

**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 Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 8 September 2015.

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

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

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

UNRESTRICTED ITEMS

77. Apologies and Substitutes
(Item A2)

Apologies for absence had been received from Mr M J Vye. Mr S J G Koowaree was present as a substitute for Mr Vye.

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

Mr S J G Koowaree declared an interest as his grandson was in the care of the County Council.

79. Minutes of the meeting of this committee held on 22 July 2015
(Item A4)

RESOLVED that the minutes of the meeting of this committee held on 22 July 2015 are correctly recorded and they be signed by the Chairman. There were no matters arising.

80. Minutes of the meeting of the Corporate Parenting Panel held on 18 June 2015
(Item A5)

1. RESOLVED that the minutes of the meeting of the Corporate Parenting Panel held on 18 June 2015 be noted.
2. The Chairman said she was looking into the possibility of the Panel's minutes being sent to full Council for information, as well as to this committee, as at present.

This would reinforce and raise the profile of the corporate parenting role of all elected Members. The Democratic Services Officer undertook to look into this.

81. Meeting Dates for 2016/2017
(Item A6)

RESOLVED that the dates reserved for meetings of this committee in 2016 and early 2017 be noted, as follows, all meetings to commence at 10.00 at County Hall:-

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

Wednesday 11 January 2017
Thursday 23 March 2017

82. Verbal updates
(Item A7)

1. Mr P J Oakford gave a verbal update on issues relating to unaccompanied asylum seeking children (UASC):-

- a) Kent had a large number of UASC, currently 731 (having increased from 368 since March 2015). However, the rate of arrivals had very recently slowed down slightly, for the first time in a very long while;
- b) there were currently two reception centres being used to accommodate UASC – Millbank and Swattenden - and one other very shortly to come into use – the former Ladesfield Care Home in Whitstable;
- c) almost all UASC were young men and these centres were all exclusively for them. There were very few girls among the numbers, and any girls arriving would be placed with foster carers until they were 18, rather than in a centre;
- d) plans to use the Ladesfield building had been leaked by local media and had attracted hostile and unpleasant reactions on social media and from local residents. 600 complaints about its use had been received within 24 hours of the news being leaked;
- e) news of the intention to use the Swattenden centre at Appledore had been carefully managed and local reaction there had been much better. A select number of media representatives had been taken to visit the Millbank centre to see the basic but good facilities there, and the County Council had made a film about the work of the centre. No cameras had been permitted at this visit, and reporting rules had been very stringent, so the reporting of issues could be controlled. The media were able to hear at first hand from the young men housed there, to show the reality of their situation. UASC had stated their

priorities as being to feel that they were safe, to know that their families were safe, and to join and contribute to Kent society; and

- f) there had been much support from local residents who wanted to work with the UASC, and sympathy for their situation, following recent media coverage. A local teacher and a football coach had both offered their time free of charge to mentor UASC. The public had offered donations of clothes and bedding for use at the centre, but these were not needed. Donations of games and sports equipment would be useful. Some people had offered to accommodate UASC in their homes, and these people would need to go through the process of becoming foster carers.

2. In response to a request for committee Members to be able to see the film about the work of the centre, *Mr Oakford undertook to send a link to Members, and this was subsequently done.*

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

Update on Unaccompanied Asylum Seeking Children – 176 new UASC had arrived over a six week period but the situation was now fairly quiet. However, the consistently high numbers of arrivals through the rest of the year had placed a great strain on the service at a time when it was under much public scrutiny. Twice-weekly monitoring reports were made to the Government. Mr Ireland thanked Mr Segurola and staff for the excellent job they had done in ensuring that the County Council had met its statutory responsibility for every single child, despite the ongoing increase in numbers. Other local authorities around the UK had agreed to take responsibility for the accommodation and support of 33 UASC as Kent's accommodation had reached saturation point, but such arrangements would take time to put in place. Some increase in agency staff had been necessary to cover the increased workload, and the opening of a second reception centre had helped. Ofsted were expected to make a visit shortly.

