

## Episode 23 | Hot topics and a step into the past transcript

00:00:01 Ellen Broome

Welcome to CoramBAAF Conversations, a podcast series dedicated to adoption, fostering and kinship care. We ask children, social care professionals, and experts by experience to join us, to share with us and you, our listeners, their experiences, reflections and knowledge. I hope you enjoy.

00:00:21 Michelle Bell

Please introduce yourselves.

00:00:23 Michelle Bond

So my name is Michelle Bond and I'm a consultant paediatrician and I'm the named Doctor for Children Care and Bright at home.

00:00:29 Sue Donald

And I'm Sue Donald. I'm one of the specialist.

00:00:31 Sue Donald

Nurses for children and can you write?

00:00:32 Michelle Bell

Them have and. Can you tell me something about the project you've.

00:00:35 Michelle Bell

Been presented today.

00:00:36 Michelle Bond

So we presented a post today about our job joint model for initial health assessments for.

00:00:42 Michelle Bond

Children in care.

00:00:44 Michelle Bond

So in Brighton and Hove we have a joint model where children are seen by a doctor and a nurse for initial health assessment. We believe that we've got complementary skills that we bring to the health assessment. We feel that this is the best way to do holistic health assessment. Following that we agree a healthcare plan.

00:01:04 Michelle Bond

For the child and then we have a three.

00:01:06 Michelle Bond

Month follow up that go like that so.

00:01:09 Sue Donald

So yeah, so the following initial health assessment, which is.

00:01:13 Sue Donald

Is that, you know, actually seen together by a nurse and a doctor, rather than being seen by the doctor and then followed by the nurse. So we they're all together in the room together.

00:01:24 Sue Donald

Then with the we.

00:01:26 Sue Donald

Co create the health assessment. So we discuss the health needs and discuss what health actions we want after we've seen the child.

00:01:33 Sue Donald

The nurse then writes that up, the doctor writes the report up, and then the doctor pay signs the health assessment, the healthcare plan rather. And then? Yeah. Then there's an offer. A three month follow up and that three month follow up could be.

00:01:45 Sue Donald

Either by phone or it might be face to face. It's sometimes an opportunity to expand on a health concern that maybe it didn't feel appropriate to discuss fully at the time of the initial health assessment or the loss, and that information to be able to explore that fully at the time of the initial health assessment. So I guess in those scenarios we would tend to offer more of a face to face.

00:02:06 Sue Donald

Appointment. I think one of the things we've been asked quite a lot about today is, is what about who agrees the funding for that because you've got a nurse and a doctor together and obviously a highly qualified nurse and a highly qualified Dr. How do you, how do you kind of?

00:02:24 Sue Donald

How's that? How's that funding supported? Really. And I think the argument that we've given back is, is that if a.

00:02:29 Sue Donald

Doctor sees a.

00:02:31 Sue Donald

A child from an IHA. And then you have to then go and do an RHA. You easily spend an hour of your time reading your report, reading the record, trying to find out what's been said, trying to find out what the health concerns are trying to find out what.

00:02:44 Sue Donald

Referrals have been made.

00:02:46 Sue Donald

Yeah. Have those referrals been followed up? I would say probably more than an hour. They spent before seeing a child for their first.

00:02:52 Sue Donald

Review and assessment.

00:02:53 Sue Donald

Whereas now we're we're in the now because we case manage so.

00:02:55

Yeah.

00:02:57 Sue Donald

We we the nurse that is.

00:03:00 Sue Donald

Allocated for that IHA then becomes that child's nurse throughout the entire time in care, so as to whether.

00:03:08 Ellyse Partington

You know that will become.

00:03:09 Sue Donald

Adopted or or you know.

00:03:11 Sue Donald

As as you would imagine, really, I suppose we would stop seeing a child.

00:03:16 Michelle Bell

Is this with children?

00:03:17 Michelle Bell

Of all ages up to 18, so yeah.

00:03:18 Sue Donald

All ages. Yeah. And you ask as well. So so it.

