



**Cynulliad Cenedlaethol Cymru
The National Assembly for Wales**

**Y Pwyllgor Plant a Phobl Ifanc
The Children and Young People Committee**

**Dydd Mawrth, 24 Tachwedd 2009
Tuesday, 24 November 2009**

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Procedural Motion

Cofnodir y trafodion hyn yn yr iaith y llefarwyd hwy ynndi yn y pwyllgor. Yn ogystal,
cynhwysir cyfieithiad Saesneg o gyfraniadau yn y Gymraeg.

These proceedings are reported in the language in which they were spoken in the committee.
In addition, an English translation of Welsh speeches is included.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Eleanor Burnham	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Angela Burns	Ceidwadwyr Cymreig Welsh Conservatives
Christine Chapman	Llafur Labour
Helen Mary Jones	Plaid Cymru (Cadeirydd y Pwyllgor) The Party of Wales (Committee Chair)

Eraill yn bresennol
Others in attendance

Phillip Franklin	Pennaeth TGCh, Adnodd Cymorth Comisiynu ar gyfer Plant Head of ICT, Children Commissioning Support Resource
Beverlea Frowen	Cyfarwyddwr Gwasanaethau Cymdeithasol a Gwella Iechyd, Adnodd Cymorth Comisiynu ar gyfer Plant Director of Social Services and Health Improvement, Children Commissioning Support Resource
Simon Jones	Rheolwr Polisi a Materion Cyhoeddus yng Nghymru, Y Gymdeithas Genedlaethol er Atal Creulondeb i Blant Policy and Public Affairs Manager for Wales, NSPCC
Colette Limbrick	Cyfarwyddwr Cynorthwyol, Y Gymdeithas Genedlaethol er Atal Creulondeb i Blant Assistant Director, NSPCC
Dr Carolyn Sampeys	Paediatregydd Cymunedol / Meddyg a Enwir ar gyfer Mabwysiadu, Maethu a Phlant sy'n Derbyn Gofal, Bwrdd Iechyd Lleol Prifysgol Caerdydd a'r Fro Community Paediatrician / Named Doctor for Adoption, Fostering and Looked-after children, Cardiff and Vale University Local Health Board
Andrew Stephens	Cyfarwyddwr Uned Ddata Llywodraeth Leol, Adnodd Cymorth Comisiynu ar gyfer Plant Director of the Local Government Data Unit, Children Commissioning Support Resource

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

Sarah Bartlett	Dirprwy Glerc Deputy Clerk
Steve Boyce	Gwasanaeth Ymchwil yr Aelodau Members' Research Service
Abigail Phillips	Clerc Clerk
Helen Roberts	Cynghorydd Cyfreithiol Legal Adviser

Dechreuodd y cyfarfod am 9.18 a.m.
The meeting began at 9.18 a.m.

Cyflwyniad, Ymddiheuriadau a Dirprwyon Introduction, Apologies and Substitutions

[1] **Helen Mary Jones:** Bore da, gyfeillion. Ymddiheuraf am yr oedi o ryw bum munud i ganiatáu i bawb gyrraedd. Croesawf yr Aelodau i'r cyfarfod. Atgoffaf bawb fod croeso ichi ddefnyddio'r Gymraeg a'r Saesneg, a bod cyfieithiad o'r Gymraeg i'r Saesneg ar gael drwy ddefnyddio'r clustffonau. Gallwch hefyd ddefnyddio'r clustffonau i'ch helpu i glywed yn well. Gofynnaf i bawb ddiffodd ffonau symudol, 'mwyar duon' ac unrhyw ddyfais electronig arall. Nid yw'n ddigon da i'w tawelu, oherwydd gallant barhau i amharu ar yr offer sain a chyfieithu. Nid ydym yn disgwyl ymarfer tân, felly, os clywn y larwm tân, golyga hynny fod rhywbeth o'i le. Yn hynny o beth, gofynnaf i bawb ddilyn y tywyswyr, a fydd yn dweud wrthym pa allanfeydd i'w defnyddio.

Helen Mary Jones: Good morning, everyone. I apologise for the five-minute delay, but it allowed everyone to arrive. I welcome Members to the meeting. I remind everyone that they are welcome to speak in Welsh and English, and that there is interpretation available from Welsh into English via the headsets. You can also use the headsets for amplification of sound. I ask everyone to switch off mobile phones, BlackBerrys and any other electronic device. It is not good enough to turn them to silent mode, because they can still interfere with the broadcasting and interpretation equipment. We are not expecting a fire alarm, so, if we hear an alarm, it will mean that there is a problem. In that event, I ask you to follow the ushers, who will tell us which exits to use.

[2] Gofynnaf i'r Aelodau yn awr wneud unrhyw ddatganiadau o fuddiannau o dan Reol Sefydlog Rhif 31. Gwelaf nad oes datganiadau.

I now invite Members to make any declarations of interest under Standing Order No. 31. I see that there are no declarations.

9.20 a.m.

[3] Cyn inni symud ymlaen, fe groesawaf Abi Phillips, ein clerc o hyn allan. Bydd Tom Jackson yn ein helpu o hyd gyda'r gwaith sydd ar y gweill a'r adroddiad am osod plant dan ofal. Yr ydym yn croesawu Abi'n fawr ac yn edrych ymlaen at weithio gyda hi.

Before we move on, I welcome Abi Phillips, who will be our clerk from now on. Tom Jackson will help us out with the work that is already ongoing and with the report on placing children into care. We warmly welcome Abi and we look forward to working with her.

[4] Cawsom ymddiheuriadau gan Lynne Neagle, ac yr ydym yn disgwyl Eleanor Burnham mewn munud.

We have received apologies from Lynne Neagle, and we expect Eleanor Burnham any minute.

9.20 a.m.

Ymchwiliad i'r Trefniadau ar gyfer Gosod Plant mewn Gofal Inquiry into Arrangements for the Placement of Children into Care

[5] **Helen Mary Jones:** Croesawn i'r cyfarfod, o Gymdeithas Llywodraeth Leol Cymru, Beverlea Frowen, sy'n ymwelydd cyson â'r pwyllgor hwn. Gyda hi y mae Andrew Stephens, cyfarwyddwr uned ddata llywodraeth leol, a Phillip Franklin, pennaeth technoleg gwybodaeth a chyfathrebu. Diolch

Helen Mary Jones: We welcome to the meeting, from the Welsh Local Government Association, Beverlea Frowen, a regular visitor to this committee. With her is Andrew Stephens, director of the local government data unit, and Phillip Franklin, the head of information and communication technology.

i chi i gyd am ddod.

Thank you all for coming.

[6] Bydd Andrew yn ein harwain drwy'r sesiwn. Rhoddaf sicrwydd i bawb ein bod yn gwybod bod yr offer yn gweithio—bydd y gliniadur, y sgrîn, a phopeth arall yn gweithio. Andrew will lead us through the session. I can assure everyone that we know that the equipment will work—the laptop, the screen and the rest of it will work.

[7] Over to you, Andrew, to talk us through what the three of you are going to do in this session.

[8] **Mr Stephens:** First, we thank the committee for inviting us to talk to you about the children's commissioning support resource system. Bev, Phil and I have been involved in the development and roll-out of the system since its inception. The system itself is, we believe, unique. Now is a pertinent time for us to talk to you, as the system is beginning to reap the benefits of what we discussed at our first meeting several years ago, about whether such a system could be developed for the local authorities of Wales. This is very much a partnership project with the Welsh Assembly Government, and it is proof that local government and central Government can work together effectively to deliver ICT and support systems to bring improvements to local government.

[9] I know that time is limited this morning, so I will not say any more, but hand over to Phil Franklin, the head of systems at the data unit. He has responsibility for hosting the CCSR system and for the staff who support the local authorities in using it.

[10] **Mr Franklin:** Thank you, Andrew. I will go over to the PowerPoint—Andrew has rather stolen my thunder, as I was going to talk about how we are here to represent the operational aspects of CCSR, under which I would classify myself, although Andrew and Bev are both members of the project board and so are able to represent the strategic viewpoint, not that I would not stray into the strategic viewpoint given the opportunity.

[11] A copy of the first slide is contained in one of the two handouts that we have given you. The first handout contains a fuller version of the slide now showing, and the second is a copy of the CCSR annual report. I will refer to the annual report later.

[12] The original of this slide is from a report by Deloitte for the Department for Children, Schools and Families in England. The department reviewed its regional commissioning implementations, and the report was published in November 2008. Those involved included Wales because they knew that we were ahead of the game, and they were very complimentary in the report about what we in Wales had done, to the extent that they included what is in the handout as a page in the report. In several instances, they referred the English regions to Wales as an example of good practice in dealing with commissioning and in implementing a commissioning database. That is the origin of this slide.

[13] The slide contains two references to the CCSR database, and, in view of the time constraints, I am going to focus on the one entitled 'Enter details on CCSR Database for optimum match'. Before that, I am going to represent the provider's viewpoint of CCSR—I have already explained to the Chair that I will be a bit schizophrenic this morning by appearing as both provider and local authority representative.

[14] I will therefore first use a copy of the CCSR system that we have brought along. I wish to stress that we are not connected to the internet. CCSR runs over the public internet using something called the secure socket layer, SSL, to ensure security, which is indicated by the padlock you see at the bottom of your screen. This is a copy of CCSR running on this laptop that contains data that we took from the system in June for demonstration purposes, but

you are going to see, effectively, live data. I assure you that it this is a secure laptop. We take security very seriously around CCSR. Please bear with me while I log in as a provider. The provider I am logging in as is a representative of a real organisation called Pathway Care.

[15] CCSR has the concept of providers, by which we mean provider organisations. Providers operate care settings, which is the terminology we have taken from CSSIW. It is a useful catch-all term to define residential homes, foster care settings and so on—however the provider operates. So, everything is called a care setting, and a care setting may or may not have vacancies. So, what I intend to do in this demonstration is to choose one of the care settings for Pathway Care, by clicking on this tab that you can see. I am not doing it at random, because I want to pick up later on what I am doing here. You can see from this example that it says that there are no vacancies. There is a code for that of '820.LS', which I happen to know is in Tonyrefail. That will be relevant to the search I do later.