Update on Voluntary Adoption Agency – the tender process for this had started, and detail was being negotiated. *A report would be made to the committee's December meeting.*

4. In response to comments and questions from Members, Mr Ireland and Mr Segurola explained the following:-

- a) estimates of the costs associated with UASC, made at the start of the financial year, had assumed the usual pattern of a reduction in arrivals in the winter months. However, if the winter of 2015/2016 were to follow the pattern of 2014/2015, a reduction may not materialise. In addition, costs had risen, due to the need to use out- of-county foster carers, and the County Council would need to negotiate with the Home Office about how these extra costs could be covered. There was currently no commitment from the Home Office to cover these or the costs of converting the former Ladesfield care home to use for UASC. An overspend of approximately £5.6million was currently forecast;
- b) apart from the financial costs associated with the large UASC population, there would also be pressure on school places. while children were placed around the county, according to the availability of foster carers, it was

important to check also that school places were available in that area. Mr Ireland explained that approximately 75% of UASC were aged 16 or 17, so had limited need for school places. Those under 16 would mostly be placed with foster carers, and all girls would automatically be placed with foster carers rather than in the reception centres referred to. Mr Segurola confirmed that under-16s were well spread across the county and that no one area was overloaded in terms of the demand for school places;

- c) currently, the youngest UASC was 5 years of age but most were 16 - 17, with a few 12 - 13 year olds travelling with older children; and
- d) in some areas of Kent, courses in English as a Second Language (ESL) were hard to access, but this was being addressed. The priority for young people arriving was to learn English quickly, to be able to join mainstream schooling as soon as possible.

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

23 July - Attended and spoke at the Kent Healthy Business Awards at Oakwood House, Maidstone – these awards had attracted a good level of interest from Kent businesses.

11 September – Health Visitors welcome event at Sessions House, Maidstone

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

Update on Department of Health in-year savings from the Public Health allocation 2015/16 – this consultation had recently finished. Whatever the outcome, Kent would continue to plan for the £4m cuts expected.

Visit with Health Visitors in Swale – when commissioning of the health visiting service moved to the County Council on 1 October 2015, health visitors would continue to be employed by the Kent Community Health Trust (KCHT), as at present. By visiting health visitor services around the county, Mr Scott-Clark had been able to prepare them for how the service would look after 1 October, and ensure that expectations and requirements were clear, so the service could best meet local needs.

7. RESOLVED that the verbal updates be noted, and Members' sincere thanks and appreciation to Mr Oakford, Mr Ireland, Mr Segurola and the staff team for their work in exceptional circumstances be recorded. The Chairman added that she was proud of Kent's record in rising to the challenge of supporting and accommodating so many UASC.

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

Mr C Thompson, Consultant in Public Health, was in attendance for this item.

1. Mr Thompson introduced the report and explained that the strategy had been prepared to address the ongoing challenge of reducing rates of teenage pregnancy across Kent. The Cabinet Committee had considered an earlier draft of the strategy and asked that it be amended to take full account of the recommendations of the PSHE/Children's Health Select Committee, which had reported in 2007. The

Children's Health and Wellbeing Board had also asked that the strategy include data for the under-18 conception rates and the rate of abortions, by district. Mr Thompson, Mr Scott-Clark and Dr Khan responded to comments and questions from Members, including the following:-