00:03:21 Michelle Bell

OK.

00:03:23 Sue Donald

So yeah, so so that young, that child, that young person knows who their nurse is, we document who their nurses on their healthcare plan. We say how to contact us on their healthcare plan and what we're finding is that we're getting far better communication with social workers with their and foster carers and with young people themselves actually because they need to contact, they know how to contact.

00:03:42

Yeah.

00:03:44 Sue Donald

Tasks, which means that we can also kind of tailor their review health assessments better to focus on the needs that that child's got rather than that kind of blanket approach kind of have to kind of have to be.

00:03:54 Michelle Bell

Richie.

00:03:56 Sue Donald

Adopted really I.

00:03:57 Sue Donald

Think if you do not. If you don't know the.

00:03:57 Michelle Bond

Don't know the charge.

00:03:59 Sue Donald

Charge. You have to.

00:03:59 Sue Donald

Kind of cover it all and and what? And I think the other thing is that, you know.

00:04:04 Sue Donald

Then any changes in that child will get picked up sooner. So if it's our child suddenly starts, I don't know. To wet the bed or whatever it is, then the care will come and find you sooner rather than waiting six months or a year and to follow that child up. So we we do see.

00:04:07

Yes.

00:04:17 Sue Donald

The children in between a bit, yeah.

00:04:19 Sue Donald

Depending on the needs of the child, it means that we can attend their strats better because we're informed, we know that the children we know about their health, we know about what we've done, what we haven't done.

00:04:30 Sue Donald

So I think everything it it's it feels more.

00:04:33 Sue Donald

Far more child.

00:04:34 Sue Donald

Yeah. Umm and and I think the other thing for me is the amount of learning that I've gained from working alongside the doctors, I think and and vice versa I you know we we we we we yeah we we compliment very very well.

00:04:35

Degree.

00:04:35

Yeah.

00:04:42 Michelle Bond

And by it definitely vice versa. Yeah, there's.

00:04:44 Michelle Bond

A lot of learning from each other.

00:04:49 Michelle Bell

And just as you say, with the child at the very centre and I'm sure then you know you've got children building up relationships of trust and maybe they're not openness and sharing, you know, being able.

00:04:59 Michelle Bell

To talk about their.

00:05:00 Michelle Bell

Health concerns that they as they get older, that they might have.

00:05:03 Sue Donald

One of the nicest one of the nicest things for me is that I go and see a child and I go hi, it's Sue. Do you Remember Me? And rather.

00:05:10 Sue Donald

Started to say yes and.

00:05:11 Michelle Bond

Yeah. Ohh lovely.

00:05:13 Sue Donald

And that's massive because rather than.

00:05:14

Hmm.

00:05:15 Sue Donald

And you know they have, we hear over and over and over, don't we? There's so many people involved in my life. I don't want to have to retell my story. I don't want to see new people. I don't want to. And and they don't have to tell their story again because I know their story.

00:05:22

Yeah.

00:05:29 Michelle Bond

Is she there at the very beginning? Weren't you? Yeah.

00:05:31 Sue Donald

Yeah, absolutely. Absolutely.

00:05:33 Michelle Bell

So this isn't a pilot, this is something that has kind of tried and tested and it's rolled out and this is now established practise. Yeah. Fantastic. How long has that taken to get to the the kind of?

00:05:45 Michelle Bell

Let's try this to.

00:05:48 Sue Donald

About 18 months.

00:05:48 Michelle Bell

Yeah.

00:05:49 Sue Donald

Ohh good quick. Yeah, I think I thought.

00:05:53 Michelle Bell

It was like five years ago, you know.

00:05:55 Sue Donald

No. Well, I think we.

00:05:57 Sue Donald

We we had to change because we had a model that that.

00:06:02 Sue Donald

Was deemed to be OK and then it changed a bit and.

00:06:06 Sue Donald

So that we had to change our model because it wasn't deemed to be appropriate anymore. So we had. So the nurses used to do the initial health assessments in Brighton and Hove with massive amounts of supervision from from Michelle. Then that model had to change and we didn't want to lose what what the nurses.

