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Bridgend County Borough Council
Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr



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Date / Dyddiad: 30 September 2014

Dear Councillor,

CABINET COMMITTEE CORPORATE PARENTING

A meeting of the Cabinet Committee Corporate Parenting will be held in Council Chamber, Civic Offices, Angel Street, Bridgend CF31 4WB on **Monday, 6 October 2014** at **10.00 am**.

AGENDA

1. Apologies for Absence
To receive apologies for absence (to include reasons, where appropriate) from Members/Officers.
2. Declarations of Interest
To receive declarations of personal and prejudicial interest (if any) from Members/Officers in accordance with the provisions of the Members' Code of Conduct adopted by Council from the 1 September 2008.
3. Minutes of Previous Meeting 3 - 10
To receive for approval the minutes of the meeting of the Corporate Parenting Cabinet Committee held on 7 July 2014.
4. Early Intervention and Prevention Strategy 11 - 28
5. Health Provision for Looked After Children (ABMU) 29 - 40
6. Informal Forward Work Programme October 2014 to January 2015 41 - 44
7. Urgent Item
To consider any other item(s) of business in respect of which notice has been given in accordance with Part 4 (paragraph 4) of the Council Procedure Rules and which the person presiding at the meeting is of the opinion should be reason of special circumstances be transacted at the meeting as a matter of urgency.

Yours faithfully

P A Jolley

Assistant Chief Executive Legal and Regulatory Services

Distribution:

Councillors:

H J David

M Gregory

D M Hughes

Councillors

L C Morgan

M E J Nott OBE

D Sage

Councillors

P J White

MINUTES OF A MEETING OF THE CORPORATE PARENTING CABINET COMMITTEE
HELD IN COMMITTEE ROOM 2/3, CIVIC OFFICES, ANGEL STREET, BRIDGEND, ON
MONDAY, 7 JULY 2014 AT 10.00AM

Present:

Councillor H J David - Chairperson

Councillor M E J Nott OBE - Leader
Councillor D Sage - Deputy Leader
Councillor M Gregory - Cabinet Member - Resources

Invitees:

Councillor E Dodd
Councillor R D Jenkins
Councillor J E Lewis
Councillor H J Townsend
Councillor D B F White

Officers:

C Turner - Head of Safeguarding and Family Support
S Pryce - Head of Regeneration and Development
E Walton James - Group Manager - Safeguarding and Quality Assurance
M A Galvin - Senior Democratic Services Officer - Committees

68 APOLOGIES FOR ABSENCE

Apologies for absence were received from the following Members/Officers

Councillor P J White - Holiday
Councillor L C Morgan - Recuperating
M Shephard - Other Council Business
D McMillan - Annual Leave
S Cooper - Other Council Business

69 DECLARATIONS OF INTEREST

None.

70 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of a meeting of the Corporate Parenting Cabinet Committee dated 28 April be received as a true and accurate record, subject to:-

- (1) Councillor H Townsend being added to the list of Apologies for Absence due to her representing Wales in a dance competition.
- (2) It being noted that there was no need to list S Pryce in the minute entitled Apologies for Absence, as M Shepard was present representing the Communities Directorate.

71 WELCOME

The Chairperson on behalf of Members, gave a warm welcome to Councillor J E Lewis as a new Invitee on the Committee.

72 SAFEGUARDING AND FAMILY SUPPORT SERVICE 2012-13 - HEAD OF SERVICE ANNUAL REPORT

The Corporate Director - Children submitted a report, to present to the Corporate Parenting Cabinet Committee prior to its formal submission to CSSIW, the Annual Report of the Head of Service – Safeguarding and Family Support submitted for and within the Annual Council Reporting Framework. This was the fifth Annual Report of the Head of Service following the introduction of the current arrangements for evaluating Social Services in Wales. The process centred on self-evaluation, involve consultation with Care and Social Services Inspectorate for Wales (CSSIW) and would continue to be the major source for CSSIW's inspection programme. The report was shown at Appendix 1 to the covering report.

By way of background information, the Head of Safeguarding and Family Support, confirmed that in 2010 CSSIW introduced a new "Annual Reporting Framework" requiring all authorities in Wales to produce an Annual Report on the Effectiveness of their Social Care Services. The Annual Report delivers the council's own assessment of performance in respect of their social services responsibilities and focuses on strategic objectives and improvement priorities across the department. This new approach to reporting is intended to:

- see performance management accountability transfer from the national centre back to Council Members, Chief Executives, Directors, Managers and Officers;
- present a recognisable picture to those delivering and served by their social services locally;
- generate the core set of information needed by CSSIW to deliver their annual performance;
- provide assurance function;
- link much more immediately to business planning for priority improvement.

Work to develop this framework for annual reporting came from a commitment shared by the WLGA and ADSS Cymru to report openly and promptly on the effectiveness of each authority in meeting both needs and statutory obligations in social services, and also to link that report urgently to planned and continuous improvement. The Annual Council Reporting Framework places social services firmly at the heart of corporate and democratic local government. The Statutory Director for Social Services in Bridgend was completing an Annual Overview Report which had been informed by the annual reports of the Heads of Service for both the Safeguarding and Family Support Service and Adult Social Care.

The Head of Safeguarding and Family Support, confirmed that the report had been considered by the Children and Young People Overview and Scrutiny Committee and any recommendations for change, to improve clarity and readability, would be taken on board.

The report at Appendix 1, would be submitted to CSSIW as a supplementary report to that of BCBC's statutory Director of Social Services' overview report.

He added that key issues to note in the attached report included;

- An overview of the primary aims of the Safeguarding and Family Support Service.
- An overview of the range of service provided by the service.
- An overview of performance
- An overview of significant strategic and operational developments throughout 2013-14

A Member referred to page 18 of the Appendix document to the effect on children of parents drinking alcohol excessively. He asked what steps were being taken to try and reduce and prevent this in communities.

The Head of Safeguarding and Family Support confirmed that steps were actively being pursued in relation to prevention and intervention with regard to the above, i.e. examining ways how key statutory bodies such as Social Services, could work with parents to reduce their alcohol consumption to a level whereby it does not have a negative impact on their role as responsible parents. This also applied to substance misuse he added.

Social Services perhaps with support from other key agencies, would intervene and take children away from their parents if they were considered to be at any sort of risk from them engaging in the above activities. Parents would then be referred to groups such as alcohol counselling services for support in a bid to reduce their levels of consumption, which in all probability, would then assist their parenting abilities.

A Member referred to page 20 of the report Appendix, and question 33, under the sub-heading Parenting Tasks. He asked if the question, i.e. "(Guidance) - Parents fail to enforce discipline", should be altered by replacing the word discipline with 'control'.

The Head of Safeguarding and Family Support advised that he would consider this suggested refinement.

The Leader referred to Appendix 5 (i.e. page 5) and Child Protection Registration and De-Registrations during 2013-14. He asked for the Officer to expand on how both of these correlated with the other.

The Head of Safeguarding and Family Support confirmed that a child conference would be arranged if any young person was deemed at risk of abuse, in order to reach a decision whether or not the child should be placed on the child protection register. If this takes place, then after three months a Review Conference is convened to establish if the initial concern regarding risk had subsequently been minimised, or whether they should remain on the register this remains monitored thereafter he added.

The Head of Safeguarding and Family Support stated that what the two different graphs portrayed, is that young people can be initially placed on the Child Protection Register, but subsequently be de-registered if conditions within their family environment improve quite quickly.

