

Report of the Deputy Director (Children's Social Care) to the meeting of the Corporate Parenting Panel to be held on 10 September 2018

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Subject: Progress report on Health and Dental Outcomes for looked after children and care leavers.

Summary statement:

Progress report exploring outcomes of children and young people accessing health and dental services.

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Portfolio:

Children & Families

Overview & Scrutiny Area:

Children & Families

1. SUMMARY

- 1.1 The Through Care Service are responsible for two Key Performance Indicators set by the Department of Education regarding dental and health of looked after children. At the time of writing this report there are 1038 looked after children and 495 care leavers. Current data (July 2018) is as follows:

% of looked after children who had an annual health assessment 89%
% looked after children who had their teeth checked by a dentist 85%

- 1.2 Annual data recorded in April 2018

93% of looked after children were up to date with health assessments
96% of looked after children were up to date with immunisations
90% of looked after children were up to date with dental checks.

2. BACKGROUND

- 2.1 The inclusion of Health data within the Corporate Parenting Plan is welcomed as clearly it is a key part of a child's development and falls within the Corporate Parenting Principles. (Corporate Parenting Principles to looked after children and care leavers)

- Have access to a full range of activities to build health and wellbeing
 - Keep safe and healthy
- A key part of The Through Care Strategy 2018 – 20
- Have a healthy start and healthy life.

3. OTHER CONSIDERATIONS

Looked After Children Health Offer

- 3.1 It is a basic expectation of a child's care placement that the looked after child is registered with basic universal health care; GP, Dentist, Opticians and other age specific universal services, health visitors and school nurses. This is quality assured through the Statutory Review Process.
- 3.2 Bradford as a region has a shortage of NHS dentists, it is no different for a looked after child and initial registration with an NHS dentist is a challenge, with general advice being that once a child is registered that registration should be maintained and the dentist not changed, into adulthood.
- 3.3 In addition to universal services all looked after children have an allocated Specialist Public Health Nurse within the Looked After Health Team. The named nurse remains with the child, regardless of placement changes, through that child's care journey.
- 3.4 It is a statutory duty that every looked after child has an initial health assessment that is completed by a registered medical practitioner. This assessment should result in a health plan which is presented at the first CLA (Child Looked After) review. The initial health assessment must happen within 20 days of the child becoming looked after, thereafter annually unless the child is under 5 when health assessments are every 6 months.
- 3.5 The actual assessment covers the state of the child's physical, emotional and mental health, child's medical history, development, screening, immunisations and general health advice regarding that child to the care giver. All initial assessments in Bradford and Airedale are carried out by a paediatrician and thereafter a specialist looked after nurse.

- 3.6 During the initial health assessment a strengths and difficulties questionnaire (SDQ) is completed with the child or young person, this is a nationally used questionnaire that simply looks at a base line of a child or young person emotional wellbeing. The questionnaire can be repeated with different professionals and the child or young person to get a more rounded view of their emotional well-being. From the initial assessment completed by health colleagues, the process then comes over to the Through Care Service to review and repeat with the 'team around the child'. In service the scores from the questionnaire is used as a tool to prioritise referrals to the TSW (Therapeutic Social Worker) service. The Through Care Service are looking at more user friendly tools to capture his information in order to have richer data and analysis about the wellbeing of our looked after children and young people.
- 3.7 Pathways are in place from the looked after children nursing team to ensure that looked after children have access to more specialist health services such as the dedicated LAAC (Looked After Children and Adopted Children) team with CAMHS. As well as the salaried dental services who, although an acute specialist service with a 30 week waiting list, never turn a looked after child down if treatment is needed. As well as other specialist community paediatric services available in Bradford. This is strengthened by the health specialist embedded within the B Positive Pathways Service.
- 3.8 The CCG's (Clinical Commissioning Groups) employ two designated Doctors and one nurse for looked after children. They are members of the Through Care Strategy and chair the health sub-group and they have a strategic role to ensure that health services to looked after children are appropriate, timely, co-ordinated and responsive. Key planned priorities for the sub group for the next quarter are:
- Oversight of the utilisation of the LAAC team within the CAMHS Service
 - Improvement in the application rate of the Friends and Family Test to looked after children.
 - Design and embedding of a health pathway for the unaccompanied asylum-seeking children.
- 3.9 The Therapeutic Social Workers (TSW) are in the early stages of embedding themselves within the Through Care Service (see Appendix One – TSW information sheet). The team are ambitious for our looked after children and want to have offered all foster carers at least one session of Therapeutic Thinking Time (TTT) for the children they are caring for. The TSW Team are supporting the training of foster carers in PACE intervention and foundations of attachment in order to increase foster carers resilience and see themselves as a tool to 'heal' children who have suffered trauma by nature of them having being separated in their lives from their initial primary carer giver. TSW's will work alongside the looked after children nursing team and LAAC service as a middle tier of intervention.

