

CORPORATE PARENTING ADVISORY COMMITTEE

26 JUNE 2023

Present: Councillor Merry(Chairperson)
Councillors Lay, Lister, Littlechild, Naughton and Taylor

Officers Present: Deborah Driffield (Director, Childrens Services)

Advisors Present: Deborah Williams, (Virtual Headteacher)
Candice Lloyd (NYAS)
Becci Ingram, (General Manager Children, Young People and Family Health Services)

26 : APPOINTMENT OF THE CHAIR AND COMMITTEE

RESOLVED:

To note that Council, at its Annual meeting appointed Councillor Sarah Merry as Chair of the Committee for the 2023 -2024 municipal year and the following Members to the Committee:

Councillors Ash-Edwards, Kaaba, Lay, Lewis, Lister, Littlechild, Naughton and Taylor.

27 : TERMS OF REFERENCE

RESOLVED:

To note the Terms of Reference

28 : APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Ash-Edwards, Lewis and Kaaba.

29 : DECLARATIONS OF INTEREST

No declarations of interest were received.

30 : MINUTES

The minutes of the meeting on the 27 March 2023 were approved as a correct record of the meeting and signed by the Chairperson.

31 : MY THINGS MATTER CAMPAIGN/PLEDGE

The Chair invited Candice Lloyd, from NYAS to provide an update to Members on the My Things Matter Campaign and Pledge (contained in Appendix A). Members of the Committee were encouraged to become signatories to the NYAS My Things Matter pledge in order to improve the experience of children and young people when moving to different placements – to date a total of 32 local authorities had signed up.

The Committee was reminded that a presentation had been provided at the last meeting on the My Things Matter Campaign/Pledge at which Members had agreed to sign the Pledge.

Members were informed that following today's meeting if everyone was minded to sign the Pledge, photographs would be taken in order to publicise the campaign. In addition, the Council had updated its guidance and policies with communications taking place with Cardiff City Council staff and other partner agencies to highlight the importance of the Campaign and Pledge.

Members were asked to comment or raise questions on the information received. Those discussions are summarised as follows:

- Members enquired as to the inter linkages between Cardiff as an individual local authority and the regional consortia for adoption and fostering. Additionally, if there were opportunities for the authority to influence outwards as well as in conjunction with other local authorities. Officers responded that NYAS was working closely with Vale, Valleys and Cardiff Adoption. The inter link is there and the pledge covers all of our looked after children.

RESOLVED:

To endorse the pledge.

32 : CHILDREN AND YOUNG PEOPLE EMOTIONAL WELLBEING MENTAL HEALTH SERVICE

The Chair invited Becci Ingram, (General Manager Children, Young People and Family Health Services – Committee Advisor) to provide an update to Members in relation to the Children's Services Emotional Wellbeing project.

Members were asked to comment or raise questions on the information received. Those discussions are summarised as follows:

- It was noted that there had been a reduction in the time taken to completed assessments and that 90% of children and young people were being seen within 28 days. Members asked what the waiting time for interventions was. Officers responded that there were currently extended waiting times for intervention pathways - in excess of 28 days but steps were being taken to improve this. One of the developments with the whole system change being introduced was the importance of connecting assessment and intervention together to manage capacity. The Service had transitioned to the new assessment front door and was in the process of a period of change from medically organised waiting lists to a single, unified waiting list and a needs-led approach with the right clinician working with the young person. The outcome being that this would address the needs of the young person in terms of the kind of intervention support they required for them and their parents.
- Members enquired as to whether there was a strategy going forwards in terms of the promotion of the Children and Young People Emotional Wellbeing

Service by working collaboratively with Council teams, doctors' surgeries, pharmacies and schools. Officers agreed that a promotion strategy for the Service was essential and that with the In Reach going live and embedded in the schools this was changing the narrative. The next phase was to be explicit and proactive and sharing the message across Cardiff and Vale.