[16] I am now going to move from the provider level to the care setting level, so now we are looking at the care settings that the provider has set up on the CCSR system, so that it can record data about it and the services that are operated in the care setting. It can record vacancies against it. I know that it is difficult to see the screen, but it is telling you that the local authority for this care setting is Rhondda Cynon Taf. The registration category is listed as 'fostering service', the registration authority is CSSIW because it is in Wales, and the certificate number, as registered with CSSIW, is on the screen. We have the postcode and location; the postcode is visible only to the provider. Again, we are concerned about the sensitivity of the information, so only the provider sees the postcode. It is operational in searches, but we do not show it to the local authority staff doing a search.

[17] I am now going to demonstrate setting up a vacancy against this particular care setting. The main point of doing this is to show you the ease with which this can be done. You have to key in about four or five pieces of information to set up a vacancy, and it is possible that you may have heard that this is difficult, so I wish to dispel that notion in this session. It is a fairly simple thing to do to set up a vacancy. I will choose a start date from the date picker; I will indicate the accommodation type—I am going to offer 'own room'; I will state that I will take either gender; and I will need to reconfirm how many children I can accommodate in the care setting, because that information is already held against the care setting; and I need to enter a brief description. For the purposes of this demonstration, I will enter a very brief description. That is it, essentially. I can now click on the 'submit' tab, and you will see that this vacancy is now recorded. We have price information there; it puts the standard price that this provider offers at this care setting against the vacancy.

9.30 a.m.

[18] That concludes my demonstration of logging in as a provider. I am now going to log in as a local authority representative. For local authority users, we offered two roles: a commissioner and a resource finder, and we deliberately made those terms generic. A resource finder could be a social worker, a placement officer or an administration person. Sometimes we combine the two roles in one person, but most people who would operate the system within a local authority would be listed as a so-called 'resource finder'. The main purpose of the resource finder is to search the system to find vacancies or care settings that match the requirements for a particular child.

[19] Having entered a vacancy, I will now demonstrate a vacancy search. Many criteria can be applied to the search, and I want to briefly mention one that I will not use here, but which I will talk about later—that is, services. Here is the relevant screen. You can specify particular physical disabilities, learning disabilities, mental health needs, behavioural problems, substance abuse and so on. For instance, if I were interested in locating someone with autistic spectrum disorder, providers can indicate which of four services they offer at a

particular care setting, and the resource finders can search against that. Here are the four categories for ASD. I mention that briefly, but I am afraid that I would need much longer to illustrate that function fully, and I am already concerned that I will go over the 10 minute limit, if I have not done so already.

[20] Let me do the search that I have prepared in advance, so to speak. On this screen, you can choose the provider category. You could be all-inclusive, and choose all of them, which would also bring in internal provision from the local authority—that is an eventual aim of CCSR, to eradicate the distinction between provision from the independent sector and local authorities. It has been described as being the total marketplace in Wales, but we will not look at that here. Alternatively, you can choose to narrow down the provider category, and here we will choose private provision, and I will indicate that I want a foster setting. Moving down the screen—this is a feature that we think is unique to CCSR—I will state that I want to find vacant placements within a certain radius of a specified location. The location that I am using is a council office in Porth, but you could use the child's home postcode if you so chose. I will now kick off the search, and, as you see, the results come back fairly quickly, because we have warmed the system up.

[21] The ICT is not letting me down: I have found 8 vacancies. At the bottom of the list is '820.LS', which is the vacancy that I just keyed in, in Tonyrefail. As you see, resource finders will be able to pick up vacancies as they go on to the system, in real time. There is no delay between a vacancy occurring with a provider and a resource finder being able to find that. You may have heard that there were possible delays in that respect.

[22] Another feature to point out on this screen is that the resource finder has the name and telephone number of the care setting, so they could make an immediate phone call to that agency and ask to talk to someone in more detail about the vacancy. There is no delay imposed by the system; the information is all there, and is brought forward into the vacancies screen so that the resource finder can use it immediately. As I said, I have set up a brief description here, but if I select one of the descriptions previously entered by a provider, you will see the level of information available. Here at the bottom of the screen is the short description:

[23] 'A warm, welcoming, caring couple able to accommodate sibling group of three'.

[24] The full description goes:

[25] 'An enthusiastic couple new to caring. Female is main carer. Very family-centred and child-focused. Fit and active carers who enjoy outdoor activities.'

[26] There are then further notes:

[27] 'Able to accommodate a sibling group of three. Careful matching with carers. Own son born 1996, who stays at weekends, and recent female placement aged 13 years.'

[28] You can see that the providers have the opportunity to enter quite a bit of information, which would enable the resource finders to qualify what they are looking for.

[29] The last thing that I want to show involves taking this to the next level, from being just a search to a list of potential matches. To do that, I have to enter a so-called 'case number'. The case number would normally be something like the identification used on the local authority's social care system. We do not insist on that, but it is quite a useful thing to do. In this case I am not going to do that; I am going to use today's date.

[30] A box has come up asking whether I want to create a potential match list—I will click

on 'yes'. You can see that there are still eight vacancies on the list, but now I have a tick-box on the side, which means that I can add them to the potential match list. I can either add selected items or all of them. Going back down to the bottom of the page, I will choose the one in Tonyrefail—the one that I originally set up when I was the provider—and I will select the one for which I read out the associated text. I then click on 'add selected items to PML'. It now says that the selected items have been saved.

[31] If I now click on 'view PMLs' and enter the case number, it is shown in a documentary format. I stress 'documentary', because you could put it into a print format, print it and send it to a colleague, and possibly to the social worker who has requested the search. You can also email the potential match list to other people within the organisation who might be interested in your work in locating a potential vacancy for the child. It is an area that we are enhancing for the next release of CCSR by making it more integrated. It is currently more optional than we and local authorities would like. There is new functionality in the next release of the CCSR application.

[32] I have now come back to the PowerPoint presentation. I will just log out of CCSR.

[33] **Helen Mary Jones:** Could I just hurry you up a bit, please, as I see that Members already have questions?

[34] **Mr Franklin:** Of course. So, I have demonstrated adding a vacancy as a provider, running a vacancy search and shortlisting, or creating a potential match list.

[35] The last thing that I want to talk about, which goes up a level, is management information. I referred to the handout that I have given you, which is the annual report. On the screen you can see an extract from tables 6 and 7 in the annual report, which relates to the main theme that was emphasised with regard to CCSR when we started, namely trying to look at unmet need. In the annual report we express that, in relation to management information, by asking what people are looking for in searches—we capture all the searches behind the scenes so that we can analyse them—and how that compares with what providers are recording on the database as the services that they offer. The top five are on the screen, and the report has the top 20. We can provide lots of detail. The amount of information that we can provide from CCSR is, potentially, enormous. We have all the information since it started; we can analyse it—I will not say 'in every which way'—and we have considerable scope for providing information about how the system is used. The annual report was made available to everyone who is a stakeholder in CCSR, including providers. We are at the point of moving it away from CCSR and putting it in the public domain to an even greater extent by mounting it on the data unit's website.

[36] As I need to hurry up, we could now move to questions.

9.40 a.m.

[37] **Helen Mary Jones:** Thank you; that is great. Angela has the first question.

[38] **Angela Burns:** Thank you. I would like to drill down into this part of the report a little bit, although you may not be able to answer all of these questions. You very clearly state the five most requested and the five that are available. Does your system log the number of children who do not find the correct match? So, you may have someone who wants a place for someone who, for example, has challenging behaviour or who has absconded. I can see from your other report that there are some places for absconders, but does it log how many people might access the system to look for a placement for a child but who cannot find the correct placement, or does it just say that they have found their placement even if it is not the correct one?

[39] **Mr Franklin:** The answer to the question is that it does record where placements were not found. That will come back with zero hits for a search.

[40] **Angela Burns:** But does it record how many times a child has been squashed into a placement that is not suitable?

[41] **Mr Franklin:** It does not do that, but you have to bear in mind that recording where the child is placed is an optional facility in CCSR. The local authority's social care system is the place where the details of the placement are recorded. We have the information leading up to when they were placed. If they choose to do so, they can record, against the potential match list, which vacancy they took or which care setting they took, but that is not mandatory.

[42] **Angela Burns:** Why is it not mandatory?

[43] **Ms Frowen:** Prior to the CCSR, the Assembly Government, along with local authorities, invested in a care management system called the integrated children's system. This runs alongside CCSR. Placing a child using this system alerts you only to the location of the placement. The assessment—making sure that the placement is of high quality, that the care package is appropriate and is being reviewed and so on—is done by another system in local authorities. A decision was taken upfront right away that the two must not undermine each other. However, at some point in the future, it was obvious that a dialogue was needed about streamlining information systems.

[44] However, we were clear from the beginning that this is not an electronic abdication of local authorities' responsibility to find a really good placement for the child, along with the ongoing assessment and care management. We had a number of problems in the beginning because people thought that it would do everything. That is why it is called CCSR. Those words were chosen very carefully. This is not a central commissioning function through which local authorities have abdicated their responsibility; it is a support resource.

[45] **Angela Burns:** That is good; it is music to my ears, but I am trying to find out whether we could utilise the system to find out where children have been placed inappropriately. The extensive paper submitted by NSPCC Cymru makes the point again and again about the rights of the child and the importance of the child being placed in the correct place. Some of the evidence that we have taken in the course of this inquiry shows—as does your system—that people want placements, but there are not that many of them. Is there any way of using the management information to find out how many children living in Wales needed one particular type of placement but, because this was not available, were put in another kind of placement as it was the nearest match to what they needed? Secondly, does the information that you are now showing go anywhere to someone sensible who might say, 'Oh look, we need more places for those who have absconded'? I am worried that the information does not.