A Member asked what actions the Department were taking to reduce cases of Looked After Children and referrals in relation to teenage pregnancies, and why are referrals higher at some parts of the year as opposed to others.

The Head of Safeguarding and Family Support confirmed that there is often an increase in referrals around the Autumn period, as young people previous to that have time off from school during the summer holiday, where they can spend a considerable amount of time

outdoors possible consuming alcohol and becoming involved with substance abuse, etc. These referrals usually are subject to an assessment which gets completed by around October/November time, hence then revealing an increase in referrals when compared to the rest of the year.

Teenage pregnancies often involved young women who are not in any way connected to Social Services, so the Department therefore worked with schools and the Youth Service in order to promote issues such as safe sex, and advising of the risks of promiscuity being enhanced through activities such as the consumption of alcohol and/or substance misuse, which could sometime result in unwanted pregnancies.

Should this occur however, there were services, for example Flying Start, who provided assistance for young mothers to adequately support their children. This was once more a case of a combination of prevention and early intervention and support mechanisms being put in place in these types of scenarios, the Head of Safeguarding and Family Support.

RESOLVED: That Members both considered and noted the Annual Report attached to the covering report, and the steps that were being taken to prevent teenage pregnancies as well as the Information in the form of date regarding registration.

73 LOOKED AFTER CHILDREN - PLACEMENTS AND PERMANENCY STRATEGY

The Corporate Director - Children submitted a report the purpose of which was to update the Cabinet Committee on the progress made to develop a refreshed "Strategy to reduce the number of Looked After Children and Young People in Bridgend, now known as the "Looked After Children - Placements and Permanency Strategy".

The Head of Safeguarding and Family Support advised that Members would be aware that throughout the last decade, there had been a significant increase in the overall number of Looked After Children in Bridgend, which had resulted in major pressures upon Safeguarding and Family Support Services and associated budgets. Consequently, in order to direct a strategic response to the growing numbers of Looked After Children, the Council intended to publish its "Placements and Permanency Strategy" within which one of the primary aims was to reduce the number of Looked After Children (LAC) but also to take a whole systems approach to preventing the need for children to become LAC in the first place.

He added that previously Committee had received comprehensive reports on statistical data and analysis of Looked After Children (LAC) in Bridgend, together with details of associated costs. Members requested that an update on the newly developed Strategy be presented to Committee in order for Committee to comment and provide feedback.

Attached at Appendix 1, to the report was the latest draft of the Council's "Looked After Children - Placements and Permanency Strategy".

The Head of Safeguarding and Family Support stated that this Placement and Permanency Strategy described the placements the Authority wanted to provide and commission for its LAC, and focused on how to improve current arrangements to in turn improve outcomes for children in care.

Children's Services were driving a 'whole system' approach to supporting LAC and keeping families together, and together with the Early Intervention and Prevention Strategy, these would form a multi-agency response to driving improved outcomes for children, he added.

The focus in the Strategy was on describing what will change in relation to work with children in care or at risk of coming into care. The Strategy contained an action plan for the future rather than an attempt to cover every detail of the current services and support.

The Head of Safeguarding and Family Support concluded his submission by advising that the Council had awarded additional funding of £66,169 from the Change Management Programme Fund to cover the associated costs for a project manager to lead the Permanency and Placement Strategy from the date this person takes up her post, i.e. mid-June 2014.

The Deputy Leader noted the key objectives of the Strategy as outlined on page 8 of the Appendix to the report, and asked if Substance Misuse should also be included as an added objective.

The Head of Safeguarding and Family Support confirmed that consideration would be given to this.

The Chairperson whilst commending the Strategy, felt that it should also refer more to other key agencies that the Social Services Department worked with, i.e. partners to include other departments of the Council.

The Head of Safeguarding and Family Support confirmed that this could be addressed within the Strategy.

A Member noted within the document that though there was reference to domestic abuse by the father in a family environment, there was no statistical evidence to suggest abuse having been committed by the mother, which was sometime the case.

The Head of Safeguarding and Family Support advised that situations of such abuse was pre-dominantly committed by the husband/boyfriend to his wife/partner, and the data contained within the report to this end, had been supplied by organisations such as Women's Aid. As for husbands being abused by their wives, though there were in all probability cases of this it was hard to obtain any such data confirming this, as sufferers did not often look to seek help in terms of the problem, due to perhaps feeling inadequate or embarrassed to seek such help.

The Head of Regeneration and Development advised that it was positive to note that more Adult Supported lodgings were being made available as this could be linked to the Council's Supporting People Programme where there were avenues of funding available to support cases of tenancy rescue/tenancy crisis.

It was important she stated to ensure that young people had available to them their tenancy opportunities, i.e. that were low as opposed to high in cost. She felt that this could be developed further with Registered Social Landlords, with possibly capital revenue support being pursued for this purpose, e.g. adapting three bedroomed accommodation to one and two bedroom accommodation, where there was greater need for this for young people in particular.

RESOLVED: That Committee both noted and considered the report and associated appendices and agreed to receive a follow-up report on the development of the Strategy in nine months time.

74 INDEPENDENT REVIEWING SERVICE REPORT (IRS)

The Corporate Director - Children submitted a report to the Cabinet Committee in line with the Independent Reviewing Officers Guidance Wales (WAG 2006). The report, aided by a PowerPoint presentation, provided an overview of the role and function of the IRS.

The Head of Safeguarding and Family Support advised that the Independent Reviewing Service in Bridgend comprised of eight workers of which there were six full-time equivalent IRO posts.

In Bridgend County Borough Council, he advised that IRO's Chair Child Protection Conferences were commissioned under the All Wales Child Protection Procedures and LAC Reviews under the IRO Guidance (Wales).

The Head of Safeguarding and Family Support then confirmed that the population of 'Looked After Children' in Wales had increased by 24.49% between 2007/8 and 2012/13, and gave examples of some charts reflecting the increase in Bridgend County Borough, particularly in the last year or so.

In terms of LAC between the 1 April 2013 and 31 March 2014 there were 146 instances of children having "become looked after". This represented a near equal gender split of 46% female and 55% male.

He then broke this figure down in both percentages and actual numbers of LAC there were in each of the different areas of the County Borough.

The Head of Safeguarding and Family Support then gave the legal status of LAC for the period 1 April 2013 - 31 March 2014, in terms of those children that were subject to an Interim Care Order, those on Remand, under Police Protection, subject to an Emergency Protection Order, and instances where the parent(s) ask for the child to be looked after, including details of statistical information regarding the age of these children, for the same period.

The Presentation then outlined information regarding the different Permanence Plan types, for example:-

- Long Term Foster Carers (153)
- Parallel Planning (98)
- Long term relatives or friends (47)
- None (40)
- Placed with parents (26)
- Adoption (19)
- Residential placement (12)
- Eventual return home (8)
- Supported living (5)
- Remaining with birth family (3)
- Other (1)

The next tranche of data included the following information:-

Length of time Children Looked After at 31 March 2014 for:-

1 year	-	Approximately 117
1 - 2 years	-	Approximately 125
3 - 5 years	-	Approximately 85
6 + years	-	Approximately 88

The next section of the Presentation, then gave details of LAC Reviews due between 1 April 2013 and 31 March 2014, and compared the number of reviews due (on a month by month basis) compared with the number of reviews held in compliance with statutory timescales. The average overall percentage of reviews held within this period in accordance with statutory timescales averaged out at 96.6% which confirmed a high and level of performance in this area.

