CEC 15

Senedd Cymru | Welsh Parliament

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Gwasanaethau i blant sydd wedi bod mewn gofal: archwilio diwygio radical | Services for care experienced children: exploring radical reform

Ymateb gan Bwrdd Iechyd Prifysgol Aneurin Bevan | Evidence from Aneurin Bevan University Health Board

Before care: Safely reducing the number of children in the care system

Please outline a maximum of three top priorities for radical reform of services for safely reducing the number of children in the care system.

Priority 1

Improve population understanding of the needs of children in care system.

Education needs to happen at:

Perinatal level (parents): the impact of poor attachment and impoverished experiences

Schools (teachers and parents): impact of poor attachment and poverty on children's development. There also needs to be an improvement in the transition from primary schools to large senior schools

Child: Early intervention with children so that they can self-manage when they leave the care system

Community: embed and promote education and training opportunities for care experienced children including higher education

Priority 2

Introduce social care model

For example, Mockingbird foster care model of hub and satellite homes (thefosteringnetwork.co.uk/mockingbird), concept of it takes a village to raise a child, super grandparents, extended connections. This supports the local community to build resilience into the overall system (complements Priority 1). The care system should be viewed as a therapeutic and not a containment environment. Children can be put in placements to help parents cope (and support them with parenting) rather than containing children.

Respite care for families to support parental resilience.

Priority 3

Reduce caseloads for social workers

This is to allow them enough time to 'stop and think' and work on developing a person-centred care plan that involves the children and also provide a level of consistency in terms of support to children, parents and foster carers.

In care: Quality services and support for children in care

Please outline a maximum of three top priorities for radical reform of services for children in care.

Priority 1

Foster care development: professionalisation and extension of placement types

Therapeutic training for foster carers to reduce placement failure. There is a need to professionalise foster carers and make it more attractive which will require significant investment.

Whole family foster care placements would address the needs of each family member and avoid separating families. It would focus on healing family dynamics and relationships. Child and Family Clinical Psychologists and Family Therapists can lead on providing these placements with social workers.

Where children are removed, birth families should be kept involved with children to make the maximum contribution they can make to their child's wellbeing throughout their time in care, and should be regularly and positively reviewed to look for the earliest possibility of being able to have their child returned to them.

Priority 2

Development of the Nyth/Nest model, MyST on a national level. (Presentation attached)

Using the principles of the NEST-NYTH framework, ensuring that the people closest to children, who can respond quickly to their needs, and who have established trusting relationships with children have access to specialist psychological guidance and support, and have capacity in their workplans to make their vital contribution to maintaining children's wellness and preventing problems from escalating. There needs to be a stop to stripping away universal support and the escalation of need which this leads to with huge human and financial costs. There needs to be enrichment of teachers, primary care workers, youth and community workers, environments, access to healthy food and exercise, faith groups, economic prospects, sensitive community policing. Investing in of these community based services and resources is the best way to prevent need escalating and children coming into care.

Priority 3

Integrated commissioning units by health board:

Integrating the finances and expertise of local authorities and health boards for larger populations (eg across all ABUHB and its five local authorities) would enable assessment of prudent health and social care, scrutinise the impact of the eliminate profit agenda and allow reciprocal support across local authority boundaries for continuing care children in shared care packages (a small subset of children in care who also have unmet health needs and have high resource care packages)

After care: On-going support when young people leave care

Please outline a maximum of three top priorities for radical reform of the on-going support provided when young people leave care.

Priority 1

To make experience a protected characteristic.

This will ensure greater emphasis on the needs of this cohort of children is considered in the planning and creation of related services.

Priority 2

Surrogate families to support transition

Allow surrogate families to be the 'anchor' point of children in care until they can stand on their own two feet. Some children leave care at 16 when they may not be ready. Supporting care leavers through education, continuing fostering arrangements potentially for young adults to 25. There are also young mums who could be pregnant and looked after by a foster family.

Priority 3

Coproduction: To put care experienced people at the heart of leading the design, delivery and performance of services and strategy for care experienced children throughout their journey.

Anything else

The response will also be sent by email to enable two supporting documents to accompany this response.