[46] **Mr Stephens:** May I pick up both of those points? First, we encourage the users of the system to put in the most detailed, perfect setting that they want to meet the requirements of that child. So, it may well come up with a zero search. We then ask what placement would be taken next. This could still provide a very reasonable match for that child, but we will be able from that to see how many searches it took to get a match list, which will help us to shape the market.

[47] On your second point about the information, we had to build enough information to talk to providers within the local government community and the provider community. They are very keen to enter into dialogue with us, because they want to shape the market as it is in their interests to meet the placements needs of the children and of the local authority. So, this

type of information is starting to help us to have a dialogue with the provider community, and this information is readily available to the provider community. We have regular provider fora where we can bring this information to the provider community to allow it to have dialogue about it. The market will not change overnight, but we can start to encourage the provider community to start to shape it to meet the needs of local authorities.

[48] **Angela Burns:** Thank you. I was keen to know that answer, because of the mismatch in the final two final points—there is no commonality between them.

[49] **Eleanor Burnham:** I wish we had all day, because that was fantastic. I could ask many different questions, but I know that we do not have much time. I might have missed it earlier, but we have been told about the lack of resources in some local authorities to keep the database up to date. It is crucial to do that, because if the database is not up to date then you can forget it.

[50] My other question is about the training of staff who are searching for the care settings. How available is that training?

[51] The other question, which you might have addressed—I might have missed it earlier—is about the people accessing the system not being the people who need the information. Is that right? In other words, it is not the social worker who wants the information that is doing the searches. How available is the information, and how well-used is the information?

[52] I am quite concerned to hear that there is another information support system. Can you name it, and why is it not integrated? That is a crucial issue, because it seems that there are two very good systems that are providing similar information or data. That worries me, because the systems should have been integrated straight away. We are told that information is not always used and is sometimes bypassed in the commissioning processes, and it is not always used in or available for private care, so—

[53] **Helen Mary Jones:** We will leave it there, Eleanor, because there are so many questions that people will forget them.

[54] **Eleanor Burnham:** In theory, it is fabulous, and I would have loved to have this when I was involved in care for older people back in the good old days.

[55] **Helen Mary Jones:** If Members wish, the WLGA has offered to set up a visit for us in our constituencies to sit down with someone who is using that information in real time for a real purpose. We can then perhaps look at some of the practicalities in more detail by doing that.

[56] **Eleanor Burnham:** I have a final question, with your indulgence, Chair. If a young person has a mixture of needs that are too complicated for one person to be a good match, how do you decide which of those criteria are the most important to match and who decides that?

[57] **Helen Mary Jones:** Okay. We really must leave it there and let people reply. It is a fascinating topic, and I can see why you have so many questions, Eleanor.

[58] **Ms Frowen:** If I take the last question first I can answer a few of the others, because it follows on logically from that why there are different systems and who is accessing the information. The integrated care system, which is the fundamental care system, derived from a very ambitious Assembly Government policy that was in train before the children's commissioning support resource was even built. There was a lot of scepticism about whether

we could make CCSR happen. Fundamentally, you are absolutely right—it is a 22 local authority system. The WLGA, working with the councils, has had to facilitate and enable councils to buy into this. It is no good having 16 councils using this system, because that does not work. Similarly, it is no good having only a third of providers using the system, and the other providers saying, ‘We don’t use that system. They’re still phoning us up at 5 p.m. on a Friday’.

9.50 a.m.

[59] **Eleanor Burnham:** Which I think that we have heard.

[60] **Ms Frowen:** Yes, you will hear that. We are there now, but it has taken a while to get buy-in from the 22 local authorities and that is only because of the strength of the management information to shape the market. As to why we have two systems, I have spoken about the lack of faith, but we are now in a different ball game. We are all looking at streamlined systems and pressure on social services to use people to do what they have been trained to do, namely to be with people, as opposed to filling in forms. There is a real opportunity, in about a year’s time, to have a review of those two systems.

[61] To return to the fundamentals, a placement for a child is one of the most crucial decisions that a social worker makes. It is not the commissioning manager or placement officer, but the social worker who is in charge of that placement. Social workers will do it in consultation with other professionals and so on. They are the people who, at the end of the day, will be given this information, and if there are a couple of potential matches, they have to go and assess them, as they would have done if they were using the Yellow Pages or because they know Mary and that she has been a good foster carer. It is the same process. All that we have done with the children’s commissioning support resource is to make it electronic, systemise it, make it real time and record it, so, for the first time, there is documentary evidence as to why a placement is chosen, as opposed to a social worker saying, ‘Well, we’ve always done it this way’. That is why the two systems are separate.

[62] Different authorities place children in different ways. Some have placement teams, some have integrated teams, and that is why you need different resources. We have not imposed a system that must be run in the same way in the 22 local authorities. All that we have done is to reflect how local authorities deal with placements. However they do it, the placement of the child is ultimately a decision for the social worker, and that goes into the assessment case management process.

[63] **Eleanor Burnham:** On that—

[64] **Helen Mary Jones:** I am sorry, Eleanor, but I need to bring Chris in.

[65] **Mr Stephens:** I wish to pick up two things. On the point about resources to keep the system up to date, with external placements, that is, placement with a private provider, which all authorities are now doing, no resource is needed in the authority to keep the system up to date, because the system is kept up to date by the providers and by us. Working with the inspectorate, we put all the providers on the system and the providers maintain their vacancies. So, the authority has to use the system to find a match, but it does not have to update the system, because it does not keep any information on there to update. If the authority is using it for its internal provision, that is, its own placements in foster care and its own residential care settings, it needs to keep that information up to date. However, I would argue that it would need to keep that up to date somewhere anyway.

[66] I want to pick up on the training support. From day one, there has been a support team in place—we have looked at the resources needed for that—with someone at the end of

a telephone as part of a dedicated team to answer queries and deal with the quick training needs, both for the providers who need to put information on the system and for the users of the system. We have also had an embedding programme. We are out and about with authorities at provider fora and the like, asking, 'Do you need any help? Do you need us to come out and talk to you?' It could be talking to them about how they use the system, but more often than not, it is also a matter of, 'Can you tell me a little about how other authorities are using it? How do we build that into our processes to make it more effective, so that it is used as a matter of course?' We intended to reduce the level of support after year one or year two, but we have not; we have maintained it. In the data unit, down the road, two people are at the end of the phone for any member of any local authority to call and ask for telephone training on how to use that system there and then. As I said, we run provider fora and local authority fora, so we bring authorities together. We hold them regionally; we hold three, probably twice a year, so we bring together all the local authority users and they can feed into the updates and enhancements to the system and we also hear about any problems and follow that up with training. So I would argue that the support that they get is very comprehensive.

[67] **Christine Chapman:** Following on from that, one of the concerns that I had when you did the presentation was that in any system you will always have people who will start to identify the best ways and best information. No-one is going to provide bad information about themselves. My concern is that there is enough support for providers who may not be as good as other providers in putting in information. I have had some reassurances, but I was concerned that if this is the only tool we would miss out on the human contact and the commonsense approach, which Angela has mentioned. Do you see the point that I am making? When we have boxes to tick, people will start to do that and they get very tunnel-visioned. There is a danger that people could be tunnel-visioned and we could lose out on the human contact and the commonsense judgments that professionals make. So, it is just a matter of having reassurances that this system will not lose out on that.

[68] **Ms Frowen:** Dehumanise?

[69] **Christine Chapman:** Yes.

[70] **Mr Franklin:** Something that we were unable to demonstrate is the document management system, which means that we would take documents from each provider, potentially at care setting level, and we would want, as a minimum, their statement of purpose and their inspection reports. We will take any marketing collaterals that they have and we will make that available so that resource finders can view that as part of their consideration of each particular vacancy. I suspect that all providers will have something like that. So, they will not lose out, providing that they can make the information available to us for uploading into the document library. That is the main way in which we would supplement the information that is on the system.

[71] **Ms Frowen:** The system does not replace dialogue between commissioners and providers. I do not want you to think that. The reason why we have not had that dialogue in the past is that commissioners have not had the information to sit down and talk in an informed way with providers collectively. The dialogue is now happening because several directors of social services that send children to the same provider are coming together, using this information. They are having a sensible dialogue now with the providers about what their needs are, what the providers are providing, and how they can shape the market together. That simply did not happen two or three years ago. We have numerous examples now where meetings are taking place. They are using the data and they are starting to shape the market. For example, previously you would have had five local authorities placing children in the same home and all paying different rates for different outcomes. Now they are sitting down together and agreeing standardised rates, upping the outcomes and having regular quarterly meetings with the providers. All that the system has started to do is to give commissioners

and providers a mechanism to use information about trend and matching need.

[72] **Christine Chapman:** When budgets are tight and when time is tight, sometimes there is a tendency to concentrate on the main priority, which could be the system, if this dialogue is not taking place. I just want the assurance that this will be normal practice for the new people coming into the system. Those other conversations and that human contact must also be there.

[73] **Mr Stephens:** We were talking about the work that south-east Wales has done as a consortium, and I think that it is fair to say that it has used the system to really engage with the providers in a way that it has not been able to do so before. It has been able to say to them, 'We know exactly how many placements you have across south-east Wales that we are making with you, we know the sorts of needs that we have and where they are not being met; and we have a picture of needs that we might need to prioritise, so can we talk to you about that? Also, can we talk to you about money?' On engaging with the providers, it has been an invaluable tool for doing that.

10.00 a.m.

[74] You will get some providers who say, 'This is not helping me'. We have also had providers coming to the data unit saying, 'Help us to use this system because we are not getting the number of placements from local authorities that we used to get.'. We have talked to them and asked them how they are using the system, and they are using it perfectly correctly. They are putting the vacancies onto the system, but those vacancies are still being filled by other providers that local authorities did not know about because they were still using vacancies provided by people whom they had always used. They can now find a better match for the child. So, I have had to say to providers, 'Yes, you are using the system correctly and the same number of placements is being made, but you are not getting some of those.' I hope that that will encourage them to have this dialogue as a group and ask, 'How do we better meet what you need?'.