The Head of Safeguarding and Family Support then shared with Members the number of second LAC reviews due comparable with a Plan for Permanence in place during the course of the last financial year. These statistics showed an overall percentage of 93.4%, which as above, was very effective in terms of performance.

The next bar chart he referred to in his submission, reflected an average overall performance of Initial CP Conferences held within 15 working days of the Strategy meeting where a decision was taken to undertake Section 47 enquiries for the last year. This percentage totalled 87.7%, and the Head of Safeguarding and Family Support acknowledged that there was room for improvement in this area of work.

The Head of Safeguarding and Family Support was pleased to advise Members that an overall percentage of 99% had been achieved in relation to Review Child Protection Conferences held within appropriate timescales during the last twelve months.

To conclude his presentation, he advised that the following issues needed to be considered, monitored and developed over the next twelve months:-

- Improve performance of the IRO Service where level has fallen beneath targets;
- Better monitoring of children's cases including quality assurance duties of the Independent Reviewing Officer;
- Greater emphasis on exit pathways for children looked after by the Authority.

RESOLVED: That Committee noted the content of both the report, accompanying presentation and Annual Report of the Independent Reviewing Service.

75 INFORMAL FORWARD WORK PROGRAMME - JULY 2014 - OCTOBER 2014

The Corporate Director - Children submitted a report that sought approval for the proposed Informal Forward Work Programme (IFWP) for the above period, attached at Appendix 1 to this report.

RESOLVED: That the Corporate Parenting Cabinet Committee agreed to approve the Informal Forward Work Programme appended to the Officer's report, subject to the further items being added as detailed above, and to invitations being extended to the recommended Invitees also outlined above.

The meeting closed at 11.40am.

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BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CORPORATE PARENTING CABINET COMMITTEE

6 OCTOBER 2014

REPORT OF THE CORPORATE DIRECTOR – CHILDREN

EARLY INTERVENTION AND PREVENTION STRATEGY

1 Purpose of Report

- 1.1 The purpose of this report is to update Cabinet Committee on the progress made to develop a Strategy to define the activity around early intervention and prevention services in Bridgend, now known as the 'Early help in Bridgend'.

2 Connection to Corporate Improvement Objectives/Other Corporate Priorities

- 2.1 This report links to the following Community strategy priorities:

- Working together to raise ambitions and drive up educational achievement.
- Working with children and families to tackle problems early.
- Working together to help vulnerable people to stay independent.
- Working together to tackle health issues and encourage healthy lifestyles.

3 Background

- 3.1 Historically investment in prevention and early intervention initiatives in Bridgend has been un co-ordinated. Many services are still relatively new and they need time to embed and to develop robust links with other provision. There is a hope that, in time, these initiatives will impact positively on the lives of children and young people and their families but in order to achieve this we recognise that there is a need to co-ordinate services better and to make more rigorous links between our approaches to children at different tiers of need. In recent years there has been some significant investment and commitment to prevention and early intervention within Bridgend, i.e. Connecting Families, the Intensive Family Support Service, Rapid Response Team, and Families First. In addition, some services have been re-organised with the aim of increasing skills and capacity within the team. The local authority has increased its focus on developing integrated approaches to supporting families and supporting social workers and other practitioners. It is acknowledged that there needs to be a strategy in place to ensure that the range of prevention and early intervention initiatives in place are joined-up, coherent and have a common purpose and that children's needs do not escalate. The council intends to publish its "Early help in Bridgend Strategy". This strategy defines

the council's whole systems approach to preventing the needs of children and their families becoming more acute.

4 Current situation/proposal

- 4.1 Attached at Appendix 1, is the Council's "Early help in Bridgend Strategy". It recognises that in order to be effective in developing services that co-ordinate effectively and provide a wraparound service for children and families we require a strategy that is continually reviewed, has sound leadership and rigorous approaches to prevention and early intervention. The strategy describes clearly defined approaches to social work practice, a strong collaborative working approach to working with children and families and a proactive use of relevant data, information and intelligence in respect of children and families at all levels of need.
- 4.3 This strategy describes the way in which we want to provide our services in the future, and focuses on how we will improve our current arrangements to improve outcomes for children. Key elements of this strategy are that Children's Services are driving a 'whole system' approach to supporting children and keeping families together. Together with the looked after children and placement Strategy, these will form a multi-agency response to driving improved outcomes for children.
- 4.4 The focus in the strategy is on describing what will change in relation to our work with children at all levels of the continuum of need. The strategy contains an action plan for the future rather than an attempt to cover every detail of our current services and support.

5 Effect upon Policy Frameworks and Procedure Rules

- 5.1 This has been considered but as there are no new or changed services policy / functions in this report, it is therefore not applicable at this time.

6 Equality Impact Assessment

- 6.1 This has been considered but as the report is for information purposes, an assessment is not deemed necessary at this stage.

7 Financial Implications

- 7.1 There are some financial savings identified in the MTFS, which will be achieved by streamlining the management of our current support service portfolio.

8 Recommendations

- 8.1 Cabinet Committee is recommended to note and consider the content of this report and associated appendices.

Deborah McMillan
Corporate Director - Children

Date: 13th October 2014

Contact Officer: **Nicola Echanis**
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Background papers

Appendix One – Early Help in Bridgend Strategy.

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Early Help in Bridgend

*A strategy laying out how children and young people in
Bridgend County Borough Council can access support as
soon as they need it.*

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INTRODUCTION

The desire to improve outcomes for children, young people and their families is what underpins Children's services in Bridgend and we know that by working in partnership we can make a big difference.

We are also united in our thinking around early intervention; we know that if our services identify the needs of children, young people and their families as soon as possible and take swift action to address those needs we could stop problems starting, getting worse or becoming entrenched. If problems worsen for children and young people they can start to influence every aspect of their lives. It is therefore important that every service and every professional has an interest in effective early intervention being in place.

Serious Case Review learning nationally and indeed locally has taught us that the more swiftly we recognise a child has problems, the quicker we take action. Furthermore, the better we work together and share information the more likely we are to avoid disastrous consequences for children. We know intervening early is the right approach to take.

We accept that orienting services towards early intervention is not easy, particularly during tough financial times, but there is evidence that it can be done. Some suggest that under the current economic circumstances early intervention is a luxury that cannot be afforded, but when early intervention is embedded it can relieve the pressure on services so a given level of resource is used to better effect. When the high costs of 'non-intervention' are compared to the significantly lower costs of intervening early, it becomes clear that early intervention is often the better approach. In the long term early intervention can yield significant savings. Moreover, all the evidence suggests that no children's services system can be efficient unless early intervention is a significant part of the mix. With this in mind we have laid out in this Early help Strategy the principles and processes that we, the Children's directorate have agreed to keep at the heart of our services and will be willing to be held to account to in doing so.

DEFINITIONS

Prevention: where services or interventions are intended to build skills and resilience and thus prevent problems arising. Prevention includes advice, support and anticipatory guidance at key life stages or transitions. This is a key role for universal services.

Early Intervention: means taking action as soon as possible to tackle problems that have already emerged for children, young people and their families.

Early Years: is a phrase used to describe the initial years of a child's life.

WHAT IS EARLY INTERVENTION?