- Bearing in mind the long wait for a diagnosis and a full support plan, Members raised the issue of what support was in place for those children and young people and how well connected the Authority was with the third sector and other partners and the partnership approach that was present in Children's Services. Members discussed the importance of children with psychological distress who were not being admitted having a safe place that was not a hospital or a secure unit but a home where they could get the support they needed.

RESOLVED:

1. To receive the report
2. Member's comments be forwarded to officers in the form of minutes.

33 : STATUTORY HEALTH AND INFORMATION FOR LOOKED AFTER CHILDREN

The Chair invited Becci Ingram, (General Manager Children, Young People and Family Health Services – Committee Advisor) to provide a presentation to Members on Statutory Health and Information for Looked After Children.

Members were informed that the Children Looked After team (health) were an important part of the Children, Young People and Family Health Directorate and delivered an area of work where there were statutory health requirements. Children in care had adverse health outcomes so the assessments were aimed at improving health outcomes and reducing health inequalities, as well as ensuring identified health needs are actioned and monitored. The service was provided by a small staffing team of Consultant Paediatricians and Specialist Nurse.

Members were provided with a summary and overview of the statutory responsibilities for monitoring the health of Children Looked After and the role of the key people in assessing and monitoring the health needs of Children Looked After, including the Looked After Health Nurses.

The Committee noted that there had been a growth in the number of children looked after with a direct impact on the number of health assessments the team were required to deliver. Until recently the team had not grown in line with the growth in demand. Recognising these pressures, it was noted that the Health Board had taken a number of actions which were outlined to Members. Members were also informed of further considerations and developments.

Officers shared a 15 year old patient's story with them which detailed his experiences in care, over a period of 13 years, told from the perspective of his grandmother. Members heard that during his time in care he passed through 5 foster placements with 5 different families and suffering emotional abuse. When a family was finally

found it only lasted five weeks resulting in him going back into care and then being separated from his sister (also in care). His experiences resulting in him becoming emotionally withdrawn to the point where he would not connect with anyone or anything. At this stage arrangements were made for an Independent Review Officer (IRO), social worker and LAC worker to intervene. Each of them made contact. He told his grandmother that the LAC nurse was brilliant together with IRO and Social Worker. He was now happy, smiling and working towards his GCSEs and wanted to continue in education where he had previously given up.

Members noted that the story highlighted the good work being done by the services and the importance of wrap around services for the child. The LAC nurse's intervention in the case was described as being an intervention with the right help at the right time – having a positive impact on the 15 year old and being a real turning point at making a difference. Members noted it would be of interest to understand the decision making process in this particular complex case, the details of the wrap around support and support that was put in place from partners very early on and that perhaps this would have made a difference if it had happened several years ago.

A discussion followed on from the patient's story. It was stressed that the story was written from the perspective of the grandmother and the details in the case were not individually verified facts. Officers highlighted the importance of obtaining a whole range of perspectives and that not every person's perspective was the same. Members were reminded that they had asked for perspectives that were not always positive and there were learning outcomes from such examples where the Authority could be doing things differently.

Furthermore, the case spanned a period of 15 years, over which time there had been many changes and developments such as Health directorates, Children's Services, Council and third party organisations investing heavily in early help, preventative services with the aim of preventing those children and young people coming into Children's Services statutory services. Additionally, when those children and young people were in the statutory services intervention hubs and emotional wellbeing support hubs were now in place which predated the case. Officers referred to the Adoption Collaborative and also the support in place for the siblings of the child or young person such as sibling attachment assessment, therapeutic support and life journey work for those children and young people.