[75] **Eleanor Burnham:** May I come in on that, Chair?

[76] **Helen Mary Jones:** Briefly please, because I have one question that I would like to ask.

[77] **Eleanor Burnham:** You did not answer a very important question. The people who are using this are not the social workers who want the placement. The social worker is not the one who is looking at all of these issues.

[78] **Helen Mary Jones:** I think that what Beverlea said was that different authorities do different things—sometimes this might be done by a placement team and sometimes it might be done by the child's social worker. Is that right?

[79] **Ms Frowen:** It varies across Wales. The important thing is that the information is then passed to the social worker.

[80] **Eleanor Burnham:** Yes, but that is the issue. There could be a gap between the social worker and all of the issues to which Christine has just alluded and the actual provider of the data. That is a human issue.

[81] **Mr Stephens:** There would be no difference—the same people are using the system, namely those who have always phoned the residential care settings. So, the system has not changed that practice. The person in your local authority who would normally have made that call now uses the system to get a potential list. So, I would say that it has not changed.

[82] **Ms Frowen:** Those people will have more, and they will now have a print out of seven. We have loads of examples of placement officers and social workers saying, ‘We have just matched a child with a provider that we did not even know existed’.

[83] **Helen Mary Jones:** I have one brief question to end. One motivation behind creating the commissioning resource was to try to reduce out-of-county and out-of-country placements. Beverlea will remember that I was one of the people who was sceptical about whether you would ever get all 22 local authorities to sign up to it, so I think that it is an achievement in itself that you have been able to do that. Can the system give us any evidence on whether by using this resource counties have managed to reduce those very long-distance placements or would this not be where that information would be gathered?

[84] **Ms Frowen:** I think that a combination of systems would give you that evidence, but that is clearly being tracked now. As I said, there is a myth that a lot of Welsh children are being placed at excessively long distances—that is not true. However, there is, between systems, the ability for us to have a look at that. That is certainly part of the management of information that the Welsh Assembly Government is very interested in looking at, because it has never had this information either—even something as basic as this report and the map of where provision was across Wales. I know that everything always leads to another question, does it not? However, when you think how basic the system was a couple of years ago, when people could not even tell you that there were 3,800 care settings in Wales, and yet we are spending £140 million a year on just under 4,000 children. That amount has just gone over £140 million in totality for looked-after children. We need that information to shape services collectively. So, we have to remember where we have come from over the last three or four years.

[85] **Helen Mary Jones:** I know that Members have other questions and this has been a useful session, but I have to bring it to a close. I thank all three of you very much. It has been very helpful. I sense from Members that they would be potentially interested in taking up the opportunity to visit you, so I will ask the clerking team to get in touch with you. That may be something that they can do to keep them entertained over the Christmas recess.

[86] **Eleanor Burnham:** Could we have a choice of local authority because of my huge region. I could visit all of them, could I not?

[87] **Helen Mary Jones:** If you wanted to specify a particular local authority, I am sure that that could be arranged. I thank you all very much. It will take a minute to disconnect your laptop.

[88] **Ms Frowen:** If we could have a list of the questions that you asked today, we could also ensure that you have written answers for some of the ones that we did not manage to answer. Eleanor Burnham had nine questions—

[89] **Eleanor Burnham:** Did I?

[90] **Helen Mary Jones:** You did, and I kept trying to stop you.

[91] **Ms Frowen:** But now that you have asked them, if you send them to us we will ensure that we provide a written response.

[92] **Helen Mary Jones:** We will look at the transcript, and if any questions have not been answered, we will send them to you.

[93] We can now bring in the witnesses from the National Society for the Prevention of

Cruelty to Children Cymru. Bore da; good morning. I welcome to our meeting Colette Limbrick—I hope that I have pronounced your name properly—who is the assistant director of NSPCC Cymru, and Simon Jones, who is the policy and public affairs manager. I thank you for your paper, which we have already found useful. As you have given us so much information already, we would like to go straight into questions, if that is okay with you.

[94] The first question is from me. Based on the experience of NSPCC Cymru, what do children and young people themselves say are the most important elements of an effective system for placing looked-after children in care?

[95] **Mr Jones:** I will start by thanking you for inviting us to give oral evidence this morning. We provide advocacy to six local authorities across south and west Wales, and that is predominantly where our experience of the care system comes from, and where the children whose words we will use today come from. On the ideal system, it is worth referring to our written evidence and the work that some of our young people did on confidentiality. They came up with six principles for what they wanted professionals and services to look like: to be open and honest; to listen to their views and respect them; to act on their wishes and sort out their problems; to believe in them; to support them rather than work against them; and to believe in their potential. These are the voices of our young people, who have been through the care system and have had advocacy from us, and I think that these are six founding principles that the care system should be based on.

[96] Unfortunately, we still have situations where young people are moved from one placement to another at very short notice—it is sometimes a week, sometimes a day. That lack of stability can lead to a lack of emotional attachment, and that in turn can lead to further difficulty with placements. Sometimes the relationships between the young people in the care system and the social workers can be difficult. The young people indicate to us that there is sometimes a lack of time for them, and having several social workers in their lives makes it difficult for them to feel any permanency in that relationship. There are crucial issues therefore around the workforce. That is not without recognising the pressures on front-line workers; one of our managers yesterday described the placements as a ‘scarce resource’. We need to recognise that, and appreciate that when social workers make decisions, they are based on risk, and they are sometimes making very difficult decisions. Not only do we need to get better at encouraging young people to participate, but, to use a phrase that is popular in NSPCC—where we have moved away from talking of ‘participation’—we need ‘involvement’. That means an all-encompassing approach to involving the young person in the system rather than just letting them participate, which might mean no more than letting them have their say. How do we get young people into the heart of the system to influence and make those decisions and choices?

[97] **Helen Mary Jones:** Thank you. Would you like to add anything, Ms Limbrick?

10.10 a.m.

[98] **Ms Limbrick:** Yes, please. One of the key points that young people make to us is about having an element of choice, and we recognise that many placements are arranged on an emergency basis, and that they cannot be planned and necessarily be well thought out. However, young people are often placed out of their area, which means that there is no continuity with regard to their education and social networks, and they are away from family and friends. More and more, we hear young people saying to us, ‘We would like to have some choice.’ We recognise that there will always be tension between protecting the child’s best interests and having to place them outside of the family, but we need to get better at ensuring that children are not just told where they are going but are at least able to voice their wishes and desires, for example to live in a particular area or to remain in education.

[99] **Christine Chapman:** I want to ask you some questions on the rights of the child. You emphasise the importance of the United Nations Convention on the Rights of the Child, and highlight the observations made by the United Nations Committee on the Rights of the Child in the report that was facilitated by the UNCRC monitoring group in Wales. What are the implications for the placement of looked-after children of the UNCRC? How should services be improved to meet them?

[100] **Mr Jones:** This goes back to founding principles. The Assembly Government is to be congratulated on making the convention the basis for all its policy on children. We now need to see that moving from being only rhetoric that says, 'We are committed to the convention,' to seeing what that means for front-line practice on the ground—not only for children and young people, but for social workers, GPs and teachers who are working to a children's rights agenda. There is a lot of work to be done on that. Some professionals may feel a little intimidated by the convention and what it means, but they are working in that way every day, in respect of the best interest principle and so on. So, they are using the convention, but we need to be a bit bolder with regard to what it means.

[101] On what it means for children and young people in care, it is about protecting them from certain experiences, protecting their best interests, and about ensuring that they can reach their goals. One thing that came out strongly when you came to visit, Chris, was the fact that the young people were saying clearly, 'I have goals in my life. There are things that I want to do.' Whatever that might be, whether going to university, doing an apprenticeship or anything else, the care system should be facilitating those people to reach their goals, and asking, 'What do you want?'. As Collette said, placement choice and other issues are big issues, but the system should be based on the right of the child to be cared for, to be supported and to achieve their goals. At the moment, the system is something that happens to some young people. They are put in care; they are not involved in either the placement or the mechanism, and their views are not coming across. So, it is not about just saying, 'Yes, we are committed to the convention;' it is now about investigating what that means in practice and putting it into practice. There is a wealth of material out there. The Assembly Government's children's rights action plan, which it launched last Friday, is a massive step forward in recognition of that. However, we need to see delivery as soon as possible, if not by the time the UK state party goes back to Geneva.

[102] **Christine Chapman:** You raise the issue of advocacy provision and the independent visitor service for looked-after children. What is the role of each of those services, and are they available to all looked-after children in Wales?

[103] **Ms Limbrick:** In respect of the advocacy service, the role of the advocate is to empower the child or young person to have a voice. That may involve speaking on behalf of the child, or perhaps supporting the child to be able to say what the child wants to say. At a low level, we would see advocates supporting children and young people in looked-after review meetings and in planning meetings, enabling that young person to say what their wishes and feelings are, and, in some instances, perhaps complaining about services and to seek resolution.

[104] Some of the NSPCC advocates are working with hugely complex cases, and are advocating for children who perhaps want to move from a placement or who want to oppose plans to return them to their families. They may be supporting children who are placed out of their area to bring them back into that area, or they may be advocating on behalf of children with complex needs, for example those with learning disabilities, other disabilities, or with medical conditions, to ensure that they get proper medical support and that their complex needs can be met in their locality. We must recognise that there is a paucity of resources for children with complex needs and, often, advocates can support them in getting their needs met locally.

[105] The independent visitor is someone who establishes what we would hope would be a long-term relationship with a child. They may do some low-level advocacy on their behalf, but they are there to befriend them and to be someone who is outside of statutory systems, someone who will support that young person, perhaps by taking them out, doing nice things with them and listening to them. It is very much a befriending role, but an important part of that role is raising any safeguarding concerns and ensuring that, if children are unhappy, they pass those concerns on, either to the advocate or to the statutory agencies.