It is important to recognise that early intervention is not a single, one-off event but a process whereby:

- Children, young people and families' difficulties are identified before they have reached a point at which a child's development and well-being is seriously compromised.
- Having been identified early on, the scale and nature of these problems are properly understood and a plan for offering help is developed through a process of high quality assessment, and
- Children, young people and families are then offered the help they need, in line with those assessments, accept it, and then either overcome their difficulties or they are offered and accept longer term support to help manage them.

Early intervention is a key part of a wider continuum of services and will work alongside universal services. For early intervention to be successful each stage of the process must be carried out well and followed through by every person who works with children, young people and families and has individual responsibility for early intervention.

Early help in Bridgend is about professionals working in an integrated and multi-agency way and delivering services in the right locations based on the needs of that local area.

WHERE ARE WE NOW?

Historically investment in prevention and early intervention initiatives in Bridgend has been un co-ordinated. Many services are still relatively new and they need time to embed and to develop links with other provision. There is a hope that, in time, these initiatives will impact positively on the lives of children and young people and their families but in order to achieve this we recognise that there is a need to co-ordinate services better and to make more rigorous links between our approach to children at different tiers of need. In recent years there has been some significant investment and commitment to prevention and early intervention within Bridgend, i.e. Connecting Families, the Intensive Family Support Service, Rapid Response Team, and Families First. In addition, some services have been re-organised with the aim of increasing skills and capacity within the team. The local authority has increased its focus on developing integrated approaches to supporting families and supporting social workers and other practitioners.

It is acknowledged that there needs to be a strategy in place to ensure that the range of prevention and early intervention initiatives in place are joined-up, coherent and have a common purpose.

Connections with other services, including universal services and statutory (e.g. child protection) services, could be improved. Stakeholders feel that this would help to deliver a more coherent spectrum of support for vulnerable families.

Existing prevention and early intervention initiatives risk being too short-term. Families face challenges that are longstanding and can't be resolved with (for instance) six months of support. Services need to be better at understanding need and providing support and intervention of a type and length that would meet the family's needs.

There is a degree of confusion across teams about which service or team a family should sit with. This is particularly the case for families that don't fully fit eligibility criteria. It is inevitable therefore that some families 'slip through the net'.

There is a concern that prevention and early intervention services are not fully equipped to support families at the cusp of entering statutory services. Stakeholders comment that there is a core of families who face significant challenges but who do not meet the threshold for statutory child protection services. This results in some services supporting families with whom they are not sufficiently skilled or experienced to work. On other occasions, it is also resulting in families not getting any support, resulting in their needs having to escalate further before getting support.

WHERE DO WE WANT TO BE?

Early identification in Bridgend is underpinned by the following key principles. All services in the partnership have agreed to embed these principles into their organisational culture.

- **Children, young people and their families are at the centre of everything we do and interventions and services are shaped and delivered around them. To ensure this we will:**
 - help all children and young people to:
 - thrive and make the best use of their talents;
 - live healthy and safe lives;
 - be confident and caring individuals and know and receive their rights.

The Children's Directorate will ensure that we will provide greater opportunities us to work closer with partners across the public, voluntary and private sectors to work together in a fully integrated way. However, the impact of the wider public sector financial cuts will clearly impact on services for children, young people and their families. We are therefore making some difficult decisions about what we can maintain, reduce or stop delivering in line with the budget reductions. Where we can, we are committed to protecting front line children's services, especially those that support early intervention and the safeguarding of children, protecting them from harm. What is important is the quality of outcomes for our families. Value for money is our key measure, not who provides the service. Therefore, the renewed focus of our business plan is on the transformation of children's services, with a strong focus on early intervention and prevention and the development of a whole system approach to ensure that the needs of all our children and young people will be met at the earliest opportunity.

- **Any service or individual presented with a child's unmet need should take action or invoke the help of others; everyone has a responsibility to act and to ensure this we will:**

- Use the Joint Assessment Family Framework (JAFF) to provide a one-model, one-process way of working which should be at the heart of all other assessments.
 - Safely share information between services to avoid duplication where appropriate and purposeful to do so.
 - Use interventions which are based around what we know works and have a proven evidence base ensuring the right person is available at the right time.
 - Provide good, clear information about services to help families access advice and guidance about emerging difficulties at the appropriate level.
 - Work in a co-ordinated and integrated way.
- **Early intervention is core to the work of every mainstream service and as such investment and resource should be reoriented into early intervention. To ensure this happens we will:**
 - Shift services to early identification and intervention to improve safeguarding.
 - endeavour to make the children's workforce skilled in identifying, assessing and swiftly responding to unmet need.
- **Success is measured based on outcomes achieved for young people. To ensure this happens we will:**
 - Transform the way we deliver children's services to improve outcomes for children, young people and their families and to meet the demands of the medium term financial strategy
 - We will adopt a whole system approach to improving outcomes for children
 - We will ensure that the whole systems approach has a joint assessment framework at its heart.
 - Ensure there is a common understanding of need by all agencies and a consistent response to levels of need
 - Work in a holistic way to meet the needs of the whole family
 - Target the families who need our help and tackle the 'referral' culture
 - Ensure we meet the needs of children and their families as earlier as possible to ensure we prevent need from becoming more complex.

HOW ARE WE GOING TO GET THERE?

In Bridgend we talk about a 'Continuum of Need Assessment and Action' as illustrated in Appendix 1. The 'Continuum' represents a seamless approach to service delivery which meets the changing needs of children, young people and their families. There are four segments of the continuum:

Level	Need	Descriptor of need (for a full guide of indicators see appendix 1)	Example of typical service response	Example of assessment
1	Universal need	Children who are enjoying general well-being, accessing education and health services and maintaining good overall progress in all areas of development.	Universal services including: Schools Children's Centre's Youth Clubs / Youth Projects	Screening tools SATs Health screening
2	Additional need	Children who have an identified, singular need whose health, development and / or learning are starting to be adversely affected as a result.	Family Support Targeted Youth Support Behaviour Support Autism Outreach Portage Workers Education Welfare Parent Support Workers Flying start Integrated working teams	JAFF
3	Multiple need	Children who have numerous needs, who as a result are not maintaining satisfactory health, development and/or learning and who are increasingly vulnerable. <i>(including Children in Need as defined by S17 of the Children Act 1989)</i>		JAFF TAF
4	Acute need	Children in crisis, with complex, acute and often long term need, including: <ul style="list-style-type: none"> • Where parents refuse or are consistently not able to co-operate • Children who have complex disabilities • Parental resistance and lack of support mechanisms which results in children suffering or likely to be suffering significant harm • Children who are offending and subject to a court order • Children who have serious unmet enduring health, development and /or learning needs <i>(including Children in Need as defined by S17 of the Children Act 1989)</i>	Youth Offending Service Disability Services Safeguarding Teams Attendance Prosecution IFSS Connecting families Edge of care project	Initial Assessments Core Assessments SEN Assessments

Level 2 and 3 represent early intervention in response to an individual need. To enable children, young people and families to receive a seamless service all partners have agreed to operate the following processes to make early intervention happen in practice.