00:06:24 Sue Donald

Brought to the.

00:06:24 Sue Donald

Initial health assessment.

00:06:26 Sue Donald

So I think there's a lot of goodwill anyway.

00:06:27 Sue Donald

And I think our management.

00:06:28 Sue Donald

Wisdom knew that the nurses could bring a.

00:06:30 Sue Donald

Lot.

00:06:31 Ellyse Partington

Yeah.

00:06:31 Sue Donald

To initial health assessment. So I think for.

00:06:33 Sue Donald

That us, perhaps some of the barriers that other areas might have to overcome, we we were trying to, we were we felt like we were trying to make the best of what felt like at the time. A bad lot. Yeah. To be honest, I think now we're I think we're we're comfortable with it and I think it worked really well and and without a.

00:06:38



Yeah.

00:06:49 Michelle Bell

Yeah.

00:06:50 Sue Donald

Doubt, I think.

00:06:50 Sue Donald

There's, you know, the pros and cons to both both systems.

00:06:54 Sue Donald

At the time.

00:06:56 Sue Donald

I think we were trying to kind of not lose the good practise that we had while trying to make it better.

00:06:59 Michelle Bell

Yes, yes. Yeah, yeah. So building on established good practise and good relationships and good ways of working as you say and make it better, yes, that's fantastic. Thank you very much both. And we'll put more information out there and how to get in touch with you on our website.

00:07:15 Sue Donald

Brilliant. Thank you.

00:07:15 Michelle Bell

Thanks. Thanks very much. Thank you.

00:07:17 Ellyse Partington

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00:07:30 Michelle Bell

Tell me who you are.

00:07:30 Matilda Roberts

Hello, I'm Matilda Roberts. I'm a fifth year medical student at Cardiff University, so I've been working with Doctor Beth and Carol Williams last year on a project looking at the mental health aspect of the adult health assessment forms for prospective carers and that's what we've been working on together.

00:07:50 Michelle Bell

So tell me, when did the project start? What kind of scope does it have?

00:07:53 Matilda Roberts

Absolutely. So at Cardiff University, medical students are given 6 to 8 weeks outside of our general curriculum to go and do a project in an area of interest for us.

00:08:03 Matilda Roberts

And this happened last year about may time, so May 2024 No 23 and yeah, there was an 8 week project where I worked with a medical advisor, a paediatrician. Essentially we wanted to look at comparing the detail provided by prospective foster adoption or kinship carers.

00:08:09 Michelle Bell

Stage.

00:08:23 Matilda Roberts

And the adult health assist.

00:08:24 Matilda Roberts

Forms compared to the detail, the mental health detail provided by the GP's who fill out the equivalent form and then the third part of the project, was looking at the way that the this information was kind of summarised in the medical advisors summary, will have particular focus on mental health, but we also looked at some of the lifestyle.

00:08:45 Matilda Roberts

Actors.

00:08:45 Matilda Roberts

And a tiny bit into physical health. But actually a colleague of mine is looking more closely at that this year, so she may be here and years.

00:08:54 Michelle Bell

And and how did you then go about doing those comparisons? That kind of how did you get the data? How did you do those comparisons?

00:09:00 Matilda Roberts

Yeah, absolutely. So, Bethan and I sat down together with the Cardiff and Bales database.

00:09:05 Matilda Roberts

And we we picked a number of applicants that Bethan was aware had had a kind of mental health component to them because we were aware that if I just picked a random sample, then you know, there may not have been enough kind of data to look at. But we also then selected a random sample so that we would also have an inclusion of applicants that may not have had.

00:09:26 Matilda Roberts

Any mental health. Yeah, kind of detail relevant to them. And we picked 140AH forms to look at.

00:09:32 Matilda Roberts

Over a course of five years, so from 2018 to 2023, and unfortunately, we couldn't find the full form for one for one person. So we've got 139 in our sample.