Care Leavers Health Offer

- 3.10 Based within the looked after children's nursing team are two care leavers nurses, who take over health assessments of looked after children at 16 and take through to 25. All care leavers are given a health passport, which includes personal health data and health promotion messages. All young people are empowered to access appropriate health support, the emphasis changing from being dependent on others to facilitate health care to being individually responsible for your own personal health and wellbeing.
- 3.11 There is a degree of expertise held between the leaving care nurses that specifically relates to young people for example, sexual health, positive relationship choices, individual safety, self-esteem, diet, exercise and empowerment of young people.

- 3.12 Although anecdotal as data is not counted, with care leavers there is the greatest number of 'dental refusals', which has an impact on continued registration with an NHS dentist. This is not exclusive to care leavers and an issue within the general young people's population nationally. However what is a challenge is dental health is generally poorer within looked after children and therefore a care leaver like their peers refusing to go to the dentist becomes more problematic.

Additionality

- 3.13 Health and Wellbeing for care leavers is more focused on individual accountability and responsibility and equipping young people with the skills to take them into adulthood. To this end we encourage our more vulnerable young people to attend our groups that cover health and well-being, the Smooth It Out Group, Cook and Eat, Girls Group and Be Fit. The care leaving nurses support each of the groups and often pick up issues within these groups that they then follow up with a young person individually within their health assessment. All the groups are well established, attendance is good and fine tuned in what they offer and how they engage young people.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 Looked after children numbers are rising in Bradford which is challenging to the health offer for looked after children and care leavers. The looked after nursing team formed 14 years ago and has been given recognition at a national level. The team today has more demand placed on it with much fewer resources. 14 years ago there were 600 looked after children and as stated today there are 1038, of which a higher proportion are more complex in terms of their physical health and emotional wellbeing.
- 4.2 The impact on our looked after children is that currently an initial statutory health check is a 11/12 week wait, there are currently 50 looked after children awaiting health assessment reviews and a 3 year wait for specialist CAMHS 1:1 therapy. The impact being a temporary triage system is in place and additional services and health prevention is being reduced.
- 4.3 In response to this is the 'Through Care' partnership have come together to review the looked after children and care leavers health offer and pathway. Out of a challenging situation for all good outcomes are already being achieved, processes streamlined and the pathway shared across the partnership in a more co-ordinated approach than previously. It is envisaged that the review will be concluded and operationally by Jan 2019.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Not applicable.

6. LEGAL APPRAISAL

Not applicable.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

Not applicable.

7.2 SUSTAINABILITY IMPLICATIONS

Not applicable.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

Not applicable.

7.4 COMMUNITY SAFETY IMPLICATIONS

Not applicable.

7.5 HUMAN RIGHTS ACT

Not applicable.

7.6 TRADE UNION

Not applicable.

7.7 WARD IMPLICATIONS

Not applicable.

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

Not applicable.

7.9 IMPLICATIONS FOR CORPORATE PARENTING

The health and wellbeing of Bradford's Looked After Children is a corporate priority and addressed in this report.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

A privacy impact assessment covering Childrens Specialist Services has been completed and is accessible through Bradnet.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

None.

10. RECOMMENDATIONS

- 10.1 The views of the Corporate Parenting Panel are requested regarding the contents of this report.

11. APPENDICES

- 11.1 **Appendix One** – Therapeutic Social Work Team Information Sheet

Appendix One Therapeutic Social Work Team Information Sheet

1. Therapeutic Thinking Time – appointment accessed through (email) via referral form

First stage - an initial consultation is for the Social Worker only to provide a reflective space for thinking about the child, the situation, difficulties, strengths and what would be helpful. This stage is offered if Social Worker specifically requests time alone, other wise jump to stage two.

Second stage - a further appointment is offered for a team around the child. This will include the core group of professionals involved with the child; i.e. foster carer, school etc. This is so everyone can work collaboratively to best meet the needs of the child, that there is clear communication between parties.

Third stage - the child will then be discussed within the team to ascertain if further work needs to undertaken and what service might be offered either by our TSWT or referred into CAMHS. If work is to be carried out by the TSWT this will be discussed further at the allocations meeting.

2. Placement Surgery – appointment accessed through email via referral form

Focus will be on foster carers, residential workers and hostel workers.

There will be 2 slots available every week.

Professional Team Around the Child to be invited if appropriate.

3. Family Therapy - appointment accessed through email via referral.

See information below

4. Lifestory Support Sessions – appointment accessed through email via referral form

The initial session will be to discuss the history, appropriate language and how to present the information in a sensitive manner to the child, understanding the emotional impact of helping children and their carers understand 'life stories'. Further sessions can be offered to the social worker and foster carer to help guide them emotionally in order to support the child throughout the piece of work.