Members were re-assured that Independent Reviewing Officers, who had been in place for many years, independently reviewed every single care plan for every single child looked after. Also, anti-disruption or disruption meetings took place prior to any placement breakdown and once there was a placement breakdown to understand what had gone wrong. Checks took place in terms of anything to be done in terms of support for carers and matching those children with future carers. Members were also made aware that the children would have been party to court proceedings and any care plans and proceedings would have been overseen by the court process. There would also have been a guardian in place who would have been independently supporting the children. The complaints process would also have been open to the family throughout their journey. The children and their parents, and grandparents potentially, would also have had the right to advocacy. Children and their families had the right to an independent advocate if they had any concerns at all. There was management oversight at all different levels in terms of all the families worked with

and once things were escalated in terms of the number of breakdowns there would be a case review in relation to this.

Members were asked to comment or raise questions on the information received. Those discussions are summarised as follows:

- Members enquired, in terms of the case study of the 15 year old whether vaccinations and dental health appointments were covered. Members were aware of problems with families getting on dental health surgery list – Officers responded that vaccinations would be covered but in terms of dental health appointments this would be followed up with the Primary Care team within Health.
- Members enquired if there were any figures/timescales for assessments of children in other areas – specifically Vale of Glamorgan and other neighbouring local authorities – Officers responded that there was one waiting time for all Cardiff and Vale with children being assessed by the team regardless of where they were placed.
- Members enquired how the information was tracked in relation to children and young people who travelled between health boards and if more information could be provided on the health passport and what that entailed – Officers responded that one of the looked after nurses (team of 7 nurses) specifically looked after children who travelled between health boards. They had constant contact with those children. Some engagement would take place locally within their own health boards or trusts if the child or young person was placed in England but there was a looked after nurse who was based in Cardiff and Vale who was a constant in the child's life. In relation to the health passport this was a new development, currently in its infancy. At the next committee officers would supply Members with more details.
- Members asked if a standard health check was carried out with every child across the Authority so that the same measurable goals were in place and therefore also a standard assessment – Officers confirmed that a standard health assessment was carried out for all children looked after.

RESOLVED:

- 1 To note the report on Statutory Health and Information for Looked After Children;
2. Members' comments be forwarded to officers in the form of minutes.

34 : ENFY'S OVERVIEW

The Chair invited Dr Libby Erin, Lead Psychologist who provided Members with an Overview of Enfy's, a Psychology led Service for Children that are Looked After.

Members noted that the Enfy's service, previously known as the Developmental Trauma Service, was established in August 2016 and was originally just a part-time Clinical Psychologist who then became full time in August 2017. It had grown since

the last presentation to the Committee and now consisted of a team of around 15 comprising Psychologists, Graduate Mental Health Workers and Occupational Therapist. Members were informed that Enfys had a pyramid model which explained how support was offered.

Members would be aware there were over 1300 children who were looked after in Cardiff and the Vale of Glamorgan. To meet this demand the service provided a predominantly consultation-based model of service delivery. Once a family or child had support at one level, they could move up to the next level if it was considered there was a need for more intensive support. Members were informed that the number of families Enfys worked with at each level decreased as the pyramid was ascended. The service supported foster carers, social workers, teachers, or anybody else involved in a child's care, to complete the nurturing attachment group.

Members were provided with information on the ongoing support to families provided by Enfys as follows:

- Assessment and formulation of therapeutic need
- Based on child, young person or family individual needs (needs led)
- Dyadic Developmental Psychotherapy –based support
- Members of the team are skilled in a variety of therapeutic models, as well integrative working (e.g. play based work, EMDR, DBT, Tree of Life, TF-CBT, ACT)

Members were also informed of the work with Enfys undertook alongside other agencies which included:

- 6-weekly supervision with CLA nurses
- 6-weekly supervision to post-adoption service
- Co-location with East, North, South teams in Cardiff Children's Services every month
- Co-location with post-adoption service every 2 weeks
- ARC – dedicated psychologist embedded in the edge of care service

Members noted that so far, this year, 5 Enfys groups had been run for individuals from both Cardiff and Vale and within Cardiff, Enfys has provided 246 Advice and Support Sessions since January 2023.