The JAFF is a key part of delivering frontline services that are integrated and are focused around the needs of children and young people. The JAFF is a standardised approach to conducting an assessment of a child's additional needs and deciding how these should be met. The JAFF promotes more effective, earlier identification of additional needs particularly in universal services. It aims to provide a simple process for a holistic assessment of child's needs and strengths, taking account of the roles of parents, carers and environmental factors on their development. Practitioners are then better placed to agree with children and families about appropriate modes of support. The JAFF also aims to improve integrated working by promoting coordinated service provisions.

Where a multi-agency response is required, the formation of a Team around the Family (TAF) is needed. A TAF brings together practitioners from across different services that work together to co-ordinate and deliver an integrated package of solution focused support to meet the needs identified during the common assessment process. It is important that the child or young person and parents/carers are also included as part of the TAF. Our vision of the TAF is that it is a multi-agency panel convened regularly to discuss the needs of children in a given locality.

The Lead Professional is the person responsible for co-ordinating the actions identified in the assessment process. They act as a single point of contact for children and young people with additional needs who are supported by more than one practitioner within a TAF.

The JAFF Plan is regularly reviewed by the TAF to monitor progress towards agreed outcomes. The review identifies any unmet or additional needs for the child or young person's smooth transition between universal, targeted and specialist services. In the case of multi-agency responses, this will involve further multi-agency meetings and liaison between the members of the TAF.

The objective of the Information Sharing Protocol is to facilitate sharing of all personal, sensitive and non-personal data between the public, private and voluntary sectors so that members of the public receive the services they need.

The Critical Pathway is a process that ensures children, young people and families have the appropriate support at the appropriate time against the Continuum of Need Framework, including the escalation and de-escalation protocols.

OUTCOMES

By adopting these principles and processes across all of our services in the Children's Directorate we expect children, young people and families to receive the right support at the right time. There will be:

- Fewer children, young people and families needing expensive high tier services (measured by the number of referrals to specialist services)
- Fewer severe problems (measured by the number of referrals with a primary need; the number of families in acute distress or family dysfunction)
- A narrowing of the gap between populations of children, young people and families (measured by Bridgend's Child Poverty Indicators, the proportion of children in poverty)
- Improved uptake and engagement with universal and targeted services (tier 1, 2, 3 and 4, measured by the number of JAFFs)
- A reduction of Children in Need of Child Protection measured by the number voluntarily accommodated under Section 20 of the Children's Act 1984
- Improved satisfaction about services (measured by the number of related customer compliments and complaints and service evaluations)
- Empowered and self-reliant communities (measured by re-referral rates)

As part of this protocol each of the services that form the Children's Directorate will embed these principles and processes into the culture of their service and be willing to be held to account by other services in doing so.

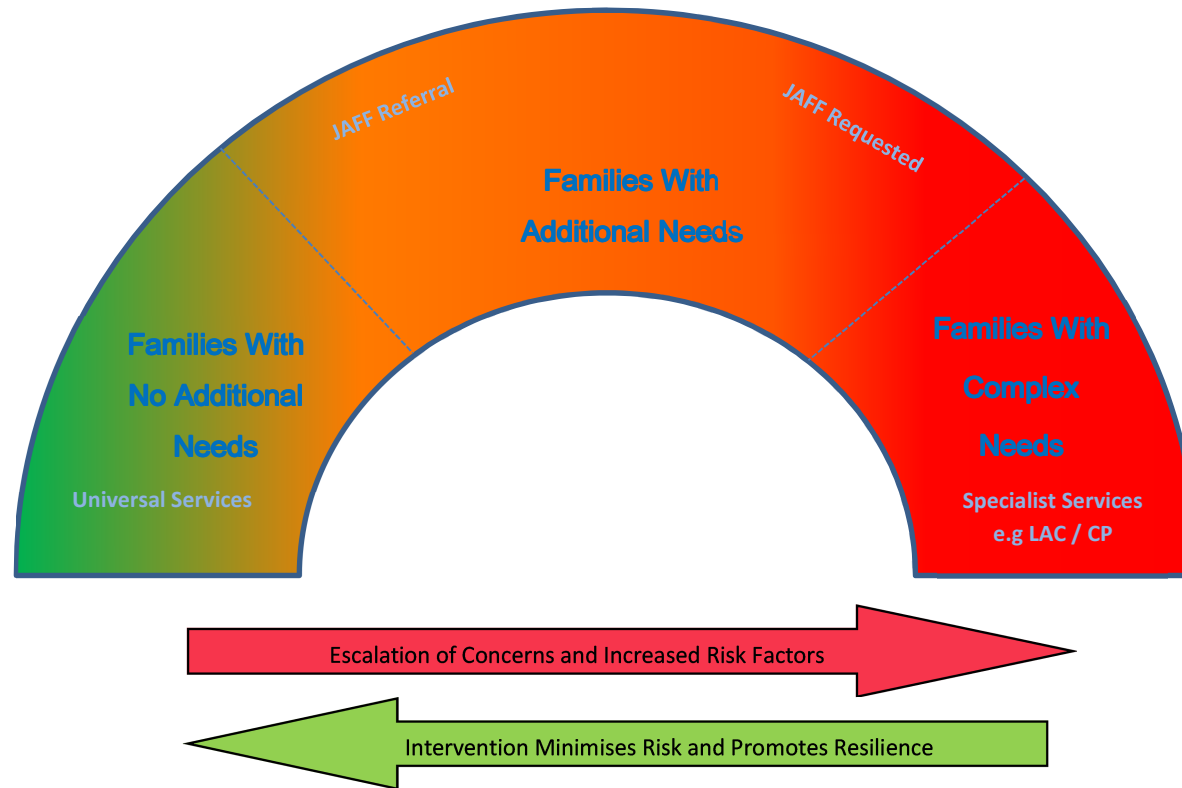
ACTION PLAN

Work stream	Actions	Lead	By when	Savings attributed
1.				
	Re-structure all family support services including youth services	Mark Lewis	Dec 14	150K
	Create support hubs in communities aligned with safeguarding teams	Mark Lewis	Dec14	
	Re launch JAFF to provide single form of entry for the support hubs	Mark Lewis	Jan 14	
	Re-locate safeguarding teams to hubs	Colin Turner	Dec14	
	Explore the options to develop a full MASH model of service delivery	Colin Turner/Nicola Echanis	Dec 14	
2.				
	Develop a multi-agency programme of parenting	Mark Lewis	March 15	

	education and skills			
	Develop a mechanism for identifying and assessing young carers within the borough	Mark Lewis	Dec14	
	Develop a programme of interventions to meet the needs of young carers	Mark Lewis	March 15	
3.				
4.				

APPENDICES

Appendix 1 - Integrated Working Procedures



BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CORPORATE PARENTING CABINET COMMITTEE

6 OCTOBER 2014

REPORT OF THE CORPORATE DIRECTOR – CHILDREN

HEALTH PROVISION FOR LOOKED AFTER CHILDREN (ABMU)

1 Purpose of Report

- 1.1 At a previous Corporate Parenting Cabinet Committee, Members requested that ABMU provide Corporate Parenting Cabinet Committee with information in relation to the role of ABMU's Looked After Children's Health Team and the impact this is having on promoting the Health outcomes of all Looked After Children and Young People in Bridgend.

2 Connection to Corporate Improvement Objectives/Other Corporate Priorities

- 2.1 This report links to the following Community strategy priorities:
 - Working together to raise ambitions and drive up educational achievement.
 - Working with children and families to tackle problems early.
 - Working together to help vulnerable people to stay independent.
- Working together to tackle health issues and encourage healthy lifestyles.