- a) the quality and content of PSHE teaching in secondary schools across Kent was inconsistent and did not include teaching about emotional development and relationships. Mr Scott-Clark agreed that good PHSE teaching, including emotional development, was essential, but must be supported by good service provision, to which young people could be signposted. For example, a mobile phone App made information easy to access. Improving the quality of PSHE teaching was a key priority for the school nursing service. Mr Thompson added that Belgium and the Netherlands both had very low rates of teenage pregnancy and very robust sexual health education in school;
- b) an opinion was expressed that PSHE classes should be taught by suitably-qualified staff, preferably from outside the school, as young people often found it uncomfortable to be taught PSHE by a teacher who also taught them other subjects;
- c) young people needed to be given a realistic picture of parenting and the huge commitment this represented. Asking teenage parents to visit schools and colleges to talk to students about their experiences would help this. A scheme in which young people helped at a local toddler group was another way of showing them the reality of looking after small children. In another scheme, teenagers were asked to take home and look after a computerised baby doll which was programmed to cry until given appropriate care and attention;
- d) the rate of abortions among teenagers in some areas of the county was also a matter of concern. The emotional and physical impact of abortion also needed to be made clear, and may help deter young women from becoming pregnant. Post-abortion counselling was also important, as well as building resilience, so young women felt confident and able to say no to sex. Mr Scott-Clark clarified that post-abortion counselling and contraception were both part of the new sexual health service. Building emotional resilience was supported by the emotional health and wellbeing service;
- e) teenage parents needed to be deterred from having a second child. Families might manage to support one baby, financially and in terms of childcare while a young mother returned to school or college, but would struggle much more and would possibly not be able to cope with the additional burden of a second child;
- f) contraception did not seem to be as visible and available in retail outlets as it had previously been. Dr Khan explained that the sexual health service had quite recently been re-commissioned. The new delivery model was an integrated sexual health model, bringing together contraception and sexually-transmitted infection testing, diagnostics and treatment. The extended delivery in contracted pharmacies provided Kent women aged 30

years and under increased access to a choice of free Emergency Hormonal Contraception (EHC, or the 'morning-after pill') through pharmacies. Brook would be working with schools in areas of greatest need to support staff to deliver sex and relationships training, and with young people vulnerable to child sexual exploitation. Commissioning of termination of pregnancy services was the responsibility of the seven clinical commissioning groups in Kent. The public health team in the County Council was in discussion with the commissioners to explore the possibility of a pilot medical termination service in East Kent; and

- g) a local mobile information and guidance scheme in Folkestone, run by youth workers, was showing success at reaching young people as it operated outside the school environment and was thus seen by young people as being more accessible.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and undertook to take account of them when taking the decision to approve the strategy. He also thanked those Members of the committee who had served on the Select Committee in 2007 and contributed their views and experiences to the debate. He suggested that an update on progress in addressing the rate of teenage pregnancy be made to the committee in twelve or eighteen months' time.

3. RESOLVED that:-

- a) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to approve the Teenage Pregnancy Strategy 2015 – 2020, after taking account of comments made by this committee, be endorsed; and
- b) an update on progress in addressing the rate of teenage pregnancy be made to the committee in twelve months' time.

84. Children's Emotional Wellbeing and Mental Health services - update *(Item B2)*

Ms K Sharp, Head of Public Health Commissioning, Ms C Infanti, Commissioning Officer, Strategic Commissioning, and Ms J Hook, Commissioning Manager, were in attendance for this item.

1. Ms Sharp introduced the report and explained that the Kent Emotional Wellbeing Strategy for Children, Young People and Young Adults (0-25) had been the subject of extensive consultation with children and young people and had been discussed in a number of forums, most recently at the Health Overview and Scrutiny Committee (HOSC) on 4 September. A key part of the new model was the emphasis on emotional resilience as well as mental health. Delivery of the new strategy was on track and tendering for contracts would commence in autumn 2015. Ms Sharp, Ms Infanti and Ms Hook responded to comments and questions from Members, as follows:-

- a) a significant change in the new emotional wellbeing strategy was that services would now be focussed on delivery in universal settings, schools

and hubs, making it easier for children and young people to get support at the earliest opportunity without the need to access services at the specialist level. The focus was on supporting children wherever they were. Schools would be encouraged to adopt a whole-school approach, for example by establishing drop-in areas which pupils could use to help them cope with emotional difficulty, and by identifying recurring themes which give rise to emotional difficulty, eg bullying;

- b) Young Healthy Minds were currently contracted to deliver services and had performed well over the life of the three-year contract, exceeding the contract activity targets;
- c) concern was expressed, from experience as a primary school governor, about the help given to young people in exclusion cases, and whether or not suitable support had been offered to them, eg to cope with anger management issues, before resorting to exclusion proceedings;
- d) emotional problems were very common during adolescence, but many did not seem to be identified until much later, eg at 16 or 17. What was needed was immediate help and support. Teachers were able to identify young people with emotional problems but needed then to be able to refer them onwards for help. Early recognition of issues was a critical part of the new model and vital for getting services right; and
- e) the aim was to include trained mental health professionals in the Early Help units, working with a whole family, as most problems identified via work with troubled families had their roots in emotional wellbeing and mental health issues. This would contribute to meeting the outcomes of the Troubled Families programme.

