yesterday we were quoted 1881?

(5) Teresa responded that 1100 children were cared for by KCC registered foster carers others were cared for by Independent Fostering Agencies, some were residential and some placed at home.

Q - Clarification was requested regarding the placing of children?

(6) Teresa explained that this took place in the North of the County by the Foster Team together with the Service Manager.

Q - Clarification was requested on the geography of North Kent?

(7) Teresa advised that this covered Dartford, Gravesend, Swanley and Sevenoaks.

Q - Please explain about training, support and respite? Could this be improved?

(8) Teresa explained that an initial training course entitled "Skills to Foster" took place which explored what fostering is, what to expect, areas around attachments, behaviours and learning about KCC and the processes. This training last for 3 days and included a half-day session where potential foster carers are interviewed by young people in care. All feedback and issues raised are then forwarded on towards their assessment.

(9) Teresa went onto explain that once the foster carers are appointed, a Core Training Programme takes place which includes subjects such as 1st Aid, attachment, and what it is like to be a foster carer. During the first year there is also general training, core skills, very specific/specialised training, face to face and also E learning.

(10) There is in addition a 20 week course entitled "Keep Safe" which is very hands on and has proved to be extraordinarily successful. This is aimed at foster carers looking to foster older children.

Q - Please can you advise of the dropout rate from the initial 3 day training course and also of the timescales from the initial contact to placing?

(11) Teresa responded by explaining that after initial interest, statutory checks and references have to be carried out/requested before any training commences. In addition to all the training programmes a very thorough Home Study is carried out with the family to look at how they operate as a family, their interests, how they would work with KCC and all the views of each family member. An assessment is then

made prior to the case being presented to Panel. The Panel then make a recommendation to the Decision Maker and then finally the child is placed.

Q - Despite there being a rigorous process a great number of children seem to change placements constantly please can you explain why?

(12) Teresa responded that it was extremely important to state that it is not an exact science. She explained that relationships breakdown for all sorts of reasons. She hoped that stories of children leaving foster care with one day's notice were OLD stories and that children DO NOT leave any placements with plastic bags! She went on to say that the key factors in any placement were good assessment skills together with good matching skills – the right carer with the right skills – matching was imperative. She explained that despite this, with trying to make something fit sometimes there are problems. These could be around location, for instance the child could have moved away from school and friends, or even their own family. This was the fault of the system ie not having enough foster carers. She went on to advise that it was a known fact that if a first placement breaks down 70% of children are likely to enter that negative cycle. This especially related to emergency placements. Another significant factor which influenced placements were the children in the family, sometimes there are clashes between the birth children and the fostered child but Teresa also explained that in very many cases it was the birth children that made the placement by being completely encompassing. She stressed how important it was to always put in the training – the Fostering Service role was to support carers before times did get tough. There had been a vast improvement since working with the area support teams and on many occasions gaps were filled and it worked beautifully.

Q - How selective are you? Please explain the plus factors and the negative factors?

(13) Teresa explained that resilient people were needed, people who do not give up at the first hurdle. There could be many different combinations, people who do not have children living at home any longer or families without children currently, or single people. It was important to establish how the prospective foster carers have been parented, how they will manage if they have children of their own in the future, they should never be underestimated and it is expected that they will be dealing with many kinds of challenging behaviours and it is the role of the fostering service to support them. Teresa referred to her own mantra “hold the carer so that they can hold the child”.

(14) With regard to negative factors, Teresa explained that everyone is looked at on an individual basis however, some areas of criminality in terms of child abuse etc would of course automatically preclude an applicant. She went on to explain that sometimes even on an initial assessment someone's humour may not be right and it would then be a case of establishing whether this was due to nerves or whether they were acting inappropriately and therefore not suitable.

Q - A previous witness seemed to indicate that many of the young people had mental health problems. Are they assessed before being placed?

(15) Teresa advised that the Social Worker would work with the child, explain what is happening, and give them every opportunity to talk. The foster carer would also be trained to do some of that work too.

Q - You explained that young people carry out interviews with the foster carers, how do you select these?

(16) Teresa advised that they were members of the Kent Care Council and Apprentices were also used and who also sit on Foster Panels too.

Q - How long is the training period for foster carers?

(17) Theresa responded that from the point of returning the application to going to Panel is approximately 8 months. However, she did explain that effectively the first stage was taken out of their control as it depended on how long the statutory checks took. From assessment to Panel then usually took three to four months.

