

MINUTES OF A MEETING OF THE CORPORATE PARENTING CABINET COMMITTEE
HELD IN THE COUNCIL CHAMBER, CIVIC OFFICES, ANGEL STREET, BRIDGEND, ON
MONDAY, 6 OCTOBER 2014 AT 10.00AM

Present:

Councillor H J David - Chairperson
(and Cabinet Member - Children and Young People)

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

Invitees:

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

Officers:

S Pryce - Head of Regeneration and Development
C Turner - Head of Safeguarding and Family Support
N Echanis - Head of Strategy, Partnerships and Commissioning
E Roberts - Vice Chairperson ABMU
D Roberts- Walters - Community Leader Children's Services (ABMU)
T Spriggs - Head of Nursing and Community Services (ABMU)
M A Galvin - Senior Democratic Services Officer - Committees

76 INTRODUCTIONS

In view of there being in attendance at the meeting representatives of the ABMU, the Chairperson asked all those present to introduce themselves. He welcomed colleagues from the ABMU to the meeting.

77 APOLOGIES FOR ABSENCE

Apologies for absence were received from the following Members/Officers

Councillor L C Morgan - Unwell
M Shephard - Other Council Business
D McMillan - Other Council Business

78 DECLARATIONS OF INTEREST

None.

79 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of a meeting of the Corporate Parenting Cabinet Committee dated 7 July 2014, be approved as a true and accurate record.

79 EARLY INTERVENTION AND PREVENTION STRATEGY

The Head of Strategy, Partnerships and Commissioning submitted a report, the purpose of which, was to update the 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 'Early help in Bridgend'.

She advised by way of background information, that historically investment in prevention and early intervention initiatives in Bridgend had been somewhat un-co-ordinated. In light of this in recent years there had 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. The local authority had also increased its focus on developing integrated approaches to supporting families and supporting social workers and other practitioners. It was acknowledged that there needed 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 therefore intended to publish its "Early help in Bridgend Strategy". This Strategy defined the Council's whole systems approach to preventing the needs of children and their families becoming more acute.

Attached at Appendix 1 to the report, was the Council's "Early help in Bridgend Strategy". This recognised that in order to be effective in developing services that co-ordinate effectively and provide a wraparound service for children and families, a strategy was required that is continually reviewed, has sound leadership and rigorous approaches to prevention and early intervention. The strategy described 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.

Key elements of this Strategy were that Children's Services are driving a 'whole system' approach to supporting children and keeping families together. Together with the Placements and Permanency Strategy, these would form a multi-agency response to driving improved outcomes for children she explained.

The Strategy contained an action plan for the future rather than an attempt to cover every detail of current services and support.

The Head of Strategy Partnerships and Commissioning then referred to the attached Appendix 1, and elaborated upon the key components of this for the benefit of Members.

There were some financial savings identified in the MTFs, which would be achieved by streamlining the management of the current education support service portfolio.

The Deputy Leader welcomed the report, but added that whilst re-locating staff to the three Hubs within certain geographical areas of the County Borough, care should be taken to ensure that there are no gaps created in terms of existing services currently being provided by more holistic methods. He looked forward to receiving further information on the Strategy and its outcomes via the Action Plan.

The Head of Safeguarding and Family Support confirmed that five Safeguarding Teams covered all areas of the County Borough all of which were formerly based in Sunnyside Officers. These would now in the future be covering bespoke localities.

The Team covering the west had now moved to Pyle Life Centre, whilst Y Dderwen College, Ynysawdre accommodated the north Safeguarding Team. There would then be further teams covering the areas of Ogmere and Maesteg. The Head of Safeguarding and Family Support added currently colleagues for the Health Service were based in the west of the County Borough, which assisted in joint working arrangements. This arrangement regarded co-location of staff from the ABMU and Children's Directorate which would look to be extended to other areas of the County Borough. Finally, the Civic Offices would accommodate the teams for Bridgend and Pencoed, to include a further supporting HUB.

The Head of Strategy, Partnerships and Commissioning added that the next stage in proceedings, was to re-locate other support staff to these Hubs over and above safeguarding staff in order to achieve a broader base of support to clients.

She further added that options were presently being explored, to develop a MASH model of service delivery.

The purpose of this was to 'better manage the front door', i.e. where clients first seek to obtain services and to refer them at the outset to the appropriate agency for guidance and/or support, even though the intention of the Strategy was to provide an overall multi-agency service, with the help of partners including the Local Service Board. This approach had proved a success with regard to the Connecting Families initiative.

A Member pointed out that the likes of schools, including pastors, head teachers and governors, could give support to the joint working arrangements being proposed above, and outlined in more detail in the report, and Officers agreed to this suggestion.

In terms of the provision of Hubs discussed earlier in the meeting, the Head of Strategy, Partnerships and Commissioning confirmed that extra resources would be committed to the areas where there were most cases of people seeking avenues of support.