[106] We provide six local authorities with advocacy services, which is in statute for looked-after children and children in need, although we do not provide for children in need in all of those authorities. The independent visitor service is not provided in all of those authorities; some may have other arrangements. I am not sure whether I can give you a factual answer as to whether that service is provided across Wales. However, it is not provided for the number of children that one would expect it to be. In one authority, we provide for up to 15 children, and when you consider the number of looked-after children in that authority, that is a very low number. Children and young people tell us that it is a hugely valuable service to them and that they value having a consistent person in their life who is not there to make decisions on their behalf, to tell them what to do or is responsible for things that they are unhappy with.

[107] **Helen Mary Jones:** I remind Members and witnesses that we are pressed for time, so I ask Members to be as succinct as they can in their questions and for you to be as succinct as you can with your answers, which I know is difficult to do, because this is a complex area.

[108] **Angela Burns:** Thank you very much for your paper. First, I would like to clarify your statement that you believe that there is a greater need for placements because that is not altogether borne out by the data that we have received from the local government data unit. Looking at the data across last year and this year, it looks as if the number of case management files opened by local authorities is about the same. There are differing monthly fluctuations, of course. You say in your paper that you are becoming increasingly concerned about the upward trend in the number of children and young people placed in care. How do you substantiate that?

[109] **Mr Jones:** What we have seen from the figures is a year-on-year increase. There was a slight dip last year, but the CSSIW report on the latest statistics shows another slight increase. I met with a fostering network a couple of weeks ago to talk about placement choice and what our young people were saying. Choice is not about having the maximum number of foster carers who can immediately meet all the children's needs, you need something extra on top of that for there to be choice. We have also experienced situations—

[110] **Angela Burns:** I am sorry to interrupt you. I understand that question and that view, but that is not what your paper said. Your paper said that there is an increasing trend in the number of children requiring placements, and I wanted to quantify that. Are we talking about 10, 100 or 2,000?

[111] **Mr Jones:** The latest figure that I have on looked-after children is for March 2009 from CSSIW, and that is 4,704, which shows a 1.5 per cent increase. We also know that CAFcASS is seeing an increase in the workload in this area. In our evidence, we were pointing in the direction of saying that we are seeing more cases and that we need to plan for that now. We also need to look at the underlying reasons why these numbers are increasing. For several years, I have seen these numbers increase and tried to find out why. No-one seems sure why we have an increasing trend of children and young people in care. So, that is why the crucial point in our evidence is directing us to look into the future.

[112] **Angela Burns:** Do you think that the increase that we have seen is to do with high-profile cases, such as baby P? Do you think that that has had an effect?

[113] **Mr Jones:** It could well have. I know from colleagues in England that there has been that kind of peak after high-profile cases—putting the baby Peter case to one side, we have had high-profile cases in Wales.

10.20 a.m.

[114] There is a focusing of minds after those cases. This is about keeping that focus of mind consistent and not just a case of everyone now finding the answer and ensuring that we are shipshape and that everything is working; we need to do that throughout the period.

[115] **Angela Burns:** Everyone wants more resources and if we are going to provide choice, we will need an awful lot more resources. However, we cannot have all of the resources that we want. If you could have one or two resources to put into this, what would those be because you talk about that quite a lot in your paper?

[116] **Mr Jones:** There are primarily two issues. There is the resourcing for the front-line workers to ensure that they are supported and that there is sufficient experience there. Experienced practitioners want to stay in front-line work and a lot of work is being done on that. Colette mentioned independent visiting and that can play a crucial role in settling young people into placements. If they are uncomfortable with a placement, but have a friend or someone to talk to about it, that can help to settle them, particularly if their social structure has been disjointed by where they have been placed. Those are two issues that require resources. We are in tough financial times and they may well last for a long period, but we must ensure that those basic principles are in place.

[117] **Eleanor Burnham:** Yn gyntaf, mae tipyn o wahaniaeth o ran nifer y plant sy'n derbyn gofal. Er enghraifft, bu ichi sôn am 4,700, ond dywedodd Beverlea Frowen yn gynharach mai dim ond 4,000 o blant a oedd mewn gofal. Mae hwnnw'n wahaniaeth syfrdanol.

Eleanor Burnham: First, there is quite a difference in the number of children who are cared for. For example, you mentioned 4,700, but Beverlea Frowen said earlier that only 4,000 children were in care. That is a substantial difference.

[118] **Helen Mary Jones:** Mae'r gwahaniaeth rhwng y plant a osodir yn gyfan gwbl mewn gofal, sef y ffigur y mae'r Gymdeithas Cenedlaethol er Atal Creulondeb i Blant yn ei ddyfynnu, a'r plant sy'n defnyddio'r system—

Helen Mary Jones: The difference is between all of the children who are put in care, namely the figure quoted by the National Society for the Prevention of Cruelty to Children, and the children who use the system—

[119] **Eleanor Burnham:** Yr wyf am ddangos ichi fy mod i dal yma—

Eleanor Burnham: I want to show you that I am still here—

[120] **Helen Mary Jones:** A'ch bod wedi gwneud eich gwaith cartref.

Helen Mary Jones: And that you have done your homework.

[121] **Eleanor Burnham:** Soniasoch am y pryderon ynghylch gallu staff rheng flaen i ymdopi'n effeithiol â baich gwaith cynyddol a'r gofyniad i ddarparu gwasanaeth sy'n canolbwyntio ar y plentyn. Sut y mae hwnnw'n effeithio ar y gwasanaeth ar hyn o

Eleanor Burnham: You expressed concerns about the capacity of front-line staff to cope effectively with an increasing workload and the requirement to provide a child-centred service. How does that currently affect the service?

bryd?

[122] **Ms Limbrick:** One tension with front-line services is that we have an inexperienced workforce with high caseloads; there is also a high turnover of newly qualified staff. As we see caseloads increasing, the time spent directly with children and young people becomes less and less. The role of the social worker has changed dramatically over the years. They are now case managers rather than working directly with children and families. Therefore, much of the work that they would have done is now put out or outsourced. That means that social workers are no longer spending the time directly with children. So, they do not understand or hear what children say and the role of the social worker is to work more with the family to try to resolve the issues that have led to the child going into care; perhaps the child is then left and their needs are not concentrated on. So, those things that are aspirational and that we would expect the social worker to support and drive forwards for the child are not happening in the way that they used to.

[123] **Eleanor Burnham:** I ba raddau y mae'r pwysau hwn yn egluro'r trosiant uchel o staff gwaith cymdeithasol mewn rhai meysydd a beth y dylid ei wneud i roi sylw i'r broblem yn eich barn broffesiynol chi? **Eleanor Burnham:** To what extent do these pressures explain the high turnover of staff in social work in some areas and what, in your professional opinion, needs to be done to address this problem?

[124] **Ms Limbrick:** Much work has been done to try to raise the profile of social work and to improve its professional status. Social workers often have to deal with a huge backlash; high-profile inquiries such as baby P and similar cases in Wales—there are a number that we are aware of—lead to social workers being scapegoated. More needs to be done to support them on the front line in doing what is a difficult job. We are aware of teams where managers are managing large numbers of social workers; such teams are dealing with high-risk situations and are having to make rapid decisions. The front-line workforce is insufficiently experienced to make those decisions and they are falling more and more to managers, who perhaps do not have the in-depth knowledge of that child and that particular case. In my professional opinion, we need to do more to shore up front-line workers and to better equip them in respect of their assessment skills, analytical skills and their ability to make decisions that are based on a proper and good assessment of the situations and the risks.

[125] **Eleanor Burnham:** So—

[126] **Helen Mary Jones:** Mae'n ddrwg gennyf, Eleanor, rhaid inni symud ymlaen. **Helen Mary Jones:** I am sorry, Eleanor, we have to move on.

[127] **Eleanor Burnham:** Yes. That is what I am doing. I have—

[128] **Helen Mary Jones:** Mae gan Chris gwestiwn. **Helen Mary Jones:** Chris has a question.

[129] **Eleanor Burnham:** I am sorry.

[130] **Christine Chapman:** What work is needed to increase the capacity of foster carers to provide a range of placements and to meet the particular needs of, for example, disabled children, those from black and minority ethnic backgrounds, or unaccompanied asylum seekers?

[131] **Mr Jones:** Those are issues that everyone recognises. There is sometimes a dearth of foster-caring places for those who are vulnerable or who have specific needs. To add another vulnerable group to those that you have mentioned, young people who display sexually harmful behaviour—I believe that Barnardo's touched on that as well—have specific needs,

need specific support, and need foster carers who are trained and able to provide it. Anecdotally, we still hear of situations in which foster carers do not get all the information about a young person, their behaviour or what has happened to them. That puts them in a vulnerable position. So, it is crucial that, alongside developing a bigger pool of foster carers, we make sure that there are specialist placements, that foster carers are trained, supported, and that they are confident and empowered to deal with some of the issues in these young people's lives, which can be incredibly difficult.

[132] **Eleanor Burnham:** Gan symud ymlaen yn naturiol o'r cwestiwn diwethaf, a ddylai gofalwyr maeth gael eu hystyried yn rhan o'r gweithlu plant? A ddylid proffesiynoleiddio'r gwaith, ynteu a fyddai hynny'n tanseilio'u rôl unigryw?

Eleanor Burnham: To move on naturally from the previous question, should foster carers be considered as part of the children's workforce? Should the role be professionalized, or would that undermine their unique role?

[133] **Mr Jones:** Foster carers do play an important role. We need to find some balance by bringing in young people's views in relation to someone being paid to care for them, and that is the role that independent visiting can fulfil. One thing that young people say that they appreciate about independent visiting is that the person who is visiting is a volunteer and is not necessarily paid to befriend them. We need to make sure that we are sensitive and sensible about that balance in respect of what young people feel. Foster carers play an absolutely critical role in these young people's lives. They should be involved, they should have the information, and they have a view on how the young people are developing. They should have the ability to make decisions; some things are rightly decided by the social worker or the social services teams, who are corporate parents of that young person, but others can be decided at a much lower level by the foster carer, which would give normality to that young person's life. It is also about what the young person needs.