Q - You talk about foster families, please can you define family?

(18) Teresa explained that there were many family combinations including single foster parents and that once you had a child with you, you became a family.

Q - How much do they get paid?

(19) Teresa explained that maintenance to take care of additional costs were paid at £90.00 to £140.00 per week depending on the age of the child.

Q - I have heard that some people regard fostering as their income?

(20) Teresa was adamant that the income could not possibly be the sole reason for fostering. She advised that with most jobs you come home at the end of the day and switch off, with fostering you can't. Foster carers also received up to £200.00 per week reward.

Q - As part of the Select Committee we have heard from 3 young people who gave evidence, all had been party to lots of placements and I got the impression they were survivor'. One had been in 31 placements, can you hazard a reason for there being 31 placements?

(21) Teresa said she would struggle to answer the question but it could be that the young person had been in and out of care or it could be that the young person had been so challenging that they were difficult to manage.

Q - Looking at the graph we have been given today I can see that 5 children had 14 placements, 4 children had 43, 3 had 113, 2 had 474 and 1 child had 1242 placements, why are there these multiple placements?

(22) Teresa responded that the reasons could be many, for instance not a good match, carers unable to manage, and once there has been a breakdown statistics show there are likely to be many more placements. Children also worked out that if they “kick up” they will be moved on and many hope that they will be moved back to their families.

Q - Do you make assessments at the end of placements?

(23) Teresa explained that a review of Foster Carers takes place every year. At the end of a placement all involved are asked for feedback.

Q - Including the child?

(24) Yes.

Q - You paint a very positive picture - are there any areas that need improvement?

(25) Teresa responded by saying that obviously she wanted to change the culture for those children who were constantly moving placement. She said the bigger the area the greater the choice and that it was so important for the right set of skills to be implemented and for the right placement at the right time to be put in place. She emphasised that the Service was not there to find children, there were bigger issues and it was imperative to consider these, placement choice, right carers and right location.

Q - Is there any incentive to increase the age range?

(26) Teresa explained that to encourage carers to foster older children (16+) they needed to be advised that the Service was not asking them to give up work – children of this age were used to being at home on their own for some periods. She felt that the service should be “growing their own” carers of older children and explained that there were many advertising mechanisms currently being used, radio broadcasts, adverts on buses, updates on the website and also a “Foster Chat” on line. Teresa also advised that she believed the key was supporting carers so that they had a trust and a belief in the service and problems were resolved almost before they arose. She also explained that the Service targeted youth groups, hospitals, schools and special schools. Although she did remind the Committee that just because you were a teacher or social worker etc it did not automatically make you a good carer. Carers do live with a lot of uncertainty and do therefore put themselves on the line.

Q - Some young people are criminalised due to an incident occurring in a foster home and the incident being reported to the Police in order to gain a crime number for insurance purposes. Is Kent any closer to signing up for an Insurance Policy specifically targeted to foster carer’s?

(27) Teresa replied by advising that she had not had direct contact with the areas for about two years but explained that carers did not want to criminalise children. She advised that the biggest area was usually cars. A protocol had recently been established and this was about to be sent out to the Areas the main point being – for

carers to talk to the Social Workers first before they do anything else. She advised that Insurance generally was a difficult area, there had previously been a “fund” for Area teams to access in some cases.

Q - Some Local Authorities have signed up to an insurance specific to Foster Carers is Kent going to do this?

(28) Teresa said that this had been investigated but the Authority was not currently willing to sign up to it.

Q - A child in foster care had recently done well in mock GCSE's and had rang her local member to let her know, when she had asked if they had told their carer she was advised that she was currently in respite as the carers were on holiday. The young people who had meet with the Committee last week were asked if they had ever been on holiday with their foster families and one replied no and the other only two times. I am concerned that some foster carers see respite as a top priority which makes me feel uncomfortable. Are we attracting the right people?

(29) Teresa explained that she did agree and saw this problem as a real challenge. Carers were paid for 2 weeks holiday a year but many carers do wait until after a placement has been completed but she went on to say that some carers do need the break. Respite should be seen as the exception not the rule. Potential carers are always told the young people are not object's!

Q - Do you take ethnic backgrounds into consideration when matching?

(30) Teresa explained that the service does always try to match but doesn't always manage to. They do however, always try to plug the gaps and put something in place to ensure that identity is not lost.