3 Background

- 3.1 ABMU's Looked After Children's Health team works alongside partner agencies to improve the health and social outcomes of all Looked After Children (LAC). The attached report found at Appendix 1 describes the Health services provided by ABMU to LAC and gives a number of case examples that demonstrate the positive impact of health staff working in close partnership with social care to promote the health needs and good outcomes for LAC.

4 Current situation/proposal

- 4.1 The attached report cites that LAC are more likely to have experienced inequalities in health compared to their non LAC peers and will often present with delayed development, poor health, poor nutrition, poor hygiene and complex emotional difficulties. They are also more prone to diseases. Often this is as a result of poor health surveillance. The attached report, therefore describes the work of the LAC Health Team who treat the health needs of LAC as a top priority. The report describes the services that ABMU provide for LAC and details how health staff work alongside foster carers and other care staff to improve the health needs of LAC and to ensure that the health needs of LAC are always considered as paramount

5 Effect upon Policy Frameworks and Procedure Rules

5.1 This has been considered but as there are no new or changed services policy / functions in this report, it is therefore not applicable at this time.

6 Equality Impact Assessment

6.1 This has been considered but as the report is for information and discussion purposes, an assessment is not deemed necessary at this stage.

7 Financial Implications

7.1 None.

8 Recommendations

8.1 That Corporate Parenting Cabinet Committee note the content of the attached report and provide its observations and feedback to appropriate senior staff within ABMU Health Board.

Deborah McMillan
Corporate Director - Children

Date: 5th October 2014

Contact Officer: Colin Turner
Head of Safeguarding and Family Support

Telephone: (01656) 642073

E-mail: Colin.turner@bridgend.gov.uk

Background papers

Appendix 1. – Looked After Children – ABMU HB Report.

SUMMARY REPORT		ABM University Health Board
Bridgend Locality		06.10.14
Subject	REPORT TO CORPORATE PARENTING CABINET COMMITTEE	
Prepared by	Sandra Powell and Donna Roberts-Walters	
Approved by	Hilary Dover	
Presented by	Donna Roberts-Walters and Tanya Spriggs	

Purpose						
To provide the Corporate Parenting Cabinet Committee with information in relation to the role of ABMU's Looked After Children's Health Team and the impact this is having on promoting the Health outcomes of all Looked After Children and Young People in Bridgend.					Decision	
					Approval	
					Information	X
					Other	
Corporate Objectives						
Safety	Quality	Efficiency	Workforce	Health	Governance	
X	X	X		X	X	
Key Recommendations						
The Corporate Parenting Cabinet Committee is asked to receive this report and note the current position.						
Assurance Framework						
The report provides assurances of key issues, strategic drivers and actions to be taken						
Next Steps						
ABMUHB and BCBC will continue to work in partnership on this challenging agenda in order to improve the outcomes for young people in Bridgend.						

Corporate Impact Assessment	
Quality and Safety	Actions in relation to improving outcomes for the Looked After population will improve quality of life
Financial Implications	None
Legal Implications	None
Equality & Diversity	None

MAIN REPORT		ABM University Health Board
Bridgend Locality		06.10.14
Subject	REPORT TO CORPORATE PARENTING COMMITTEE	
Prepared by	Sandra Powell and Donna Roberts-Walters	
Approved by	Hilary Dover	
Presented by	Donna Roberts-Walters and Tanya Spriggs	

PURPOSE

The purpose of this report is to provide information to the Corporate Parenting Cabinet Committee in relation to the role of the Looked After Children's Health Team and the impact this has on improving the health outcomes of looked after children and young people.

Connection to Corporate Improvement Plan/Other Corporate Priorities

This report links to the following Community strategy priorities:

- Working together to raise ambitions and drive up educational achievement.
- Working with children and families to tackle problems early.
- Working together to help vulnerable people to stay independent.
- Working together to tackle health issues and encourage healthy lifestyles.

BACKGROUND

The Looked After Health Team work alongside partner agencies and professionals to improve the health and social outcomes of Looked After Children (LAC) and young people. It has been well documented that LAC and young people are amongst the most socially excluded groups in society. They are known to be vulnerable and have greater health needs than their peers (DoH, 2002). Their health and well being is often impaired by abuse and neglect at home which all too often results in them having a high level of physical, social and emotional needs.

Since 2010, the LAC population in Bridgend has risen from 289 to 412 this represents an increase of 30%. Throughout the last decade, there has been a significant increase in the overall number of children and young people who are looked after in Bridgend. This has resulted in major pressures upon the service and

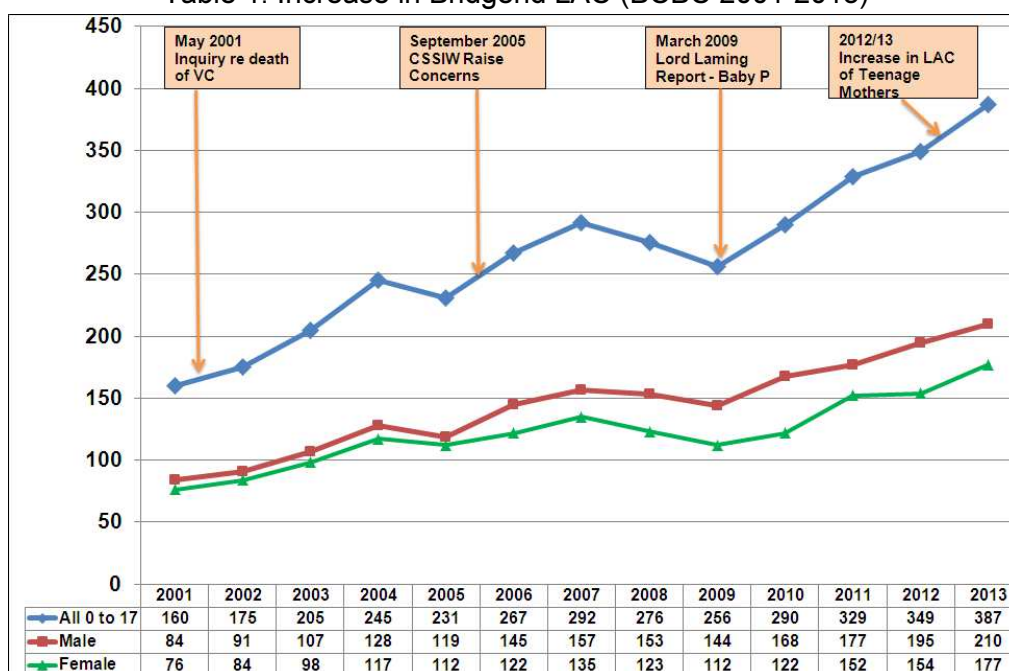
associated budgets. More critically, it also suggests that a significant number of young people in Bridgend are not experiencing childhoods conducive to wellbeing or achieving their full potential.

The sharp increase in the number of LAC is not exclusive to Bridgend. However, some authorities across the UK seem to have been more successful in managing these pressures despite similarly challenging socio-economic circumstance. Since April 2001, and over the subsequent 12 years, the population of looked after children in Bridgend has increased by over 140%.