[134] **Angela Burns:** In your paper, you raise concerns about the checks that have been carried out on foster carers and other carers of children under the Safeguarding Vulnerable Groups Act 2006. I was surprised about that. Could you expand on that?

[135] **Mr Jones:** The Safeguarding Vulnerable Groups Act 2006 came into force in October of this year. It is an incredibly complicated piece of legislation and it creates huge challenges across workforces in making sure that foster carers are checked and that all departments are up to speed with the new regulations and guidance. We were concerned as to whether that information has got out, whether it was being put in place and, if so, about the speed at which it was being put in place. Again, that is another marker for the future, as it will have to be recognised that the Act will have an impact on the bureaucracy associated with getting all the checks done. So, we need to have a strategy in place for pushing this forward and making sure—

[136] **Angela Burns:** Do you have concerns that that is not happening?

[137] **Mr Jones:** It is happening. How it is to be rolled forward is something that is being developed. It is a vast piece of legislation, which is there to protect children and to prevent unsuitable people from having access to children or, potentially, abusing them. We are very supportive of it, but there needs to be a little more clarity as to how it will be taken forward, as well as more clarity to ensure that timescales are in place for delivering it, so that we do not lose foster carers along the way.

[138] **Christine Chapman:** I have a question on private fostering. You refer to a recent CCSIW report on private fostering in Wales. What are your concerns about private fostering and what actions are needed by the Welsh Government to address them?

10.30 a.m.

[139] **Mr Jones:** We had written the evidence, but we then put that in at the last minute. We realise that it is on the outer limits of the committee's inquiry, but I felt that the findings from the inspectorate's report were quite concerning. The numbers were not huge, but, once again, that tells us that notification may not be taking place.

[140] The report states that some of these children were very vulnerable and questioned whether they should be in private fostering arrangements or in voluntary care arrangements under section 20. To us, it felt like an area where some progress had been made in some places and not so much progress made in others. The biggest concern was whether these children were suitable for private fostering arrangements. We know from some of our young people that, before they come into the formal care system, they have been shunted around family members who had been trying to deal with their behaviour. That can increase their ability to feel comfortable in a placement, because they might already have been through three or four settings before going in. So, it is important that we nail down the private fostering. There are regulations, which we need to ensure are in place. CSSIW's report is a crucial starting point to ensure that authorities are following the regulations and that we are identifying that children who are privately fostered are safe and that it is an appropriate form of care for them.

[141] **Helen Mary Jones:** I will ask the last question, which might be rather difficult to answer. You know the process: we will make recommendations to the Government of Wales regarding how some of the issues should be addressed. Could you pick out one specific recommendation that you would like the committee to make—one that you would like us to prioritise—concerning the placement of looked-after children and young people? You have made several suggestions, but if you could choose only one of those, which would it be?

[142] **Mr Jones:** I always dread this question.

[143] **Helen Mary Jones:** You always know that it is coming.

[144] **Mr Jones:** I do. We have to get the involvement of children and young people right. We are still seeing situations where children are not being involved in the choices made about their placement and in the choices made about moving them. I find it astounding that young people tell us that they are told, 'You are moving somewhere else next week'. We also need to recognise that, if we involve children and young people, we will get a better understanding of their placements. Last Monday, some of the young people were saying that they wanted to be in residential care. They were much older and wanted to be prepared for independent living. They did not want someone acting as their mum or dad; they said quite clearly that they have a mum or dad. With residential care, staff were there to ensure that they were safe and they let them get on with it. That shows that no two young people are the same. We have to involve them, get it right and make it genuine. It is also about a cultural change within the service to make it genuine and to embed it. If we do this, I am confident that we will get better placements.

[145] **Ms Limbrick:** It is about having a range of options, not about having one thing thrown out, such as residential care.

[146] **Helen Mary Jones:** Thank you both for your evidence and for the paper. We look forward to hearing your response to the report once we have prepared it. Diolch yn fawr.

[147] We welcome Dr Carolyn Sampeys, a community paediatrician and a named doctor for adoption, fostering and looked-after children with the Cardiff and Vale University Local Health Board. Thank you for coming and for providing evidence. We will move straight into

questions, if that is okay with you. I will begin. Can you outline for the committee, for the record, the work that you and your teams undertake with looked-after children and highlight some of the key health issues affecting looked-after children?

[148] **Dr Sampeys:** That is quite a big question, is it not? [*Laughter.*]

[149] **Helen Mary Jones:** Yes, I am afraid so.

[150] **Dr Sampeys:** I will try to keep on task. I manage the service for, among other things, looked-after children in Cardiff and the Vale of Glamorgan. We have a range of specialists—paediatricians, nurses and administrative staff. We provide statutory health assessments on looked-after children, which are every six months for children under the age of five, every year for children over the age of five, or more frequently if they need it.

[151] We use our community paediatricians, in the main, to see the children who are under school age, so children up to the age of five. We feel that that is beneficial because they can carry out a developmental assessment at the same time. We use our generic health visitors for children between the ages of three and five and they alternate their health assessments with the paediatricians. For children over the age of five, in the Vale, we have nurse-led health assessments. The nurses see the looked-after children in their foster homes or wherever they want to be seen: if they want to be seen in school or at home, that is fine; if they just want to have a sit down on a park bench and have a chat, that is fine too. They carry out the health assessments. I will come back to that.

[152] In Cardiff, we have specialist nurses for looked-after children and they carry out the health assessments. Unfortunately, we do not have enough nurses, so they only see children who are over the age of 11. In Cardiff, children under the age of 11 still see our paediatricians, which might seem to some to be a good service—and it is a good service—but we know that the children want to see a nurse. They do not want to see a doctor; they do not want to be medicalised. They would much rather see a nurse at a time and a place that suits them, rather than go to a health centre or clinic to see their GP or a paediatrician. So, we would like to expand our service to improve on that.

[153] The nurses have been in post for seven or eight years, as you know from my paper, with only one change in the nursing staff. The fantastic thing about the nurses is that they are flexible and they give the children what they want. They empower the children and young people to access health services, whether that is registering with a GP or changing their GP, if they are not happy, registering with a dentist, accessing the optician or going to the family planning clinic or the genito-urinary medicine clinic. They will take them there if they wish, but the ultimate aim will be for them to be able to access those services when they leave care. The other part of the nurses' role is to provide help, support and advice to the foster carers and the social workers. The health promotion element can come from all angles, not just from direct work with the child or the young person.

[154] **Helen Mary Jones:** May I very briefly follow that up and ask about some of the key health issues that the nurses and the paediatricians identify when working with looked-after children? Again, I should think that that is a big question.

[155] **Dr Sampeys:** Historically, and in all the papers that you will read, the health outcomes for looked-after children are poorer than those for the general population. There are lots of reasons for that. I do not think that being in care is the only reason that that happens; it is because of the reasons that they came into care. They will have had a lot of missed appointments, such as the routine checks that all babies have with their health visitor, going on to routine immunisations, and accessing the school nurse and so on. A lot of our children will have missed out on that. For example, if you have a child with persistent ear problems

and the parent is not able, for whatever reason, to follow that up and that child misses the audio clinic appointment, there are certain things that may then happen in relation to the ears and the hearing from a health point of view, but also as regards education and social outcomes, because that child will not be paying attention and will be being naughty.

[156] When children come into care, we often have to do a catch-up on immunisations and developmental assessments. Children who have been followed up under child protection procedures will probably have been followed up on a regular basis anyway. A lot of our children come into care with dental caries; something simple like cleaning their teeth twice a day is not prioritised before they come into care. These are all things that the children have to learn on their own—they have to learn that it is important to take care of themselves.

10.40 a.m.

[157] We know that the health outcomes in general have not been good for looked-after children. Unfortunately, we know that, historically, uptake of health assessments for looked-after children has been poor. The national figures showed that only 50 per cent of looked-after children were attending their health assessments. Our figures were a little better if you looked at the whole group of children in Cardiff and the Vale, but in our worst groups the uptake was pretty poor. Before the nurses came into post, we did a baseline audit of the particular groups that we were concerned about, such as children in residential units, and the children with what used to be called band 3 foster carers—harder-to-place children—and we managed to get the uptake from 36 per cent in that worst group to just under 90 per cent; the uptake figure is now more than 90 per cent. In the Vale, uptake among children aged over 11 used to be 46 per cent, particularly for older children, but it is now in the 95 to 98 per cent range. It does not mean that health outcomes for those children will be better, but it means that they have an interface—someone with whom they can talk about their health issues. So, I would like to think that that means that those outcomes will be better.

[158] **Helen Mary Jones:** At least they are in with a chance.

[159] **Angela Burns:** Thank you for your paper—it was a refreshing delight to read a brief paper that was full of quality. You make your case very clearly, and you have answered most of the questions that I was going to ask, but I wish to explore one area. I understand the benefit that it would bring to looked-after children if we could have dedicated community nurses and paediatricians for them. However, in our strained financial times, I worry about the rest of the general population. If you take away most of that general population, you are left with those whose children might go into care at some point, or who might be under the auspices of Flying Start or in a Communities First area, where the children are not in care. There might not be anything wrong with the love that the parents display to their children or what they are trying to do, but as parents they might not have the capability or facility to do some of the things that you are talking about with regard to how to bring their children through the health system. So, if we had dedicated community paediatricians for looked-after children, and the rest of the population go to their GPs—as they normally do—I am worried about the gap and what would cover the rest of the population. Would your concept of community paediatrician not be better if it also covered those people? Otherwise, we will need two paediatricians, and we do not have the money for two—we do not have the money for one of them, half the time.