2. RESOLVED that the information set out in the report be welcomed.

85. Annual Equality and Diversity Report 2014 - 2015
(Item D1)

Ms M Woodward, Principal Social Worker, and Ms N Shaw, Practice Development Officer, Safeguarding Unit, were in attendance for this item.

1. Ms Shaw introduced the report and highlighted the key areas of activity and improvement, particularly engagement with young people and those in care. This engagement had resulted in increased involvement of young people in shaping the key documents which related to the care process, eg the Kent Pledge and the Fostering Guide. Mr Ireland added that the County Council was seeking to establish services to help UASC to settle into the country, eg help with transport so UASC could attend church and events with other members of their community. Mr Ireland, Mr Segurola and Ms Shaw responded to comments and questions from Members, as follows:-

- a) Mr Segurola undertook to supply information on the percentage of children in care from black and minority ethnic (BME) communities, and the percentage of these successfully adopted, to a speaker outside the meeting, and *this was subsequently done*; and

- b) responding to a question about the number of children in care who were aware of the Kent Pledge, Ms Shaw advised Members that raising awareness of the Pledge was part of the work of Independent Reviewing Officer (IROs).

2. The Chairman asked how it was envisaged that paragraph b) of the recommendations in the report would be achieved. Mr Ireland clarified that this recommendation was intended to give the committee an opportunity to scrutinise the equalities and diversity activity by checking that suitable information was included in reports to Cabinet Committees, especially for reports relating to decisions.

3. RESOLVED that:-

- a) current performance be noted;
- b) equality governance information be included in reports to Cabinet Committees, especially those relating to decisions, so Members can ensure that requirements are being properly observed;
- c) reports on equality and diversity work be made annually to the committee, to comply with the Public Sector Equality Duty (PSED) and ensure progress against County Council objectives; and
- d) revised objectives be received in 2016.

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

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

1. Mrs Robinson introduced the report and responded to comments and questions from Members, as follows:-
 - a. the percentage of children entering child protection arrangements for the second time was high. This was currently due to a high number of large sibling groups having become subject to child protection plans since April, so, although the percentage was higher than the target level, the actual number of children was relatively low;
 - b. the time elapsed between a decision to place a child for adoption and a match being made was rated red but had been skewed by one particularly complex case which had necessarily taken a long time; and
 - c. when considering the adoption performance indicators, it was important to consider and understand the context of the activity being measured. For instance, while it was desirable for placements to be made as quickly as possible, it was important to take time to make the correct placement for each child. Some placements simply needed more time and the process for them had been slow for good reasons, but all resulted in positive outcomes for the children concerned.

2. RESOLVED that the information set out in the Specialised Children's Services dashboard report be noted.

87. Complaints and Representations 2014/15
(Item D3)

Ms A Kitto, Customer Care Manager, was in attendance for this item.

RESOLVED that the information set out in the report be noted.

88. Work Programme 2015/16
(Item D4)

1. The Democratic Services Officer introduced the report and sought Members' comments on the items listed. Members referred to the update report on Teenage Pregnancy which had been suggested for 12 months' time, under item B1 on the agenda (minute 83 above). The usefulness of this was questioned, as very little progress could be expected in this time; to show any real progress on this issue would surely need longer. Another view was that some progress on reducing the rate of teenage pregnancy needed to be made very shortly, so a one-year-on update would be expected to show some change. Another speaker asked if data on the rate of teenage pregnancies could be listed with more local detail than previously, ie at ward level.

2. RESOLVED that the committee's work programme for 2015/2016 be agreed.