The Chairperson closed the debate on this item, by stating that the Strategy needed to involve the likes of partners, such as the Health Service and Flying Start and other key associated agencies, as this was critical for it to progress and ultimately succeed. He added that it was also important for the Cabinet Committee to receive progress reports on the Strategy, as appropriate.

The Head of Strategy, Partnerships and Commissioning advised that the Strategy would be re-launched in the new financial year, and that a progress report could be submitted before the Committee in the new year.

RESOLVED: That the Corporate Parenting Cabinet Committee both noted and considered the content of the report and associated Appendices.

80 **HEALTH PROVISION FOR LOOKED AFTER CHILDREN (ABMU)**

The Corporate Director - Children submitted a report, which confirmed that at a previous 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.

The Head of Nursing and Community Services, Bridgend Locality ABMU, by way of background information, confirmed that the Looked After Children's Health team worked alongside partner agencies to improve the health and social outcomes of all Looked After Children (LAC). The attached report found at Appendix 1, described the health services provided by ABMU to LAC, and gave a number of case examples that demonstrated the positive impact of health staff working in close partnership with social care to promote the health needs and good outcomes for LAC.

The Community Leader Children's Services ABMU confirmed that the attached report advised that LAC are more likely to have experienced inequalities in health compared to their non LAC peers and this will often present problems with delayed development, poor health, poor nutrition, poor hygiene and complex emotional difficulties.

The report at Appendix 1 described the work of the LAC Health Team who treat the health needs of LAC as a top priority. The report also described the services that ABMU provide for LAC, and detailed 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.

The Vice-Chairperson of the ABMU explained that it had 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. Their health and wellbeing 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 had risen from 289 to 412 this represented an increase of 30%. This has resulted in major pressures upon the service and associated budgets. It also suggested that a significant number of young people in Bridgend are not experiencing childhoods conducive to wellbeing or achieving their full potential.

The Community Leader Children's Services ABMU, continued by stating that some authorities across the UK seem to have been more successful in managing these pressures, despite similarly challenging socio-economic circumstances. Since April 2001, and over the subsequent 12 years, the population of looked after children in Bridgend has increased by over 140% to 2013.

She continued by advising that between 2007-08 and 2011-12, the overall population of LAC in Wales had increased by 24%. Over the same period, Bridgend's LAC population had increased by 40%. At present, children under the age of 2 made up 30% of the total number of LAC in Bridgend. Since 2009, the number of children under 2 becoming LAC had increased year on year. There had 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 formed the main proportion of children becoming LAC, accounting for almost 50% between 2008 and 2013 (Table 1) on page 33 of Appendix 1 referred.

If the current trend continued, it was forecast 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.

The Head of Safeguarding and Family Support advised that as of last week the number of LAC in Bridgend had reduced to 404 from 413.

The Community Leader Children's Services ABMU, proceeded by stating that the main reason for a child or young person to become looked after was abuse and neglect.

To improve health outcomes for LAC and young people, their health needs should be holistically assessed when they become looked after she added, 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 was achieved by close working between the professional and the foster parent/placement lead.

She continued by advising that the Welsh Assembly Government 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 had responsibility for the completion of the initial health assessments for all looked after children and co-ordinating the completion of review assessments, with onward referral to medical practitioners as needed. She explained that 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 was used across the ABMUHB footprint and was generated by Health and contributed to by BCBC Social Services colleagues.

Page 35 of Appendix 1 then gave details of the current staffing compliment in the current ABMU HB Bridgend LAC Health Team, that were multi-skilled in the required fields.

The Community Leader Children's Services ABMU, added that the LAC's health team worked in partnership with the designated community paediatrician offering a nurse led coordinated health service for LAC and young people. The team worked 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, including working alongside foster carers and supporting them to improve the health needs of LAC and young people, which was paramount to achieving positive outcomes for the LAC population.

Page 36 of Appendix 1 then explained the methods by which this was achieved.

The Community Leader Children's Services ABMU advised that the challenge of measuring outcomes were 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 measured outcomes were currently being developed and would included outcomes in relation to the health of looked after children and young people. These assessments were supported by six monthly follow-ups. Page 37 overleaf at Appendix 1 then outlined case studies that provided a flavour of some of the health issues the team were faced with and the outcomes achieved.

In order to meet the current challenges, Officers explained that the Bridgend Locality Team 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 fulfil obligations under the "Towards a stable Life and Brighter Future" (WAG, 2007) guidance. The recruitment of more specialist staff had therefore brought Bridgend in line other LAC services.

Since January 2014 the team had been instrumental in making changes to the way in which the LAC process were managed in a bid to use resources as efficiently as possible as were evidenced in part of Appendix 1.