[160] **Dr Sampeys:** That is quite a difficult question. As community paediatricians, we feel that our role is with all children, particularly children in need. There are many more children in need than looked-after children, and it would be fantastic to have a service that covered not only the looked-after children, but also the children in need, or to ensure that they had the services that they need. If a child needs any particular service of a community paediatrician, that service will be provided. Younger children have access to a generic health visitor, and

children in the Flying Start or Sure Start areas have access to more than just their generic health visitor. The close working relationship between the health visitors and the paediatricians means that those children should be fast-tracked. I would not be very happy if money is taken away from one pot—I would like you to provide more money to do it all. However, all children, whether it is a child living at home, a child where we are concerned about the parenting, or a child where we know that the parenting is great but that the child has needs, should have access to and should be seen by a community paediatrician, as and when they are needed. The specialist nurse role may not have that particular input, but arguably, if looked-after children have the support of others, it means that they have someone who can fight for their corner a little more, which is what they need. Many of our looked-after children feel that the only consistent person in their care history has been their specialist nurse. They have seen umpteen changes of foster carer—because of their behaviour, which just gets worse and into a bit of a spiral—and of social worker. However, the nurse has been a constant. Despite the fact that those nurses' caseloads are full to bursting given the number of children, they will try hard to make contact by telephone, or by texting, which is a great thing among the kids.

[161] I would not want to rob Peter to pay Paul, but our looked-after children have a specific need because, in most cases, we have taken them away from their birth family because we do not think that their birth family can give them what they should be getting. If we cannot provide them with something that is definitely better, then we are not doing our job.

[162] **Angela Burns:** You talk about robbing Peter to pay Paul, but reading your paper, it is clear that you have been robbed, have you not? Have you not lost some of your funding?

[163] **Dr Sampeys:** We have lost around half of our funding in the Vale of Glamorgan, but we still provide a better service in the Vale than we do in Cardiff, where we are not able to see the children whom we feel need the service of the nurses at the moment.

[164] **Eleanor Burnham:** Mae fy nghwestiwn i ar blant neu bobl ifanc sy'n cael cartref y tu allan i'r sir. Beth yw'r problemau o ran diwallu anghenion iechyd plant sy'n cael eu lleoli y tu allan i'r sir a sut y dylid mynd i'r afael â'r problemau hynny? Bu i chi sôn am hyn yn gynt o ran nyrsys a'r ffaith y gallwch weld yr un nyrs fwy nag unwaith os ydych yn eich lleoliad gwreiddiol.

Eleanor Burnham: My question is on children or young people who are housed out of county. What are the problems around meeting the health needs of children who are placed out of county and how should one address those problems? You mentioned this earlier in relation to nurses and the fact that if you are at your original location, you can see the same nurse more than once.

[165] **Dr Sampeys:** We do have a problem with out-of-county placements across Wales. I know that there has been a move, which I think is working, to ensure that children are not placed out of county or to try to prevent them from being placed out of county. If there were enough specialist nurses for all looked-after children, including those who have come in from another county, then everyone would receive an equitable service. When we started our teams of nurses, there were no specialist nurses across Wales. In fact, ours was one of the very first teams.

[166] One of our worries was about our children being placed in different areas—I can think of one area in particular—and the young people were upset about moving because they were moving away from their carer and from their friends and school, and they expressed a feeling of being abandoned because they could not see their nurse. So, we followed those children. That was done by the Cardiff team. A year later, when we set up the Vale team, there were more specialist nurses for looked-after children elsewhere and we decided that we wanted them to begin the reciprocal arrangement of seeing other counties' children who were

placed within the Vale in the hope that others would agree to make a reciprocal arrangement and see our children. So, we did not follow those children.

10.50 a.m.

[167] We are trying not to follow the Cardiff children now, but we want to maintain that contact with those who have been seeing a specialist nurse for a period of time. On out-of-county placements and placement panels, as outlined in ‘Towards a Stable Life and a Brighter Future’, we were hoping that these out-of-county placements would be thought out thoroughly. In many areas in Wales, placement panels are either not happening or they are not working. In some areas, a decision has been made that the children who are placed in another county will not receive the same service as all of the other looked-after children in that area, which is very sad.

[168] **Eleanor Burnham:** Do you—

[169] **Helen Mary Jones:** Just a minute, Eleanor; I want to bring Angela in on a supplementary question. I will then come back to you.

[170] **Angela Burns:** I would just like to clarify one thing. Beverlea Frowen gave evidence here earlier today that out-of-county placements were, in her words, ‘a myth’ and said that they hardly ever happened and that it was a diminishing return.

[171] **Dr Sampeys:** I have looked at the statistics for 2009—

[172] **Angela Burns:** Thank you. Could you perhaps share them with us, or provide them to us at a later date, because it was very interesting to hear what you had to say? That is why I wanted to interrupt Eleanor. She said, ‘I want to explode the myth’.

[173] **Helen Mary Jones:** That is what she said.

[174] **Dr Sampeys:** According to the data released on 31 March 2009 from the Office for National Statistics—and the Welsh Assembly Government logo features on the bottom, so it must be right—[*Laughter.*]

[175] **Angela Burns:** Your faith is touching.

[176] **Dr Sampeys:** The number of looked-after children on the exact day of 31 March 2009 was 4,704. In foster placements outside local authority boundaries, there were 1,041 looked-after children.

[177] **Helen Mary Jones:** It does not sound like a myth to me.

[178] **Angela Burns:** It does not.

[179] **Eleanor Burnham:** That is very interesting. On that basis, they are done for various reasons, and I am sure that you can help us with this. We were also regaled with some fantastic sounding systems, of which you are obviously aware. I am referring to the facilities and services within the local authority data unit, namely the case management system of data, which has 20 criteria—including absconding and physical violence towards adults—on which a placement is now based, and it is encouraged that this be used. As an adjunct to the question, if this is still happening out of county, it goes against the grain because, from your statement and from our information, it makes more sense to place a person within their county, because you do not then develop all the complexities of the health issues that you have just discussed. You obviously can maintain all of these in a much more streamlined

manner. So, how do you answer that if the Government is suggesting on one hand that it is not happening, but—

[180] **Helen Mary Jones:** To be fair, Eleanor, I do not think that it was the Government suggesting that it was not happening; it was the Welsh Local Government Association that was suggesting that it was not happening.

[181] **Eleanor Burnham:** I do apologise.

[182] **Helen Mary Jones:** The Government knows that it is happening.

[183] **Eleanor Burnham:** I am sorry; the Government data is suggesting otherwise.

[184] **Dr Sampeys:** That is how it would seem. I am not sure whether things have improved since 31 March 2009. I know that there is a will to stop children from going out of county. I am slightly concerned about driving children back into county because that would be a further move, but you would have to seriously think about whether that out-of-county placement is so fantastic that it is worth all of the other problems that will come with it. I would have thought that children are still going out of county. I know that locally, in Cardiff and the Vale, fewer children are going out of county and the authorities are thinking very hard about those children that need to go out of county. I think that the difficulty is a matter of knowing exactly what the out-of-county placement can offer.

[185] **Helen Mary Jones:** Before I call on Eleanor, as we only have 15 minutes or so left of this session, I will ask everyone to be prompt with questions and answers.

[186] **Eleanor Burnham:** Mae fy nghwestiwn nesaf ynglŷn â rhannu gwybodaeth. Mae eich papur yn nodi bod y mwyafrif o blant, yn ymarferol, yn cael eu rhoi mewn gofal neu'n cael eu symud heb i wahanol asiantaethau ymgynghori na chyfathrebu'n iawn, drwy rannu gwybodaeth sy'n addas i'w rhannu, er enghraifft. Beth yw'r rhesymau dros hyn, a sut gellir gwella'r broses o rannu'r wybodaeth sy'n hollol addas?

Eleanor Burnham: My next question is about information sharing. Your paper states that, in practice, the majority of children are placed into or moved within care in Wales without true inter-agency consultation or communication, such as sharing the information that should be shared. What are the reasons for this, and how can the process of sharing appropriate information be improved?

[187] **Dr Sampeys:** I gleaned that information from my nurses and from colleagues who also have specialist nurses for looked-after children. They feel that, often, children are moved in a crisis, whereas, in fact, there probably was not a crisis, but a build-up of issues that we knew were going to arise. However, they feel that they are not involved in sitting around a table with colleagues and are able to say, 'Actually, there are many reasons why this placement wouldn't be good. We've just got this young girl sorted with her family planning and with a doctor who she will go to, and we are doing work on self-esteem with her, so we don't want her to go out of county.' There are mechanisms to share information, but, if there is no particular health issue, perhaps children's services do not feel the need to contact health services, whereas they should be doing so. I do not think that the placement panel, where a decision is made about going out of county, is the right place for that. The right place for that is an around-the-table discussion, such as that for a review of a child, chaired by the independent reviewing officer, where the young person, a birth family member, a foster carer, a specialist nurse, and someone from education can also be present to make the decision.

[188] **Eleanor Burnham:** Should the child or the young person also be present?

[189] **Dr Sampeys:** Yes, they should, as I just said.

[190] **Eleanor Burnham:** I just wanted to clarify that point. We have been told that information should be shared in other contexts, unless there is a very good reason not to do that. Do you agree with that point?

[191] **Dr Sampeys:** Yes. I presume that we are talking about health information.

[192] **Eleanor Burnham:** Yes.

[193] **Dr Sampeys:** Health information should be shared where the child or young person consents for it to be shared, or if that child is in any danger or there are any risks associated with not sharing the information. There is a summary and a healthcare plan at the end of the health assessments that we carry out, which are 10 or 11-page documents. That information is shared with the consent of the young person, and the information is copied and given to the general practitioner and the social worker. The young person may also have a copy if they wish, but, in practice, they often do not wish to have a copy, because they do not want it lying around. If there are any health issues, particularly where a nurse is involved, the nurse can sit down with the young person and say, 'I want to talk to your foster carer about this and that, because they are things that I really think that they can help with'. If the young person is of sufficient understanding that they do not wish for that information to be shared, then the nurse will work with that young person towards sharing that information. So, information should be shared; the social worker will have a copy and the young person will know that, and there should be no reason for a foster carer to be in the dark if it is information that they should have.

[194] **Christine Chapman:** You say that carers are sometimes not given information about a child's health, pre-care experiences or about potential risks. How widespread is this problem and what are the consequences for the children concerned and their carers?