00:09:43 Michelle Bell

And in that song, Paul, you said you were looking at details for they could be in foster care as it coming doctors. So within that sample, was there a kind of.

00:09:50 Michelle Bell

Mix in there.

00:09:52 Matilda Roberts

We we had 52% of our sample were fostering applications, OK, 14% were adopt.

00:09:59 Matilda Roberts

24 percent were kinship, and we had one 1% special guardianship and then four 9% of our forms. That information wasn't quite clear, so it.

00:10:08 Matilda Roberts

The majority are fostering sample and, but it was nice that we had a bit of information about the other applications as well. Unfortunately we couldn't with the sample size, we couldn't

stratify by type of application. So all of the data is just in there together. Yeah, but Even so it's nice to have a mixture of.

00:10:25 Michelle Bell

Applications and what did you find?

00:10:29 Matilda Roberts

Yeah. So looking at the mental health aspect of the phones, we found that on the whole, the number of reported mental health conditions by the applicants and the GP was very similar. So the 60% of applicants reported to having a mental health problem and 65% of GP's reported mental health problems.

00:10:48 Matilda Roberts

So that is not.

00:10:48 Matilda Roberts

Those were pretty similar on the whole, yeah, but then when you slightly delved deeper into the detail provided about those mental health conditions, we found that just under half of our forms had discrepancy in detail. So quite a significant number. And actually in 1/3 of cases, the mental health you were provided by.

00:11:09 Matilda Roberts

Applicants and GP's varied significantly, and what we sort of determined by varies significantly. Was did an applicant say no to having mental health problems and the GP said yes? Or they may have both said yes, but an applicant may.

00:11:22 Matilda Roberts

Provided very little detail or provided detail about some problems that had, but not all of them, and and those were kind of significant problems or, yeah, significant differences.

00:11:32 Matilda Roberts

And where where?

00:11:33 Matilda Roberts

The forms did have significant discrepancies. We've then found that the majority of the time, in those instances it was the GP's that provided that.

00:11:41 Matilda Roberts

More of the detail. So in 24% of our sample, GP's provided significantly more detail and in nine percent of our sample, applicants provided significantly more detail.

00:11:52 Matilda Roberts

Yeah. And then again, if you look at that slightly more closely, the information that where in and where and where GP provided more detail, things that we're missing from the applicants forms were sometimes quite serious chronic psychiatric illnesses. So previous overdoses, suicide attempt and drug and alcohol misuse. Those are the instances where they, the detail differed.

00:12:12 Matilda Roberts

Significantly. And then for applicants where they were giving more detail generally was around reactive depression or anxiety and stress, so slightly less potentially less serious conditions and also the detail would be about the triggers for those problems rather than the the presence or the absence of a problem.

00:12:29 Matilda Roberts

As it were, fortunately, we did find that there was no scenario where GP had missed a chronic psychiatric illness, which was good news and and for some of the other more serious conditions such as bipolar, OCD, PTSD, we did find that both the numbers were reported by applicants and GP's were the same. So it was kind of this little niche of some of the more serious conditions where they weren't being reported by applicants.

00:12:36

Sorry.

00:12:53 Matilda Roberts

And I think sort of potential next next steps, although this is not in the pipeline, but I just think it would be really interesting.

00:13:00 Matilda Roberts

Even whether it was empirically or anecdotally, just trying to explore some of the reasons for applicants missing those things, the forms seem to know.

00:13:07 Michelle Bell

Yes, I mean, do you think they would just just not disclosing because they're fearful it would have implications on their application that if they disclosed for example?

00:13:17 Michelle Bell

And alcohol use, it would be a mark against.

00:13:19 Michelle Bell

Them so.

00:13:19 Matilda Roberts

Absolutely. Yeah. I think in some of the more serious instances, you have to imagine that there's fear that they'll, there's conditions will be stigmatised and that that will impact on their application. But then in some of.