5. Filial Therapy Group – referral form to be completed and sent to email

The group is 16 sessions weekly for foster carers (3 hour sessions with a short break in the middle) and follow up support sessions to foster carers who are implementing the play with children. See below.

COMING SOON -

- Individual work – via **Therapeutic Thinking Time (stage three)**.
Playtherapy, Theraplay, CBT, EMDR, Counselling and Therapeutic sessions, PACE focused work (DDP), Hypnotherapy.
- Therapeutic Parenting Groups for Foster Carers. (8 week programme) Access via referral.

Contact: SSV Childrens Therapeutic Thinking Time

SSVChildrensTherapeuticThinkingTime@bradford.gov.uk

What is Family Therapy?

Family Therapy helps people in close relationships to work together on the difficulties that led to the referral to CAMHS. It helps family members to express and explore difficult thoughts and emotions safely, to understand each other's experiences and views, appreciate each other's needs, build on family strengths and make useful changes in their relationships and lives. As well as talking about things, we use a range of other ways of communicating, such as drawing and using play people or play animals, depending on what works for you and your family.



Does it work?

Research shows Family Therapy is useful for children and young people experiencing a wide range of difficulties and circumstances, as well as relationship problems. These include:

- Family communication problems
- Illness and disability in the family
- Separation, divorce and step-family life
- Anorexia, bulimia and other eating disorders
- Self-harm
- The effects of trauma and violence
- Child and adolescent behaviour difficulties
- Depression, low mood and anxiety

What is meant by family and who would come to sessions?

There are many different kinds of family – birth families; extended families; step-families; gay, lesbian and heterosexual families; foster families; adoptive families; and so on. By family, we mean any group of people who care about each other and define themselves as a family. We like to meet as many people as possible from your family at some point, but we often meet with part of the family for some of the time. We may make suggestions about who to bring, but it will be up to you to decide this.

How many sessions will we need?

There is not a fixed number of sessions. We can work out with you what is best. Most sessions last about one hour. We often have about one month between sessions, although at times we have more frequent sessions.

Who will we see?

Family Therapists sometimes work in teams or in partnership with colleagues, and sometimes work on their own. We sometimes use a team to help us to think about everyone's perspective in the family. The team is there to help you and the therapist. The team listens while the therapist talks with you. So as not to crowd the room, the team may listen from a separate room. However, it is not a secret process – we ask the team to come and share their thoughts with you at some point in the session. Sometimes we like to make a dvd or video recording of the session as this helps us to review and plan our work with you. We only do this if you give consent. This is something we

Group Filial Therapy Programme.

The Parent Child Play Programme or Group Filial Therapy is a well-integrated model of family change based on Non-Directive or Child Centered Play Therapy and Family Therapy principles. The word Filial generally refers to parent-child relationships. The basic idea is that parents or carers can be taught to have child centered play sessions with their own children and serve as therapeutic agents of change for them. It is a family based intervention so all family members are encouraged to participate where possible/appropriate.

The model is well established and group Filial Therapy Programmes have been used widely in the States for over 40 years and more recently here in the UK by Play Therapists.

It is suitable for a wide range of children (approx 3-12 years) and families, particularly foster and adoptive families and has been used successfully to help promote and deepen parent-child attachment relationships and help children with emotional difficulties that have been traumatised by life events.

The programme trains parents/carers to have special playtimes with their children and helps them to eventually conduct special play sessions at home with their children. Children keenly communicate their emotions and work things out through their play, are less anxious when playing and play is both empowering and fun for children and parents. It is also nicely parallels the PACE/DDP skills our foster carers are increasingly being trained in and one of the core skills carer's learn is empathic reflection.

How does it work?

The programme is a 16 week, two leader group model (qualified child centered play therapist and a co-trainer) and can train approx. 4-6 families with between 5-8 children.

The training programme has 3 parts.

1. In the initial part of the training the entire group learns to conduct special play sessions by learning 4 skill areas and practicing these within the group. This is weekly 2 hour sessions.
2. Once the initial skills are learnt then the parents have practice play sessions with their children. These sessions are initially carried out away from the home. The sessions are filmed and the play session is then shared in the group setting with feedback. During the initial filming sessions the group continues to meet weekly.
3. Finally when the skills are established play sessions are transferred home The training is a skills based approach and a step by step process and parents are supported under supervision before they transfer the skills home.

Group Filial Therapy is a fun, empowering and collaborative way of working. Feedback from adults trained in Group Filial Therapy states they have enjoyed connecting with their children through playing, gained a better understanding of their children's emotional issues, which ultimately deepens attachment relationships. The playing makes total sense to the children who thoroughly enjoy their 'special play sessions' with their parents. Parents often find the group training supportive and fun (despite initial anxieties especially around videoing!) and making connections with other carer's.

Please get in touch if you have any other questions or need any more information.