[195] **Dr Sampeys:** Given that so many nurses and colleagues mentioned that problem, I would say that it is probably not a problem for a small number of children and carers. For children's services, the most important thing is to put that child in a place of safety, so, sometimes, the gathering of some basic information may not happen immediately, but may happen afterwards. We very often come across foster carers who say, 'I don't know anything, so I assume that there is nothing wrong'. There are avenues that can be explored for this to be improved upon and there are ways for the foster carer to have health information. The personal child health record should follow that child, and the information is in that. The difficulty arises when some information is from a third party, for example, if there is information about the birth parent. It is difficult to know when and how to share that information, but we are on hand to help social services with that, or to find out whether something really needs to be shared.

11.00 a.m.

[196] **Christine Chapman:** I think that my next question has been answered.

[197] **Helen Mary Jones:** Thank you. Eleanor is next.

[198] **Eleanor Burnham:** Yr ydych yn dweud bod yr hyblygrwydd a'r ymreolaeth sydd gan ofalwyr maeth yn amrywio'n fawr. I ba raddau y mae modd i ofalwyr maeth wneud penderfyniadau am anghenion iechyd y plant sydd yn eu gofal? Sut y trafodir y **Eleanor Burnham:** You say that flexibility and autonomy for foster carers varies widely. To what extent are foster carers allowed to make decisions regarding the health needs of the children in their care? How are these decisions negotiated with professionals and

penderfyniadau hynny gyda gweithwyr the birth parents?
proffesiynol a'r rhieni biolegol?

[199] **Dr Sampeys:** When a child is put into care, the birth parents are asked to sign consent forms for their healthcare. They sign those so that we can carry out statutory health assessments, routine immunisations, routine health checks, but nothing that is not routine. Like all parents, foster parents sign for emergency care when children go on school trips and so on, but if there is a cold operation, such as an operation on the ear, or anything that can happen at some point but does not need to happen then and there, we often have problems. It is important to get consent, ideally from the birth parents. Where parental responsibility is shared with the local authority, it is good practice to try to get consent from the local authority and the child.

[200] I have forgotten what I was going to say next.

[201] **Eleanor Burnham:** As an example, what about the recently introduced immunisation programme against cervical cancer? That is very controversial. Would that be included in this? It will now be widespread and there will be three doses, will there not?

[202] **Dr Sampeys:** I am not entirely sure about that. These young women are usually immunised at around the age of 13, and I would say that most 13-year-olds could be deemed old enough to consent for themselves. The issue is when you have children who have learning difficulties, as you would need to engage with the carer as well. However, that is not urgent, because the school knows that the immunisation programme is coming, and it is a matter of the foster carer, as soon as they get the letter, ensuring that the social worker knows to sort it out so that there are no hitches. We have had hitches involving young people in schools wanting some kind of medical treatment in previous campaigns, but parental consent was not given and there was some misunderstanding as to whether the young person could consent.

[203] **Eleanor Burnham:** So, that is a grey area.

[204] **Dr Sampeys:** It need not be a grey area. It needs discussion locally to ensure best practice.

[205] **Christine Chapman:** In your written evidence, you highlight the importance of the work undertaken by foster carers, and the need for

[206] 'appropriate and adequate training to be firmly part of the multi-agency team'.

[207] What should be done to encourage more people to foster to increase the range of placements available?

[208] **Dr Sampeys:** There have been all sorts of campaigns by voluntary organisations as well as local authorities, but we still seem to be desperately short of foster carers. We need a range of placements for children. We need routine foster carers—and I was about to say 'basic' but that sounds awful, and I do not mean that—who understand about challenging behaviour and have had specific training. We also need an almost therapeutic placement for a young person, rather than a placement in a residential unit. I know that there are places around the UK where foster carers have been recruited to do these fantastic placements. The issue is that such placements cost a lot of money. For them to be available, presumably, they must have some time when they have no children placed so that they are available to accommodate a child needing a placement. I wonder how children's services could possibly manage that.

[209] There is training available for foster carers, and it is about recognising that it is okay

to have different sorts of foster carers, that not all foster carers want to be at the top end, having the most challenging young people. It is also about recognising their skills in taking a child for whom the plan is adoption, to work with the birth family and to move that child onto the adoptive placement. It is a very skilled role, and it does not have the traumas and challenges that we worry about with older children.

[210] I do not know how we can encourage people to become foster carers. Perhaps we could do so by increasing the profile and stating what a wonderful service it is. If we could engage with foster carers on the planning for the children in their care, it would increase the kudos of being a foster carer.

[211] **Christine Chapman:** Are you aware of any models in other countries, where there is a totally different approach?

[212] **Dr Sampeys:** I know that there are different approaches but I do not know enough about them to speak eloquently on them.

[213] **Angela Burns:** Multi-agency working is such a broad subject, so I will just concentrate on one aspect. For the record, I note with sadness the comment in your report that when the funding for your Children First project disappeared, the multi-agency working fell apart. I also know that multi-agency working is only ever as good as all the individuals involved. However, you recommend a more comprehensive information technology and communications system. You are obviously aware of the children's commissioning support resource, which we heard about earlier, but another IT system was mentioned this morning, although I have completely forgotten its name.

[214] **Helen Mary Jones:** I cannot remember what it is called either, but it is the system that each local authority uses to record—

[215] **Dr Sampeys:** Is it SWIFT?

[216] **Helen Mary Jones:** That is the one.

[217] **Dr Sampeys:** Not every local authority uses it. Unfortunately, that would be far too simple. It is like with the health service.

[218] **Angela Burns:** You state in your paper,

[219] 'A more seamless service for Looked after children could be provided if a shared database was developed'.

[220] Are you talking about something on top of those two, or are you talking about those two being better?

[221] **Dr Sampeys:** I think that that is possibly pie in the sky. It is bad enough within the health service to try to sort out, and I do not think that there is a global system that will suit the health service that would also suit the local authority. When we had the multi-agency team, in addition to the two nurses and the current administrative officer, we had a part-time community paediatrician and a secretary. From the multi-agency perspective, we had a child and adolescent mental health services nurse and two people from education, one of whom was an advisory teacher and the other an educational psychologist. As it was all funded through the Children First programme initially, with very close working with the local authority, that is how we set up the multi-agency team. It was truly multi-agency, because everyone was based in the same room or rooms. Children First was supposed to be only transformational funding; it was not supposed to set up a core service. We were victims of our success in that it

was a very good service, but there was no exit. I have learned that you need an exit strategy, because the health service just hopes that the local authority will continue to pay, while the local authority hopes that the health service will just take it over, and it does not work as simply as that.

11.10 a.m.

[222] The bit that we lost was when the CAMHS network decided that its input for looked-after children would come from generic CAMHS workers. There was nothing different or separate or special about looked-after children. So, if that person went on maternity leave, that one went. When the health service had to pick up part of the funding, and the education department and the local authority were going to pay for local authority parts of the team, the members of the team from health were moved to different premises, and eventually we were unable to stay where we were. From my point of view, we were left with the two nurses and the administrative officer, and they were brought back to work geographically more closely with the Cardiff team, which offered peer support to them, and because they are in the offices where I work, we have made the best of the arrangement.

[223] When we were engaged in multi-agency working, however, whenever any member of the team had a concern, be it the educational psychologist, the CAMHS worker who had been working with the family, or the nurse visiting the young person, because we were in a close working relationship, we were able to share it. Input at that point meant that some children were retained who might otherwise have been sent out of the county. When we were there, the administrative officer had access to the local authority database, the health database, and also the education system separately. With access to all three systems, she was able to check for updated information because, frequently, people forget to inform others when a looked-after child moves to another placement or goes back home. In that way, we were able to keep on top of things.

[224] We are establishing better links again with the local authority through better systems that allow us to dial into its network. I do not fully understand how it works, but we are exploring that now. We are hopeful of doing the best that we can. Over the years, the fact that we know so much more about so many looked-after children suggests that the systems are better. Whether we could eventually have one super-duper system that covers health, education and social services, I do not know. Surely some clever IT person could sort that out one day.

[225] **Angela Burns:** It is all down to input data, as you know.

[226] **Dr Sampeys:** You are quite right.

[227] **Helen Mary Jones:** Recent history of Government databases suggests that it is not that easy, really. You would think that it would be, but it is not.

[228] I have one last question. Thank you very much, Caroline, for your paper and for the evidence that you have given us today. In your written response, you make several suggestions for recommendations that we might want to make. Of the key recommendations that you would like to see this committee make to the Government of Wales, could you pick out one that you see as the most important?

[229] **Dr Sampeys:** May I be selfish?

[230] **Helen Mary Jones:** Of course.

[231] **Dr Sampeys:** In that case, I would like it recommended that every looked-after child

in Wales have proper access to a specialist nurse, and that those nurses should work as part of a multi-agency team, certainly a multidisciplinary team with paediatricians, school nurses and so on. They should work in a multi-agency way. There were a lot of wishes in one, there, were there not?

[232] **Helen Mary Jones:** I think that that was quite clever, because it was lots of wishes cunningly disguised as one. That was very well done. Thank you very much indeed for taking the time to be here with us, and for your evidence, which I can see, from their reaction, the Members found extremely useful. Diolch yn fawr.

[233] **Dr Sampeys:** It was my pleasure. Thank you very much.

11.15 a.m.

Cynnig Trefniadol Procedural Motion

[234] **Helen Mary Jones:** Er mwyn trafod y papur cwmpasu ar gyfer ein hymchwiliad i leoedd diogel i ymgynnull, cynigiaf fod **Helen Mary Jones:** In order to discuss our scoping paper for our inquiry into safe places to hang out, I move that

y pwyllgor yn penderfynu gwahardd y cyhoedd o weddill y cyfarfod yn unol â Rheol Sefydlog Rhif 10.37(vi). *the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order No. 10.37(vi).*

[235] Gwelaf fod y pwyllgor yn gytún. I see that the committee is in agreement.

*Derbyniwyd y cynnig.
Motion agreed.*

*Daeth rhan gyhoeddus y cyfarfod i ben am 11.15 a.m.
The public part of the meeting ended at 11.15 a.m.*