00:13:30 Matilda Roberts

The sort of slightly more benign instances I think that there's an element of like low health literacy, so people won't necessarily really understanding their own mental health conditions or believing that it was a historic problem, that it's and not intentionally thinking it isn't worth bringing up, but just generally genuinely not thinking it would be useful.

00:13:50 Matilda Roberts

Elephant or having had maybe one period in their life where they had a small episode of mental health problems, it just got lost in them kind.

00:13:50

Yeah.

00:13:58 Matilda Roberts

Life, whereas on the GP record it can be very obviously over the last 10 years, these problems have happened. So I think it it's potentially just needs to be emphasised at when the social workers are talking to applicants that really try and pull your memory for everything. That's been everything that's happened and give as much detail as you can because it won't be, you know, necessarily an an obstacle to becoming a career, but.

00:13:59 Ellyse Partington

Yeah.

00:14:20 Matilda Roberts

Unfortunately, if you don't include it, that sort of lack of openness may be seen as an obstacle, and I I don't, I mean this is not. I haven't had these conversations with the carriers unfortunately, but I imagine that a lot of it is not done sort of with intent for trying to be deceitful. It's.

00:14:36 Matilda Roberts

Clearly just they've not quite understood the question or how much information is required from them. So that I mean that would be fascinating to kind of look into that a little bit more, but we didn't quite have the scope for.

00:14:38

Yeah.

00:14:46 Matilda Roberts

My project, unfortunately that's great. Thank you. That's really good.

00:14:53 Helen Little

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00:15:12 Michelle Bell

And register today.

00:15:14 Michelle Bell

Tell me who you are and where you work

00:15:15 Michelle Bell

You work.

00:15:16 Doctor Anne-Marie Chick

My name's Doctor Anne-Marie Chick. I'm a specialty Dr at Oxford Health Community Services and myself and my colleague Claire James, one of the specialist nurses, did a quality improvement project around the information that's given to young people and their carers at the time that.

00:15:33 Doctor Anne-Marie Chick

They come for.

00:15:33 Doctor Anne-Marie Chick

IHA initial health assessment with the doctor. So what we did is we devised some leaflets which have this of useful website.

00:15:43 Doctor Anne-Marie Chick

And then the doctor doing the consultation circles or highlights on the leaflet, which ones are relevant to the carer and also we have leaflets that are designed, one for younger children and one for children aged 12 and upwards. And we also have a small insert for unaccompanied children with specialised websites that are relevant.

00:16:03 Doctor Anne-Marie Chick

To their areas, some of those kind of companies, younger people speak English and might be able to access their websites themselves. Otherwise some of them have translations on the website or the carer can obviously access using a a telephone interpreter or.

00:16:17 Doctor Anne-Marie Chick

Similar and then explain it with the young person. And we also have a one page summary sheet which is given to the again the young person of the carrot. It's just summarising the actions that are on the day from the initial health assessment. So that's a paper copy that's sent to them. We find that that's helpful partly it's.

00:16:38 Doctor Anne-Marie Chick

An aide memoir.

00:16:39 Doctor Anne-Marie Chick

Could prompt the doctor to make sure you haven't missed anything of the basic things like dentist, optician, vitamin D that's all that could be useful if you're a new Doctor or just for anybody.

00:16:48 Doctor Anne-Marie Chick

You know, there's so much to consider at the initial health assessment, it's easy to miss something, and it explains to the carer the process of when they'll be getting the next appointment to explain their letter in more detail. So the the letter summarises the the actions that are gonna be on the health action plan, but it clarifies.

00:17:09 Doctor Anne-Marie Chick

Or the carer and the young person. Which ones the doctor is going to make a referral for, and they should expect an appointment to come in the post, for example from a paediatrician, and which actions are for them to do, for example, that they need to make an appointment with the GP to get a blood test or to get their immunisations that are not up to.

00:17:25 Doctor Anne-Marie Chick



Date as well as information that applies to most of our children, like seeing the optician, seeing the dentist, taking vitamin D, yeah, those are paper forms. If the carer wants it and as an electronic version, our website has most of the the websites linked as well. And also we can send the leaflets.

