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| 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 | |

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|---|----------------|-------------------|------------------|---------------|--------------------|---|
| 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 |

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|--------------------------|--|--------------------------------|
| MAIN REPORT | | ABM University Health Board |
| Bridgend Locality | | 06.10.14 |
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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

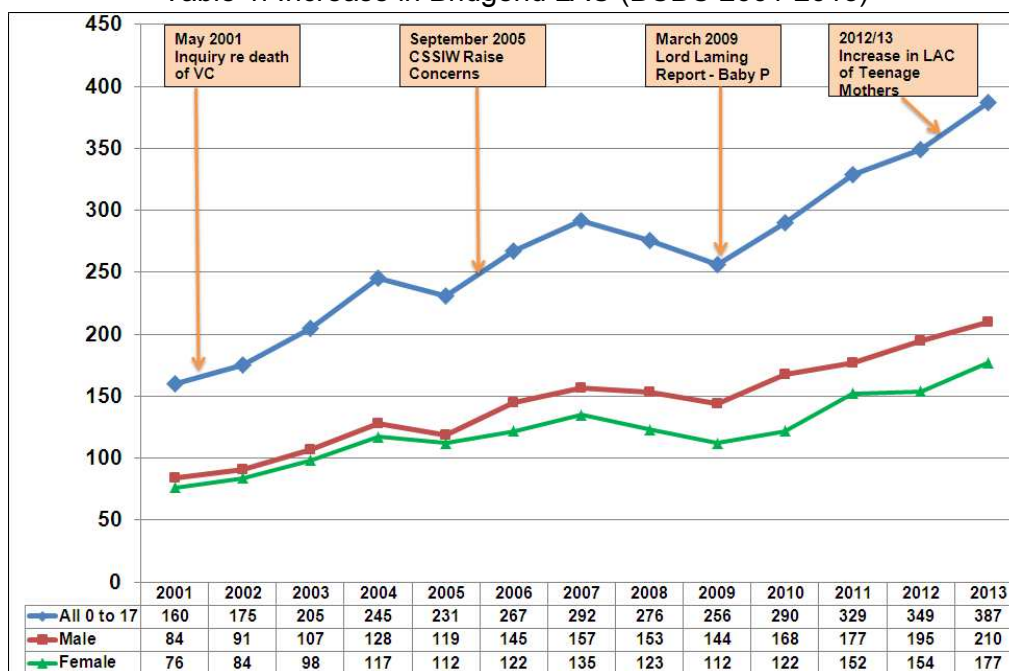
associated budgets. More critically, it also suggests that a significant number of young people in Bridgend are not experiencing childhoods conducive to wellbeing or achieving their full potential.

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.
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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
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Appendix 1

- 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.