Q - Are there currently campaigns for recruiting Foster Carers to address the imbalance?

(31) Teresa responded that quite often it will take prospective cares a minimum of two years from thinking about fostering to actually doing anything about it. It is therefore important for them to see advertising. This year twenty two carers had come to Kent from the Independent Fostering Company's. In terms of redressing the balance the campaign was currently concentrating on North and West Kent.

Q - There is obviously competition from the London Borough's – does this counteract it?

(32) Teresa advised that there was a struggle with the London Borough's border. They placed a lot of children in East Kent which is why it is so important carers see the Kent adverts and don't for example go to Bexley Borough. Kent is currently trying to get across the message “local carers for local children”. Information evenings take place all around Kent and it is therefore so important to market the service.

Q - Are there any areas that you think the Committee should specifically look at or raise or highlight?

(33) Teresa responded by saying that the focus should always be on the child – local carers for local children. A recent study found that carers needed to feel valued and listened to. She thought it would greatly improve the situation if Local Members could possibly host Coffee Mornings in their local areas for the carers. Area teams could help with the arrangements and invite the Carers to come along.

Q - Do the London Boroughs pay a higher rate?

(34) Teresa said that she didn't think they paid more than Kent but knew that the Independent Agencies did.

Q - Why would a foster carer take a London Borough child rather than a Kent child?

(35) Teresa explained that she had recently spoken to a carer who had simply seen the Bexley advert and didn't know the difference this is why Kent needed to be "out there".

Q - The council tax invoice goes to every Kent address and contains various graphs and information about Kent services, why can't information be put in with that?

(36) Teresa was very enthusiastic about this idea.

Q - You mentioned that area events take place, I have never been informed of these?

(37) Teresa explained that the area events were designed for people thinking about fostering and whilst members would be welcome she felt that the Coffee Mornings idea could be an important way to help the process and emphasise the awareness of the corporate parenting role. If Members could be involved in the recruitment, networking, ensuring fostering was on the agenda overall and meeting foster carers she felt this could have a major impact.

Q - How could this be enabled, there is an information gap?

(38) Teresa explained that this was not deliberate and that there were Children in Care Service Managers in all the areas who could provide all the information members may want.

Q - There are Community Liaison Managers who are advocates for Members and I would like to ask that you keep in close communication with them, through these people Members could be a real asset.

(39) Teresa assured the Committee that she would ensure this happened.

(40) The Chairman thanked Teresa and stated that she had found the session enlightening and very informative and extremely valuable and thanked her for covering so many important issues.

3. 4.00pm - Philip Segurola, Acting Director, Specialist Children's Services, Kent County Council

(Item 4)

(1) The members had a brief discussion regarding how to progress with their recommendations; consideration being given to the benefits an extension of the Select Committee versus the need to ensure the recommendations could be actioned as soon as possible. Members agreed to discuss this further on the 24th when they would be reviewing all their recommendations.

(2) The Chairman welcomed Philip to the meeting and requested that all Members and Officers introduce themselves.

(3) Philip stated that he was currently the Acting Director of Specialist Children's Services, having worked for thirty three years in Child services, including eight years as a consultant to poorly performing authorities. His most recent posting prior to joining KCC was in the Acting Director role at North Kent. At KCC, his responsibilities included all specialist children's services, 1500 members of staff and a budget of £128m. The range of services included foster carers, CAMHS, Early Help and Preventative Services, Safeguarding.

Q – What should Members do to be good corporate parents?

(4) Philip stated that the main role for Member in this area was asking difficult questions of relevant officers to make sure they are aware of the issues. This meant that Members needed access to accurate and regular information updates on a broad range of issues that affected the relevant young people, including health, education and criminal justice among others. To keep Members informed, Officers must be able to articulate issues in a manner that will be accessible, ensuring that the information is passed on effectively.

Q – How is this information flow currently achieved?

(5) Philip explained that the Corporate Parenting Panel was the formal body that oversaw the significant issues in this arena and was responsible for holding Officers to account. Beneath the Panel sat the Corporate Parenting Group which was Chaired by Martin Vye. This Group was responsible for examining the broader partnerships, not just the work of Specialist Children's Services but also how work undertaken by the Health and Housing services impacted on young people. Philip stated that this Group contributed to the holistic approach required to consider all the factors that were important in the care of young people and were therefore relevant to Members as Corporate Parents. Supporting these considerations was a performance framework that provided a structure for assessing how the authority was managing key issues. A new Councillor score-sheet had been introduced at the request of Members to improve their capacity to effectively assess performance. This process also includes consideration of adoption outcomes.