Members were appreciative of the fact that Enfys had supported many of Cardiff's children and young people and wished to pass on their thanks for the positive difference that they had made and there was recognition of the importance of what they did to support everybody.

RESOLVED:

1. To note the Enfys Overview; and
2. To feedback on how the service meets the needs of Looked After Children; whether this is sufficient to meet the numbers of Children Looked After and how it could be reported to future Committee meetings.

35 : EMOTIONAL WELLBEING PROJECT

The Chair invited Suki Bahara-Garrens to provide a presentation to Members on the Emotional Wellbeing Project which was a multi-agency project established, within the Regional Partnership Arrangements, to improve outcomes for children and young people in emotional crisis. The presentation to members outlined the approach and progress to date.

Members noted that during COVID there had been an increase in the numbers of children and young people across Cardiff who presented to emergency units following self-harm and suicide attempts. Whilst the majority were able to be discharged back to their homes or previous placements once they were medically fit, there were a small but growing number of young people who did not meet the criteria for Child and Adolescent Mental Health Services (CAMHS) or tier 4 in-patient support because their needs were not best described as related to a 'mental illness' but did require ongoing support to enable them to safely return to living within the community.

Members were provided with an overview of the project aims which were as follows-

- Improve outcomes for children and young people in emotional crisis;
- Reduce time spent on the paediatric ward for children and young people
- Improve multi-agency discharge planning to ensure a safer move on
- Wrap around clinical to team to work with children and young people in the community or in the stable base accommodation.
- Education from both Local Authorities involved for the children and young people.
- Improving collaborative work between Cardiff and Vale of Glamorgan Childrens Services and CAMHS (Child and Adolescent Mental Health Services)
- Increased practitioner confidence when working with emotional distress or mental illness

Members were also provided with details of the Recovery Step Down Team and Home providing accommodation and assertive outreach. The Committee heard a case study of a 9 year old girl who had been discharged from hospital to a property with clinical support. The young girl had since returned to school and moved back to another placement.

Members were asked to comment or raise questions on the information received. Those discussions are summarised as follows:

- Members asked how many young people could be accommodated in the house provided by the project - Officers responded that the property was quite large with two separate living areas and two separate bathrooms. Two people lived there. The communal area, kitchen area could be joint but the young people would have their own bedroom and other space within that large property.

RESOLVED:

1. To note the report on the Emotional Wellbeing Project; and

2. To feedback on any observations or comments

36 : PERFORMANCE DASHBOARD - QUARTER 4 2022 - 2023

The Chair invited Matt Osbourne to present the Performance Dashboard which provided Members with the Key Performance Indicator Dashboard (Appendix A) which had been agreed by the Committee as a standing bi-annual agenda item.

Members were informed that the Key Performance Indicator Dashboard outlined a range of key data from internal departments and outside agencies that had an impact on the lives of Children Looked After and Care Leavers and that it would help Members of the Committee understand the services and organisations that supported care experienced young people in Cardiff.

Members noted that the key performance indicators included data from Cardiff and Vale Health Board; Children Services; Bright Futures; Housing Directorate; Education Directorate; Criminal Justice System and Adolescent/leaving care services.

Members were asked to comment or raise questions on the information received. Those discussions are summarised as follows:

- Members enquired if there was any data in relation to those young people participating in the Basic Income pilot and whether the Authority was being asked to track the different outcomes for that cohort of young people. In addition, if the Basic Income pilot was having the intended outcomes, what the learning outcomes were and also what the Authority had gleaned from what was being utilised for the young people to access the financial support. Officers responded that the Basic Income pilot data had not been included in the Performance Dashboard but in terms of those children and young people who were involved in the pilot they were being tracked and in addition were being monitored by the Welsh Government. Furthermore, the decision to launch the pilot was a positive one to ensure that children and young people who were care leavers got the best possible financial outcome.
- In terms of the placement figures (9% target), Members asked if it would be possible to break down those figures to remove those young people or differentiate between those young people who were moving into independent living arrangements to ascertain whether that figure was lower than 9%. When taking into consideration those going through independent living arrangements was whether there was a better narrative than the graph indicated.
- Members raised the issue to children being moved around the country and the possibility of vaccinations being missed and the importance of making sure that basic health road checks were recorded.
- A discussion took place on the Child's Passport and if it would be possible to map the key important information recorded in the Looked After Review and Child Placement Record. Health Services had their own systems and it was about ensuring there was some way of combining it all so that it was as transparent as possible. Officers responded that the information was quite