MyST – My Support Team

Dr Jael Hill – Regional Clinical Director

A Gwent Partnership Board Service ~ Gwasanaeth Bwrdd Partneriaeth Gwent

Overview

- Specialist mental health service working with young people aged up to 21 across the five local authorities of Gwent / ABUHB
- Who are looked after and have complex mental health needs arising from their early and compounded trauma
- Who are in out of area care, often in tier 4 care placements such as children's homes, secure units, hospitals (or whose imminent next step is to such a placement)
- Aim to move into local community placements, with foster carers, kinship and birth families and to meet mental health needs in these family contexts

Overview

- Began in Torfaen in 2004 – Multiagency CAMHS strategy group, Everybody's Business, tripartite funded, voluntary sector host.
- Caerphilly in 2017
- IPC evaluation of models in 2018 recommended a roll out of the MyST programme across Gwent
- Funding secured for regional posts from Transformation Grant – began 2019
- ICF capital and revenue grants for premises in Abersychan and Bargoed and locality teams set up
- Management Board established including five Heads of Children's Services, Psychology & SCAMHS leads, Education leads.
- Teams established in each Local Authority area in staged approach 2019-2021 until we became fully regional.

MyST Bases

My Support Team - Fy Nhîm Cefnogol

Our service model

Five community teams in regional programme	TPM,CP,3 LTPs, 2 YPPs, administration	Steering groups- operational steer & liaison by partners	Management Board overseeing performance
Intensive intervention for 15 young people	Therapeutic foster care, IFA, kinship placements	Individual & family work, caregiver work, systems meetings	Wide range of psychological therapies
24/7 on call	Consultation, training, panels	Service development – Caerphilly Residential	Quarterly & six monthly data reporting

MYST
My Support Team - Fy Nhîm Cefnogol

A Gwent Partnership Board Service ~ Gwasanaeth Bwrdd Partneriaeth Gwent

Torfaen County Borough Council · Blaenau Gwent · Caerphilly · Monmouthshire sir fynwy · Newport Casnewydd · GIG CYMRU NHS WALES · Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Our impacts

Performance Data

Stories

Film by service users & stakeholders

Our Key Performance Indicators: Quantitative data

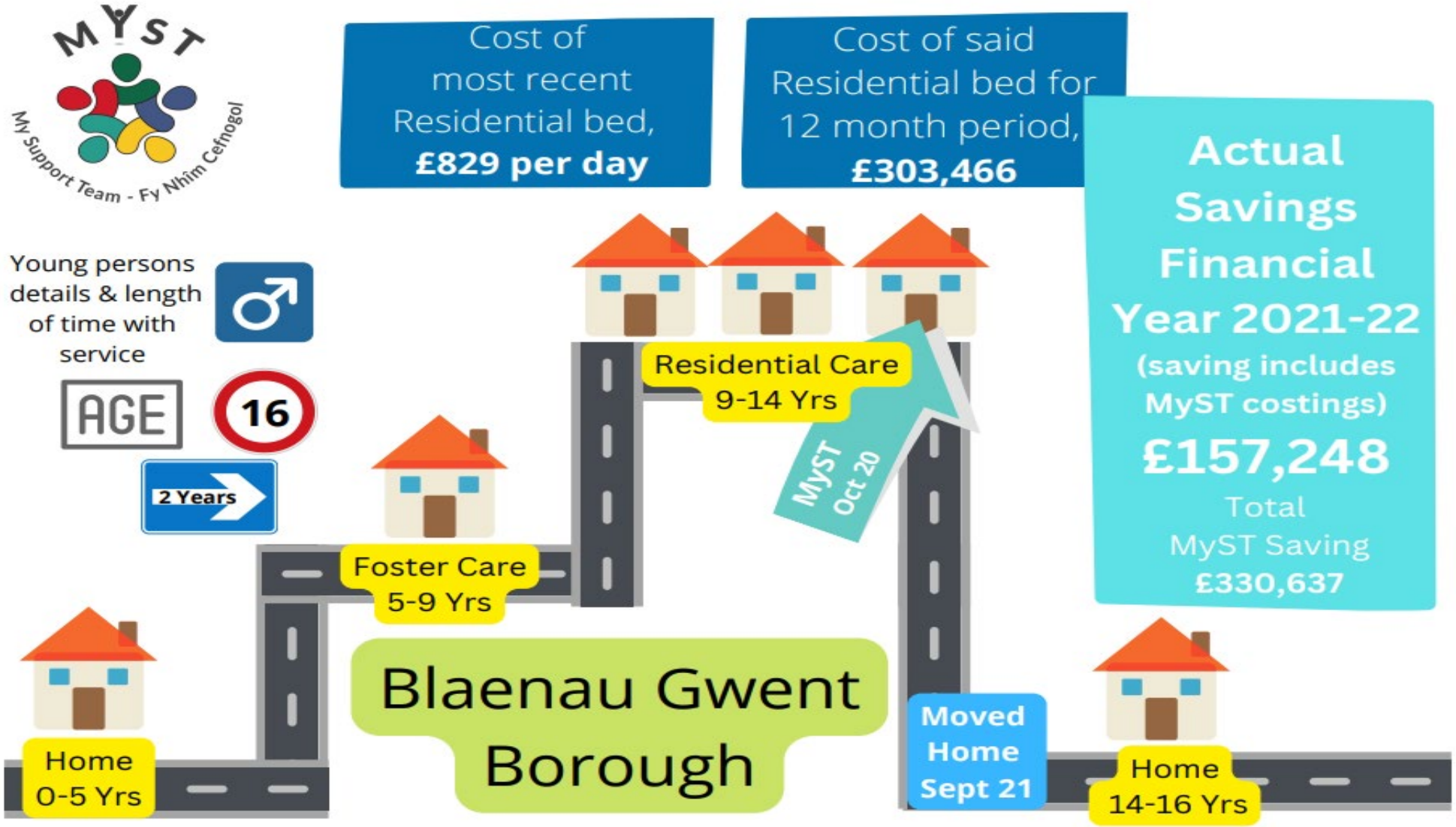
- Number of young people stepped down from residential to family based care
- The stability of these community placements
- Throughput of effective interventions – Young people stable enough to thrive without our intensive involvement
- Cost avoidance and savings achieved after the costs of our teams and placements are factored in
- Evaluation of practice consultations to foster carers and other professionals
- Evaluation of training provided