Between 2007-08 and 2011-12, the overall population of LAC in Wales has increased by 24%. Over the same period, Bridgend’s LAC population has increased by 40%. At present, children under the age of 2 make up 30% of the total number of LAC in Bridgend. Since 2009, the number of children under 2 becoming LAC has increased year on year. There has also been a rise in the number of babies born to teenage mothers becoming LAC and children under 2 and young people aged 14 to 16 form the main proportion of children becoming LAC, accounting for almost 50% between 2008 and 2013 (Table 1).

If all the current trends continued, it is forecasted that the LAC population of Bridgend will increase by 14% over the next 7 years and will rise from 387 in March 2013 to 440 by March 2020. Between 2014 and 2020, in order to maintain the LAC population at current levels an extra 14% of children would need to leave care each year. In order to reduce the LAC population to below current levels, over the next seven years, significant and greater impetus will need to be directed to children aged under 2 and young people aged between 14 and 16.

Table 1: Increase in Bridgend LAC (BCBC 2001-2013)



(BCBC 2013)

Table 2: Current numbers

	Total Number of Bridgend Looked After Children	Number of Bridgend Looked After Children Placed in Bridgend area	Number of Bridgend Looked After Children placed Out of County	Number of Children from other LA's placed in Bridgend
Total Excluding Respite	413	292	119	117
Number of Respite	2	2	None	Not known
Total including Respite	415	294	119	117

Note: Figure re: Out of County children placed in Bridgend is reliant on information being provided from other authorities, so we cannot guarantee its reliability

CURRENT POSITION

The main reason for a child or young person to become looked after is abuse and neglect. These children and young people will have experienced inequalities in health compared to their peers and will often present with delayed development, poor dental health, poor nutrition, poor hygiene and complex emotional difficulties.

LAC and young people are more prone to diseases such as measles and pertussis (whooping cough). This is due to the reduced level of preventive health intervention and these are more likely to have longer term consequences if they have experienced a poor diet and lived in adverse conditions. Such gaps in health surveillance are addressed as a priority by the LAC Health Team; however it is not simply physical health which causes concern.

These groups of young people are reported to have higher rates of health-risk taking behaviour, poor educational attainment and poor social skills compared to their peers. To improve health outcomes for LAC and young people, their health needs should be holistically assessed when they become looked after and any needs highlighted and addressed as a matter of urgency. In essence, the LAC nurse takes responsibility for the health needs; makes the relevant referrals e.g. dental health; GP and CAMHS, and liaise with appropriate multi-agency partners. This is achieved by close working between the professional and the foster parent/placement lead.

Towards a Stable Life and brighter Future (WAG, 2007) acknowledge the value and role of the specialist professionals working with LAC. The guidance refers to the role of the Clinical Nurse Specialist for LAC (CNS for LAC) as a key professional in

managing the extensive notification process when children move placements within and outside the local authority boundaries.

The CNS for LAC has responsibility for the completion of the initial health assessments for all looked after children and coordinating the completion of review assessments, with onward referral to medical practitioners as needed. This will mean ensuring tight agreements with community paediatricians and ensuring that staff working within this field have clear guidelines and line management with clinical supervision to ensure safe practice. The use of the BAAF (British Adoption And Fostering) multi-agency forms are considered gold standard evidence based documentation which enable professionals to undertake holistic assessments. This form is used across the ABMUHB footprint and is generated by Health and contributed to by BCBC Social Services colleagues.

This is the current ABMU HB Bridgend LAC Health Team:-

LAC Health Team based at Sunnyside Bridgend Council offices.

Health Role	Band	WTE
Clinical Nurse Specialist for Looked After Children	7	1.0
Community Nurse Looked After Children	6	1.0
Community Nurse Looked After Children	6	0.4
Community Nurse Looked After Children	6	0.4
LAC Regulations Clerical Officer	4	0.2
Clerical Administrative Officer	3	0.3
Clerical Administrative Officer	2	0.8

The service provided:

The LAC's health team works in partnership with the designated community paediatrician offering a nurse led coordinated health service for LAC and young people. The team works collaboratively with other agencies and professionals to improve the health of the LAC population and seek out health services that address health and wellbeing and promote high quality care. Working alongside foster carers and supporting them to improve the health needs of LAC and young people is paramount to achieving positive outcomes for this LAC population.

This is achieved by:

- Undertaking holistic statutory health assessments (BAAF)
- Produce individualised health plans for each child/young person
- Ensure that health plans are implemented and evaluated
- Provide age appropriate health promotion on a 1:1 basis and group work where needed
- Accept referrals to offer health advice and support from :-
 - Social workers
 - Child/young person
 - Carers
 - Local Authority and education
 - Residential care staff

As well as:

- A flexible approach to service delivery to meet the required outcomes.
 - Commitment to multidisciplinary working.
 - Liaising with health visitors, school health nurses, hospital colleagues, paediatricians GP's and other health professionals.
 - Representing the Health Board at weekly Accommodation and Permanence Panel meetings and monthly Out of Area Commissioning Panel for children in placements outside Bridgend.
 - Training and education with foster parents, health professionals and social work colleagues.
 - Working alongside LAC nurses from other Health Boards in undertaking health assessments for their children placed in Bridgend under a reciprocal agreement.
 - Safeguarding children by working alongside colleagues, HB corporate safeguarding team and participating in child protections conferences.
 - Receiving professional safeguarding supervision monthly with ABMUHB corporate safeguarding Clinical Nurse Specialists.
 - Managing and tracking placement moves and ensuring that GP and dental registration are implemented and recorded within timescales.
 - Liaising with fellow LAC nurses throughout the country to inform them when a child/young person is placed in their area.
-

Measuring outcomes

The challenge of measuring the outcomes are currently restricted to the number of health assessments that are conducted and in updating information about doctor and dentist registration within agreed timescales. Specific means to measure outcomes are currently being developed and will include outcomes in relation to the health of looked after children and young people. The below case studies provide a flavour of some of the health issues the team are faced with and the outcome achieved.

Case study 1

The purpose of this case study is to demonstrate the effectiveness of collaborative working. Positive outcomes were achieved through quick response for the children involved and the professionals working directly with them and protecting the wider public.

The LAC Health team were alerted to 2 young girls that had been taken into the looked after system. They had arrived at placement with sore and bleeding skin patches and head lice. Following advice from the LAC team, the carer had taken the girls to the GP for treatment; a diagnosis of infected eczema, head lice and scabies was made. Appropriate treatment was prescribed for the children and the foster family by the GP

The LAC Nurse was approached by the two social workers involved asking for advice on the spread of scabies as they had both come into close contact with the children. Following discussion and assessment, the two social workers were immediately provided with a (nurse) prescription for scabies treatment and instructions on application of cream and advice on how the infection is spread. This ensured that the infection was contained rapidly and prevented any further spread to colleagues and other children.

The prompt action of all the professionals involved ensured that the infection was rapidly contained and resulted in positive outcomes for the children by treating the infection and for professionals in immediately containing the infection.

Case Study 2

The purpose of this case study is to demonstrate effective working together that resulted in the appropriate assessment and treatment of this individual.

L is a young person of 12 years old. She has had multiple placements in the last 2 years due to her risky behaviour and determination to break down her placements. She was recently placed in the Swansea area and following advice from the LAC team was immediately registered with a local GP practice. L was taken to the GP by her carer as L was complaining of headaches. Whilst there, L disclosed how unhappy she was. The GP prescribed anti-depressants and sent a referral to Child and Adolescent Mental Health Service (CAMHS). The social worker alerted the Bridgend LAC Nurse to this action as she was not happy with the outcome. There was no previous evidence of depression and there were concerns regarding this decision without a CAMHS assessment on L's mental health. The LAC Nurse contacted CAMHS in the placement area. The Consultant agreed to see L to assess

her for depression the following day. The carer was instructed to withhold the anti-depressant therapy until after the assessment.