00:17:45 Doctor Anne-Marie Chick

Electronic.

00:17:47 Doctor Anne-Marie Chick

But we find that particularly older carers and the kinship carers and people who are trying to access most of the information using a mobile phone, they're actually quite glad to have it in a format that's bigger and easier to read. We've had positive feedback from the carers regarding the handouts.

00:18:06 Doctor Anne-Marie Chick

It also saves the doctor's time because.

00:18:09 Doctor Anne-Marie Chick

Before this, we were emailing the carers with some of the websites, so this is actually it's all done and they're they're on the day in one in one go and the website links will also be in the tight summary plan that's sent to the social worker. But that will take a couple of weeks through the processing system before it goes out to the social worker. And also that's sent to the social worker.

00:18:29 Doctor Anne-Marie Chick

And the GDP, it's not sent directly to the carer or the young person. It relies on the social worker disseminating the information and then, for example, if the social worker's off sick or whatever, then you know, there'll be a further delay.

00:18:42 Doctor Anne-Marie Chick

So we've got something which is, you know, highlighting the actions that we want the career to to start doing on the day they've actually been given it. Yeah, in their hand as they as they leave the appointment.

00:18:54 Michelle Bell

Did you say whereabouts this is taking place?

00:18:55 Doctor Anne-Marie Chick

So this is in Oxfordshire, so we see Oxfordshire looked after children and we also see.

00:19:04 Doctor Anne-Marie Chick

Children that are hosted from other areas are placed within Oxfordshire. Yeah, but it's the whole of Oxfordshire.

00:19:08 Michelle Bell

OK.

00:19:11 Michelle Bell

Roughly, what's the kind of size of the cohort? Do you have a sense of kind of how many sort of assessments are taking place, how many people be accessing the new information?

00:19:15

Lisa.

00:19:19 Michelle Bond

There's about 900 children in Oxfordshire.

00:19:22 Doctor Anne-Marie Chick

OK, about 9:00.

00:19:23 Doctor Anne-Marie Chick

100 after children but the.

00:19:25 Doctor Anne-Marie Chick

Months. Do you do about 20 on that? I mean it varies.

00:19:28 Doctor Anne-Marie Chick

It does vary. Yeah. I'm not sure. At one point we were up to about 200 initial health assessments a year, but we don't have the exact.

00:19:34 Michelle Bell

OK, that's OK. OK. It's kind of interesting to have the kind of size of the cohort roughly.

00:19:40

Yeah.

00:19:41 Michelle Bell

People number of people who might be accessing the new kind of information and yeah, so could be up to 200 a year. Yeah. OK yeah.

00:19:50 Doctor Anne-Marie Chick

And if people want further information, our e-mail address is on the poster. They can, you know, contact if they'd like an electronic copy of the information.

00:20:00 Doctor Anne-Marie Chick

It's for the summary letter.

00:20:03 Michelle Bell

And.

00:20:04 Michelle Bell

Has this now been adopted by the? I mean is this still in kind of pilot stage or is have?

00:20:10 Michelle Bell

We moved to kind of.

00:20:10 Doctor Anne-Marie Chick

No, this is something we've been doing for about two years. So we've reviewed the sheets to make the information sheets to make sure that the websites are still current and updated. A couple of them, OK, see that will change with time.

00:20:13 Michelle Bell

OK.

00:20:18

Yep.

00:20:23 Ellyse Partington

Thank you for listening to this episode of Crime Bath Conversations. These interviews were recorded at Corrin Baths annual Health Conference, which took place in June.

00:20:31 Ellyse Partington

This year's theme as hot topics may step into the past, which encourage rich discussions and highlighted key issues for medical staff working in the field. Our next episode is a conversation between Claire Seth, our Kinship care cons.

00:20:43 Ellyse Partington

Milton and Chloe Huber from children and families across borders, where they get together to talk about see, fabs, cultural family life library.

00:20:49

Yes.