(6) Philip explained that he regularly met with the Lead Member in relation to Specialist Children's Services and advised that Members were welcome to raise specific issues as required with him or his team.

Q – What is working well and what is not?

(7) Philip explained that there varying issues from both internal and external sources. Externally, there have been complications due to the fact that the District Councils and the Housing Associations manage the housing of relevant people, which makes it more difficult for KCC to make changes. Priorities for improvement in this area were post 16 housing and developing a more consistent approach as different areas used different processes. Social Care housing processes and rules were in need of a further review. Another area that required improvement externally was the level of support for Education employment for young people. At present, Kent has poor outcomes in this regard and more work was needed internally and externally to improve this – one concern raised by Philip was that a recent KCC report on Skills & Employment made no mention of young people leaving care.

(8) In terms of internal improvements needed, Philip highlighted the need for greater consistency in social worker staffing. The current inconsistency had resulted in disruption to families and young people in care. While some change was inevitable, both in terms of changing needs for the client requiring workers with different expertise and the simple fact of organisational or staffing shifts, it was hoped that a more stable work force would prevent unnecessary disruption and more needed to be done to mitigate this as an identified issue. Linked with this was that any changes that have taken place have not always been well managed, resulting in further disruption that could have been avoided with a managed process that could be generally applied to such situations. Another issue was that KCC's Fostering resource would benefit from greater depth in terms of skills and experience, as well as a broader demography. Linked to this was Philip's opinion that the current workloads of Fostering social workers were too high, meaning that when any crisis cases arise there is little flexibility in the system to cope with the additional pressure. Philip was of the opinion that the Fostering service required a strategic review with the aim of improving stability of the service.

Q – What is being done to address these issues?

(9) Philip explained that an action plan is currently in place and that a Sufficiency Strategic document had been drafted as KCC's existing strategy needed updating to reflect current pressures. This work included extensive consideration of future projects in terms of feasibility and prioritising, modelling of future demand and capacity for the Adoption service. It was important, according to Philip, that consideration was given to the fact that while the simple figures made it appear that the system should be able to cope, the complexities involved in each case meant that this was not necessarily true. He gave the example that with an identified demand for 1800 places when there should be 1900 available suggested that there was no problem but the figures did not take into account the particular needs of the young people and level of relevant skills or experience available to manage them. This meant that understanding the practical application of the current resources was the key to assessing the real world capacity of the authority to manage the issues. Steps being taken to address these practical gaps, included targeted recruitment both in terms of geography and demography for Foster carers. West Kent has historically been challenging as there has consistently been a shortage there compared to other part of the County and previous recruitment work has been unsuccessful.

Q – What is being done to address issues around supported lodging where District Councils do not own or control Housing provision and how can KCC work effectively with Housing Associations in light of the growing issue of youth homelessness?

(10) Philip agreed that the wider issue of youth homelessness had to be considered when looking into housing provision. He stated that £3.5m of KCC funding was put forward to support the development of better housing provision processes. This money was previously based in Community Services but was now being focused at this particular area of need. Philip stated that in his opinion the whole process of youth accommodation should be re-commissioned. There were currently serious issues such as 16 or 17 year olds presenting as homeless which was the responsibility of Social Services which placed significant pressure to source urgent accommodation. Again it was noted that there was a lack of consistency around emergency accommodation, for example Dartford YMCA has been very supportive and has assisted KCC in this regard but this relationship has not been echoed around the County with similar venues or services. If this model of co-operation could be spread across the County, it would be very beneficial to KCC, providing greater flexibility with supported transition for young people working towards leaving care.

Q – How can KCC address Looked After Children’s concerns that permission is still required from KCC for taking part in ‘normal activities’ due to a lack of delegated authority?