In terms of the vision for next year, the Community Leader Children's Services ABMU, confirmed that this was to provide a first class nurse led service for LAC and young people. This would include a more comprehensive service to children and young people, that will be achieved by utilising resources in a more effective way along the lines suggested in pages 38/39 of the Appendix.

To conclude the report the Community Leader Children's Services ABMU, then outlined the ongoing challenges, which were as follows:-

- 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; and
- Meeting mental health and emotional needs of LAC children and young people

The Leader welcomed the report, which he considered to be both comprehensive and informative. He particularly referred to page 38 of the report and the visions for the next 12 months. To that end, he looked forward to receiving quarterly updates on the continued promotion of health outcomes for LAC and young People in Bridgend via the Corporate Parenting Cabinet Committee.

He noted from the second paragraph on page 33 of the report, that even though other local authorities had seen in recent years a significant increase in numbers of LAC, this increase over the last 12/13 years in Bridgend had gone up by over 140%. He asked what evidence there was if any, to suggest why some authorities were not having such an increase, and/or if so, why were they managing to issues associated with such an increase possibly more effectively than Bridgend County Borough Council.

The Head of Safeguarding and Family Support advised that the above findings, associated statistics and other data shown in the report, had been derived from commissioned research carried out about 18 months involving 22 local authorities including Bridgend. One of the main findings that came out of this, was that authorities that had in place a Permanency and Placement Strategy were more successful in managing the pressures associated with LAC. Bridgend had since introduced its own such Strategy in an effort to improve the present situation within the County Borough.

A Member referred to page 38/39 of the report and once more to the visions for the next year, one of which was setting-up a robust system to collate and measure outcomes for LAC and young people. He asked if this would be achieved through increased collaboration with key stakeholders.

The Head of Nursing and Community Services (ABMU) stated that this would be the case so as to find meaningful outcomes, and the best needs of the child, on a case by case basis, and looking at methods put in place in certain neighbouring authorities who were dealing with the pressures of LAC more effectively, such as the neighbouring authorities of Cardiff City Council and the Vale of Glamorgan County Borough Council.

The Head of Safeguarding and Family Support, advised that Bridgend were making some progress, by learning how better to understand the profile of LAC; analysing reasons why they become looked after in the first instance, as well as also looking at key matters such as robust intervention and prevention processes and effective permanency plans and exit pathways, at such a time when they ceased to be looked after. The continued monitoring of individual care plans was also important, he added. This obviously applied to both young people coming into the Bridgend County Borough under care arrangement, and to those who were placed out of County.

The Vice-Chairperson ABMU, in response to a question, advised that it was very important to ensure that young people entering or leaving care were educated regarding sexual health, including taking proper precautions to avoid unwanted pregnancies, as trends showed that the children of these young people often ended up then in care themselves.

He added that equally important was early recognition of young people with mental health problems, and learning lessons from previous cases of serious issues such as self-harming, homicides and suicides. Unfortunate cases such as the white van incident in Cardiff had been analysed to see what mistakes had been made, that then resulted in the tragedy that arose from these.

A Member noted from the report, the importance of ensuring that each child has a health assessment within agreed timescales. She asked if this was a statutory process, and if so, how soon was the initial assessment done, and was this assessment then followed up, and if so, in what sort of time period after the initial assessment had been undertaken.

The Community Leader Children's Services (ABMU), advised that an initial assessment was carried out by a Health Advisor within two days of the child coming into the system, followed up by a six monthly assessment, then a further assessment 12 months after that. Further meetings would take place with the child though, over and above this, even as much as daily if and when these were considered to be required.

The Chairperson concluded debate on this item, by thanking the representatives from the ABMU for attending the meeting, and giving an input into the report, as well as to responding to questions raised by Members.

RESOLVED: That the Corporate Parenting Cabinet Committee noted the contents of the report and the feedback and observations given to lead Officers' within both the Children's Directorate and ABMU in relation to the same

81 INFORMAL FORWARD WORK PROGRAMME - OCTOBER 2014 - JANUARY 2015

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

The Chairperson on behalf of Committee advised that Items 2 and 3 on the IFWP, having not been considered by today's Committee as had been proposed, should roll over to a future meeting.

Also to be added to the IFWP for consideration at a future meeting(s) he suggested, should be updates on the two items discussed earlier on the agenda, as follows:-

- (i) Update on Early Intervention and Prevention Strategy;
- (ii) Update on Health Provision for Looked After Children (ABMU)

RESOLVED: That the Corporate Parenting Cabinet Committee agreed to approve the Informal Forward Work Programme appended to the Officer's report, subject to the following further items being deferred/added to the agenda for future meetings:

- 1) Inspection of Safeguarding and Care Planning of Looked After Children and Care Leavers, who exhibit vulnerable or risky behaviours;
- 2) LAC Awards;
- 3) Update on Early Intervention and Prevention Strategy; and
- 4) Update on Health Provision for Looked After Children (ABMU)

The meeting closed at 12.06pm