CAMHS assessment concluded that L was not depressed and that she did not have a mental health diagnosis. CAMHS however, agreed to provide L with some counselling sessions to allow her some time and opportunity to talk to a professional not directly involved in her routine care. The LAC Nurse had a discussion with the GP practice and advised them of the revised plan of care.

This case study demonstrated effective collaboration between different professionals across borders to ensure that the most appropriate care and treatment was provided for this vulnerable young girl.

Current challenges

In order to meet the current challenges, Bridgend Locality have reviewed the LAC Health team provision required to sustain the increasing numbers being referred to the service and highlighted that more staff were needed to fulfill our obligations under the Towards a Stable Life and Brighter Future (WAG, 2007) guidance. The recruitment of more specialist staff has brought Bridgend in line with other LAC services.

The LAC team has strived to manage all of the duties outlined in the guidance, however, it has been acknowledged that this has been difficult to fully achieve due to the increasing LAC population and staff shortages that have derived from sickness and retirement. Since January 2014 the team has been instrumental in making changes to the way in which the LAC process is managed in a bid to use resources as efficiently as possible. This has involved setting up an electronic filing system with each LAC child having their own electronic file and filing safely in this manner at every opportunity. Paper records will continue for the foreseeable future which will contain information that cannot be managed electronically.

A database (spreadsheet) has been set up to allow the team access to specific information on each child, e.g. Their demographic data, date of health assessment and next one due, disabilities, child protection registration, LAC nurse involved. The changes made so far have already shown signs of better working practices and organisation within the team. Two LAC nurses have recently been recruited to support the current team which will ensure that we can continue to further develop the health provision for LAC and young people.

Vision for the next year

Our vision is to provide a first class nurse led service for LAC and young people as set out in Towards a Stable Life and Brighter Future (WAG, 2007). This will include a more comprehensive service to children and young people that will be achieved by utilising resources in a more effective way through:

- Ensuring that each child has a health assessment within agreed timescales

- Assigning a lead LAC nurse to each residential facility (local authority and private) in the Bridgend area
- Assigning a lead LAC nurse for LAC children with disabilities
- Assigning a LAC nurse to take responsibilities for liaising with the Emergency Department to track attendance of LAC children
- Assigning a lead LAC nurse for sexual health
- Setting up a robust system to collate and measure outcomes for looked after children and young people

On-going challenges

- Increasing numbers of LAC children with limited increase in resources and increasing expectations and demands on existing staff
- Increasing numbers of placement changes, particularly those placed out of the Bridgend area
- Risk of placement breakdown
- Inequity of service throughout Wales and the UK
- Meeting mental health and emotional needs of LAC children and young people

RECOMMENDATION

The Corporate Parenting Cabinet Committee is requested to note the content of this report and provide feedback.

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BRIDGEND COUNTY BOROUGH COUNCIL

CORPORATE PARENTING CABINET COMMITTEE

6 OCTOBER 2014

REPORT OF THE CORPORATE DIRECTOR - CHILDREN

INFORMAL FORWARD WORK PROGRAMME – OCTOBER 2014 TO JANUARY 2015

1. Purpose of Report

- 1.1 To seek approval for the proposed Informal Forward Work programme covering the period from October 2014 to January 2015.

2. Connection to Corporate Improvement Plan / Other Corporate Priorities

- 2.1 The report links to the following Corporate Priorities:
- Working together to raise ambitions and drive up educational achievement.
 - Working with children and families to tackle problems early.
 - Working together to help vulnerable people to stay independent.
 - Working together to tackle health issues and encourage healthy lifestyles.

3. Background

- 3.1 The Cabinet Committee manages its business through the Formal and Informal Forward Work Programmes agreed regularly throughout the year.

4. Current Situation

- 4.1 Appendix 1 details the reports which are being proposed for inclusion in future Corporate Parenting Committees.

5. Effect upon Policy Framework and Procedure Rules

- 5.1 None.

6. Equality Impact Assessment

- 6.1 There are no equality implications.

7. Financial Implications

- 7.1 None.

8. Recommendations

- 8.1 It is recommended that the Cabinet Committee approves the Informal Forward Work Programme as appended to the report and consider whether it wishes to propose any other items for inclusion.

Contact Officer

Colin Turner
Head of Safeguarding and Family Support

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Background Documents

Appendix 1

CABINET COMMITTEE –CORPORATE PARENTING INFORMAL FORWARD WORK PROGRAMME

Item	Title of Report	Corporate Consultees	Date of Meeting	Contact Officer
(a)	(b)	(c)	(d)	(e)
1.	Health Provision for Looked After Children (Abertawe Bro Morgannwg University Health Board)		October 2014	Colin Turner Head of Safeguarding & Family Support Telephone: 01656 642314 Email: colin.turner@bridgend.gov.uk
2.	Inspection of: Safeguarding and Care Planning of Looked After Children and Care Leavers, who exhibit 'vulnerable or risky behaviours. Inspection 10 – 13 February 2014		October 2014	Colin Turner Head of Safeguarding & Family Support Telephone: 01656 642314 Email: colin.turner@bridgend.gov.uk
3.	LAC Awards		October 2014	Colin Turner Head of Safeguarding & Family Support Telephone: 01656 642314 Email: colin.turner@bridgend.gov.uk
4.	Informal Forward Work Programme		October 2014	Colin Turner Head of Safeguarding & Family Support Telephone: 01656 642314 Email: colin.turner@bridgend.gov.uk Colin Turner Head of Safeguarding & Family Support Telephone: 01656 642314 Email: colin.turner@bridgend.gov.uk
5.	Early Intervention & Prevention Strategy		October 2014	Nicola Echanis Head of Strategy Partnerships & Commissioning Telephone: 01656 642611 Email: Nicola.echanis@bridgend.gov.uk

Item	Title of Report	Corporate Consultees	Date of Meeting	Contact Officer
6.	Bridgend's response to Child Sexual Exploitation cases		January 2015	Colin Turner Head of Safeguarding & Family Support Telephone: 01656 642314 Email: colin.turner@bridgend.gov.uk
7.	Progress update on the strategy to increase the number of in-house foster carers and supported lodgings		January 2015	Colin Turner Head of Safeguarding & Family Support Telephone: 01656 642314 Email: colin.turner@bridgend.gov.uk
8.	Update in respect of Western Bay Regional Adoption Service		January 2015	Colin Turner Head of Safeguarding & Family Support Telephone: 01656 642314 Email: colin.turner@bridgend.gov.uk
9.	Adoption Allowances Policy		January 2015	Colin Turner Head of Safeguarding & Family Support Telephone: 01656 642314 Email: colin.turner@bridgend.gov.uk
10.	Independent Reviewing Service – Annual Report 2014/15		July 2015	Colin Turner Head of Safeguarding & Family Support Telephone: 01656 642314 Email: colin.turner@bridgend.gov.uk
11.	ACRF – Head of Service Report		July 2015	Colin Turner Head of Safeguarding & Family Support Telephone: 01656 642314 Email: colin.turner@bridgend.gov.uk