Total Financial Savings 2021 - 22	
Cost Avoidance	**£2,171,537**
Cost Savings	**£4,290,553**

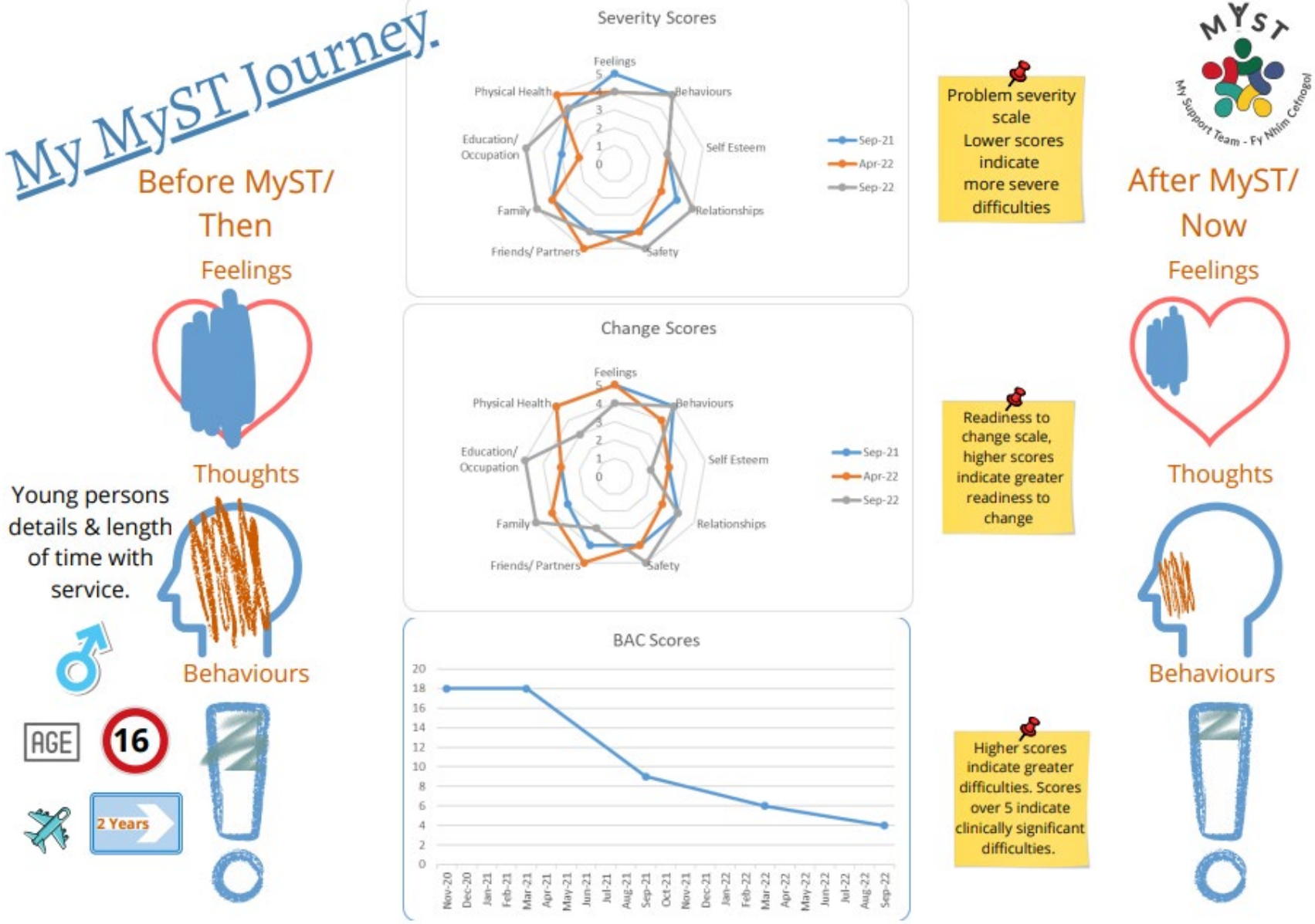
Example of Performance Data

Q3 - Performance												
Locality Team	Total Number of Current Open Cases Q3	Types of Intensive Placement	Number Per Placement Type	Q3 Total Number of Cost Avoidance	Q3 Total Number of Cost Savings	Q3 Total Number of Placement Disruptions	Q3 Cumulative Total Number of Cost Avoidance To Date	Q3 Cumulative Total Number of Cost Savings To Date	Q3 Cumulative Total Number of Placement Disruptions To Date	Year to Date	2021-2022
Blaenau Gwent CLA: 195 Residential Number: 12 6.2%	15	Parent	6	5	6	1	6	6	1	BG Total Savings	Actual Savings
		Secure	1							£860,319	£938,334
		Semi-Independent Living	0								
		SGO Carer	0								
		Supported Housing	0								
		Therapeutic Foster Care	1								
		IFA Foster Carers	0							BG Cost Avoidance	Actual Cost Avoidance
		In-House Residential	0								
		Kinship	2								
		Local Authority Foster Care	0							£317,398	£166,334
		Residential	3								
		Independent Living	2								
		Bespoke Placement	0								

Examples of individual journeys; step down, stability and costs.



Young people's feedback pages



Contact us if you'd like to talk more

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- https://www.mysupportteam.org.uk/
- MyST (@MySTFostering) / Twitter
- My Support Team | Facebook

A Gwent Partnership Board Service ~ Gwasanaeth Bwrdd Partneriaeth Gwent

Aneurin Bevan University Health Board
Services for Care Experienced Children - Exploring Radical Reform
Key Actions of the meeting held on 12th January 2023
MS Teams, 13:00- 14:30

In attendance:
Sian Chard, Assistant General Manager, Family and Therapies
Samantha Phillips, Clinical Psychology
Dave Williams, Consultant Child and Adolescent Psychology and DECLO for ABUHB
Kola Gamel, Service Group Manager, Public Health Nursing
Sara Garland, General Manager, Family and Therapies
Ashley Davies, Planning Manager, Family and Therapies