easy to extract and when looking at Health data there was not a great deal in the Dashboard and Health Service officers agreed to examine the data currently being collected and provide more information to the Committee. It was noted that a digital system was being established which would result in data being more accessible.

- In terms of exclusions Members asked if the Authority was encouraging schools to make sure they were engaging with social workers in addition to either residential or foster care providers to ensure that all key adults were involved. Officers responded that meetings took place with all key agencies where there was even a possibility of an exclusion taking place with the purpose of establishing a plan/offer to prevent that from occurring and taking into account the needs of the young person.
- With regards the changes to Additional Learning Needs (ALN), Members enquired what work was being undertaken as Looked After children and young people transferred from School Action Plus onto the new assessment systems and statementing. Officers responded that there was a specialist inclusion teacher who was involved in supporting and writing the IDP for young people subject to an ALN. The process being that the notification was received that there was an ALN and then a series of questions was discussed with all the agencies around the young people and resulted in an Inclusion panel taking place with an agreed action plan.
- In relation to the Mind of My Own App clarification was sought in relation to the Welsh Active Offer of Children's Right to Advocacy and that this would be at the forefront and that the app was there as supplementary support and not instead of. Officers were in agreement that the app was very helpful and gave a child and young person the opportunity to share information at a time which suited them but the active offer process issue-based advocacy was crucial and the app in no way replaced this.
- Members raised concerns over the provision of health care in terms of the numbers of doctor's surgeries and the growing population. Officers responded that the Health Board had annual plans that addressed changes not just in health but also around the expansion of housing in Cardiff and the growing demand which would have an impact on children. What was essential was to properly map those provisions with the service areas. The Committee noted that early conversations were starting regarding a guaranteed offer for Looked after Children.

RESOLVED:

To note the performance figures provided

37 : MEMBER VISIT PROGRAMME

The Chair invited Matt Osbourne to present the Member Visit Programme.

Members' attention was directed to Appendix G which provided a draft of suggested visits for the Committee. Members were asked if they were satisfied with the list

presented and were asked to feedback with suggestions for any additional provisions or services suitable for visits.

It was noted that it would not be possible in the case of many of the provisions for the whole of the Committee to attend. An example of this was the Children's Home which would only accommodate two members visiting at any one time. For some provisions, such as Cardiff Youth Justice there would be several events over the summer period allowing for a number of committee members to visit to meet the staff.

The Chair requested that if Members had to cancel a visit could they ensure that they notify their non-attendance as far in advance as possible in order that the space could be offered up to another attendee.

RESOLVED

1. To agree the programme of visits; and
2. To feedback on any other visits to any additional provisions or services the Committee felt would be useful

38 : FORWARD WORK PROGRAMME MAY 2023 - APRIL 2024

The Chair invited Matthew Osbourne to present the report. Members were informed that Educational Achievement, Employment and Training would be considered at the next meeting of the Committee.

RESOLVED

To note the content of the Forward Work Programme.

39 : URGENT ITEMS (IF ANY)

There were no urgent items.

40 : DATE OF NEXT MEETING

The date of the next meeting of the Corporate Parenting Advisory Committee is on Monday 2 October 2023 at 2.00 pm in Committee Room 4, County Hall, Cardiff.

The meeting terminated at 4.00 pm