(11) Philip explained that the Government published specific guidance on this issue in 2010 which commented that there were too many constraints of young people in care and that being in care should not limit opportunities. This is addressed in the placement plan created for each looked after child and each Foster carer should have agreed delegated authority for usual issues that would be dealt with by parents. Philip stated that if this was a significant issue amongst looked after children, it meant that KCC’s policies and procedures were not being followed and that he would look into this. In terms of specific issues that Members had raised such as delays in receiving passports or being prevented from visiting friends, Philip did clarify that in some cases the looked after children had specific vulnerabilities which required more detailed consideration and management, just as would be case for a regular parent. As KCC had responsibility for managing such matters it would sometimes have to weigh up the freedoms of the child against the risks. It would not be uncommon for the affected children to resent these limitations but KCC felt that they were in their best interests.

Q – Why did Foster Carers sometimes need additional permissions from child’s birth parents?

(12) Philip explained that there were different circumstance which resulted in a child being in foster care depending on whether it was a s20 order or a Care Order. In some instances, where the fostering may be temporary for example, there would continue to be a requirement to consult birth parents on various issues. Philip stated that foster carers were made aware of these requirements.

Q – What were the advantages and challenges of providing Mental Health therapy to looked after children?

(13) Philip explained that the CAMHS service had received criticism and that there were gaps that needed to be addressed. This was particularly true in that case of therapeutic support at a more acute level, addressing issues such as serious sexual trauma and other high level / complex needs cases. This was provided on an ad hoc basis but consequently there was an inconsistent level of provision across the board. This was further complicated by the variable level of support required on a case by case basis. The more standard level of therapeutic support should be being provided, to some extent, by social workers but this relied on work force consistency.

Q – Would KCC consider adopting the Hackney model for Looked after Children?

(14) Philip explained that Specialist Children's Services has just finished working with consultancy group, Newton Europe, and had completed a 'sandbox design' phase. This related to structural changes to the service with a focus on ensuring that assessment processes used appropriately and not unnecessarily repeated. For instance, if a protection plan is needed for a child, under the current system this may result in further disruption through the child be referred to another specialist worker where the assessment process would start all over again. The new plan involves planning for child care through joint teams that can share information and consider the complete service package required by the child. This would replace the current practice of considering a child as either an 'intake' case (initial assessment with potential for short term) or 'long term'. Philip clarified that each family should only have one social worker to provide consistency but that there would still be some circumstances where additional support would be required depending variable needs and the complexity of some family circumstances.

Q – Why is it that some families have different social workers for their children, should there not be just one social worker per family?

(15) Philip said that sometimes, due to the complex needs of a family it may be necessary to have more than one social worker involved, potentially due to the need for various types of expertise, if the various needs change over time or are identified later in the process. However in these cases there should be one lead social worker co-ordinating the support.

Q – What was Philip's view on the recent proposal by Integrated Youth Services to create Panel that would use Restorative Justice Processes for Looked After Children to prevent 'unnecessary' criminalisation, such as when carers report their foster children for 'minor infractions'?

(16) Philip explained that that the proposal was being considered and that he was in agreement that there should be processes in place that limit the criminalisation of young people. He stated that Medway Council have adopted the proposed model and KCC was still working on how it could be implemented appropriately. Philip did comment that some causal issues had been identified around this, such as the need for foster carers to have a crime reference number in order to claim for damage on their insurance. These issues were being looked at presently. Additionally, he stated

that it was worth considering that in some cases there was a need for some young people to learn that there were negative consequences for unacceptable behaviour and that it might not always be appropriate to insulate them from such consequences.

Q – If it was accepted that the broader CAMHS service was not working, how can it be fixed?

(17) Philip explained that the specification for the CAMHS contract was currently being reviewed and was going through consultation, with a view to addressing the issues that have been identified so far. The contract was scheduled for renewal next year so an update on the new contracts and service specifications should be available for viewing within a few months.

Q – How can each individual improve their ability to be better corporate parents?

(18) Philip advised that Members always keep their responsibility at the front of their minds, that they should always be considering what is best for Looked After Children and that they must also try to consider such things from the children's perspective. He advised that Specialist Children's Services would take on board the recommendations from the Select Committee when they are released, in the hope that they improve Members' capacity to be good corporate parents. Philip stated that he believed the key things required for Members to fulfil their corporate parenting responsibilities were access to better performance data that was presented in a manner that was accessible to them (information packs or local area briefings) and that a better participation strategy was required by the authority to assist in gathering better input from children for the consideration of both professionals and Members. This would require more resources devoted to participation work but the process would also benefit from more informal Member engagement with young people.

(19) The Chairman thanked Philip for attending and answering the Committee's questions.