Apols: Jael Hill, Euan Hails, Barbara Cannito

Key Points and Actions

Document that has been shared broadly asks for what we think are the top priorities re 'Before care', 'in care' and 'after care'. Not much other detail within the template that was circulated. Work also relates to transition planning and those involved with transition could help around elements of the consultation.

Before Care

DW – at its core social inequalities and injustice make it harder to bring up children. Many children in care have similar stories to tell. Lots of evidence around the importance of children thriving within their first 3 years. ACES can in some ways be seen as stigmatising but also recognises the groups that need support. There are other with difficulties in attachment who need specialist input. Specialist input needs to be made available 'before' care.

SP – one of the key issues is that people don't know the impact on brain development and well-being for those who don't have positive early attachment experiences. We need a population approach. Training needs to happen in schools. Impact of lack of awareness of impact of poor attachment experience and impoverished experiences needs to be made clear to parents. Education needs to be target during the peri natal period.

DW – Understanding the normal and abnormal responses to adversity. Need to get the balance right to build tolerance etc. Model needs to be relational. 'Mocking Bird' foster care model involves 'super grandparents'.

SP – care system is so stretched that the ideal planning isn't possible. There is so much 'need' in the care system. More needs to be done at the front end to support mental health. A lot of children who are not coping well have parents who themselves are care leavers. In some cultures there is wider input from local society in raising children 'it takes a village to bring up a child'.

KG – Intervention needs to be wrap-around. Social care model's lack of flexibility can make implementing ideas difficult.

DW – we need to describe what 'good' would be. Current requirements and structures make it almost impossible for social care departments to do better. Too much firefighting. We need to

decide whether the care system is a therapeutic or containment environment. Children can be put in placements to help people cope rather than involving the young person to understand what would help in terms of finding them an appropriate placement. The system is based on managing failure rather than on improvement and recovery and on listening to the voices of young people. We need to start listening to children.

SP – one of the constraints is that case loads for social workers are too large. Not enough time to 'stop and think'. Also difficult to understand how we reduce education timetables and then many children are placed in educational settings with others who have also faced similar issues within school. We are repeating the cycle of intergenerational difficulties. Education hasn't changed. So much innovation and technology and this is not affecting how we deliver education enough.

DW – We have seen more changes in early years curriculum. We need a recovery model to help children self-manage when they leave the care system. Wants to see improvement in the transition from Primary schools to large senior schools.

DW – every person in care should have a clear person -centred care programme. Services need to be aligned to allow for easy access. We can sometimes be putting children into care too late. Care should be an intensive therapeutic programme.

KG – Local Authority models don't look at 'needs' and children are often assigned to a placement as part of a process. Need to look at needs of a child. Problems exacerbated by funding restrictions in LAs.

SP – Adults need to be upskilled within the system to understand impact of children faced with poor attachment experiences. We need to accept that when children and families have been traumatised, they need to heal. No quick fixes to trauma. We could look at a model of care where we look to provide respite to support them in regards to parenting to try to improve the environment for the children. Whole family taken into care in a sense. No quick solutions. Long-term work.

DW – Children should also not be anticipating spending all their time in care. Need same thinking re long term impact as we do with the justice system.

<u>In care</u>

SP -Example today of foster carers fearful of being accused of things due to previous allegations. More support needed for the family but instead Child is due to be given new placement. Foster carers need to be therapeutically trained. Carers aren't getting enough support. Rapid change of social workers is also problematic which can cause attachment difficulties. Good foster carers can be given too many children to care for who may all have different needs. Also about reflective practice. Needs to be more opportunity for work and growth in Wales. Industries haven't been replaced in Wales. Industry can create different kinds of educational environments also.

DW – level of support for foster carers depends on what time of carer they are – on behalf of agency, kinship carers etc. We need to professionalise foster care, this would be cost efficient. There are few 8-12 year olds who don't have ambition and this does not change depending on their background but can change by the time they get to secondary school. Employment is an essential part of people's lives.

KG – There are also difficulties in finding appropriate foster placements. Investing to save may really help.

DW – we can't do the radical change without radical investment. Need clarity from social care on what they 'need' in terms of resources. We need to think of the radical changes in terms of health and social care.

SP – We also need to join up education also. We are getting better at talking about mental health but we need to create 'safe havens' for children to feel safe and inspired. We need to create environments where children can thrive.

After care

DW – Going from being in a family care environment to lodgings can be difficult if there isn't anyone to talk to during difficult moments. There needs to a reason for those in care to be proud of themselves and to give them a sense of belonging. We need a system in place to allow surrogate families to be the 'anchor' point of children in care until they can stand on their own two feet. Some children leave care at 16 when they may not be ready.

SP – Radical ideas of 'connecting people' in families for when the 'family' goes in to foster care can filter down those members of the family who could be a point of connection for those in care. Radical thinking can be putting families into foster care rather than children. There are also young mum's who could be pregnant and looked after by a foster family. There needs to be enough resource to ensure children are in care for as long as they need. You need a village to raise a child but the 'village' support is not there in UK society.

DW – Need better support around asking children what they want to do in the future, careers advice etc. this will help in demonstrating there is a meaningful future beyond care.

SP – there also needs to be opportunities for children to 'step out' of education to help those in difficulty to reach their potential. Schools need to help children who have had adverse experiences to feel safe in school. Not everyone starts at the same place but they are expected to 'finish' at the same point with educational qualifications. Educational environment needs to nurture children and this is not possible with one teacher in front of a class of pupils with varying backgrounds.

SP –Also important is the timing of senior schools and where the transition from primary schools 'land'. This can have an impact on how children manage with all the ongoing changes. We need secondary school to be more like primary schools.

DW – life skills are often learnt from those around you. There needs to be NYTH/NEST philosophy of nurturing in relation to surrogate families. There can be larger differences between peers during school age than at other points/ages throughout life.

SP – social media also has a big impact re toxic messages etc. Misogyny is on the rise and is on the rise under the radar.

DW – We need a more nuanced conversation on masculinity and what manliness looks like.

Action: Attendees asked to email any further thoughts

Action: Key points to be shared as a starting point for more feedback from those who could not attend today