

# PLACEMENT AND SUFFICIENCY STRATEGY

## 2022-25



BRADFORD CHILDREN'S SERVICES



# CONTENTS

<b>Foreword</b>	<b>3</b>
<b>Introduction</b>	<b>4</b>
Role as corporate parents	4
Vision	4
Purpose	5
<b>Current profile of looked after children</b>	<b>6</b>
Numbers of looked after children	6
Forecast Projection	8
Forecasting data	8
<b>Demographics</b>	<b>9</b>
Age	9
Gender	9
Ethnicity	10
Legal Status	11
Length of time in care	11
Primary need when entering care	12
Entrants to care - Placement Requests	12
Unaccompanied Asylum Seeking Children (UASC)	14
Adoption	15
Profile of current placements	16
Residential	18
Care Leavers	19
<b>Current provision</b>	<b>21</b>
<b>Commissioning</b>	<b>27</b>
<b>Disability /Short Term Breaks</b>	<b>29</b>
<b>Edge of Care / Early Help</b>	<b>31</b>
<b>Summary and Recommendations</b>	<b>34</b>

# BRADFORD DISTRICT SHARED VALUES

**WE PROTECT**  
each other and the world we share so that everybody can be happy, healthy and safe

**WE SHARE**  
ideas, resources, knowledge and skills as well as our challenges and opportunities

**WE RESPECT**  
ourselves, each other and our communities

**WE CARE**  
for each other and treat each other with kindness

# FOREWORD



**Cllr Susan Duffy**  
Lead Portfolio Member for Children  
City of Bradford  
Metropolitan District  
Council

I am delighted to introduce Bradford Council's Sufficiency Strategy for children and young people looked after so that they can access the care, support and accommodation to meet their needs. This strategy sets out how Bradford meets the duty in ensuring there are sufficient resources to meet the needs of children, young people and families where:

- children are at risk of becoming looked after
- children are looked after and,
- children are leaving care

The strategy ensures that Bradford council is in a position to effectively fulfil our role as corporate parents. It highlights what we already know about the numbers and needs of children at risk of becoming looked after and of our children who are looked after in Bradford and what we are doing to address the challenges we face. We recognise that further work needs to be done to broaden our understanding around the needs of our children in care.

We will ensure that we work alongside children, young people and families in designing and developing the right support, in the right place at the right time. The strategy provides direction on the

arrangements we will put in place to provide the right quality and range of services to achieve the following commitments:

- We will strive to safely reduce the rising number of children and young people looked after.
- We will increase the number of children and young people supported to live safely with their families.
- We will reduce our reliance on services away from Bradford where these are not in the best interest of the child and young person.
- We will increase the numbers of kinship carers.
- We will increase the number of Bradford Council Foster Carers.
- We will work positively with Independent Fostering Agencies.
- We will increase the range of local residential services to meet children with more complex needs.
- We will improve the way we commission services.

Most importantly, the strategy provides the basis for our children, young people and families to achieve better outcomes, and live better lives as a result.

**“The strategy ensures that Bradford council is in a position to effectively fulfil our role as corporate parents”**



# INTRODUCTION

## ROLE AS CORPORATE PARENTS

The Children and Social Work Act 2017 says that when a child or young person comes into the care of the local authority, or is under 25 and was looked-after by the authority for at least 13 weeks after their 14th birthday, the authority becomes their corporate parent. This means that they should:

- act in the best interests, and promote the physical and mental health and wellbeing, of those children and young people
- encourage them to express their views, wishes and feelings, and take them into account, while promoting high aspirations and trying to secure the best outcomes for them
- make sure they have access to services
- make sure that they are safe, with stable home lives, relationships and education or work
- prepare them for adulthood and independent living

Bradford takes its responsibility as corporate parents very seriously and is committed to working with local partners to meet the needs of our looked after children, young people and care leavers. We strive to achieve the best outcome to ensure our Children and young people thrive and reach their full potential. Placing children at the heart of all we do and listening to their voice, we ensure children and young people are part of shaping future services and feel that they are heard and valued.



## VISION

The Council wants to do what is right for all looked after children, which includes being able to provide somewhere safe, caring and suitable for their needs if they are not able to remain at home. This might only be for a few days or it might be for the duration of their childhood, depending on circumstances. The council places an on prevention and early intervention, and strives to offer a range of services tailored to each family's needs and strength, that will give children the best possible outcomes.

**The Bradford Sufficiency Strategy details how Bradford City Council intends to meet the 'Sufficiency Duty' 1 set out in Section 22G of the Children Act 1989.**

It sets out the Council's vision and approach to meeting its responsibilities to provide secure, safe and appropriate accommodation to children in need, children in care and care leavers over the next three years, is informed by current and anticipated sufficiency requirements, market changes, gaps and opportunities, drawing on a wide range of available national, regional and local data, and identifies the key challenges that we face in achieving sufficiency and our approach to overcoming them.



## PURPOSE

The purpose of Bradford's placement and sufficiency strategy is to provide looked after children with the best possible placements.

The sufficiency strategy is part of our improvement programme for the whole of Children's Services. There are many changes taking place and planned, which means that the strategy is ambitious but also has to be flexible. For example, we do not know the full impact of COVID-19 on public services. But the strategy sets out the planning and procedures that we think necessary to guide placement developments over the next three years.

The strategy will allow us to achieve four broad aims:

- increasing our understanding of children's needs
- developing alternatives to children becoming or remaining looked after, through earlier intervention and at 'the edge of care'

- improving placement and care planning, to minimise the number of disrupted placements and unplanned moves
- developing the local authority residential care and fostering agency offers, to provide more placements within the district

The strategy outlines how these aims will be achieved.

The strategy links with many others designed to promote children's health, safety and welfare. Its success will depend on the energy and vision on colleagues working across the Council and in partner agencies. We will work hard to achieve placements for children that are more than sufficient.



# CURRENT PROFILE OF LOOKED AFTER CHILDREN

## NUMBERS OF LOOKED AFTER CHILDREN

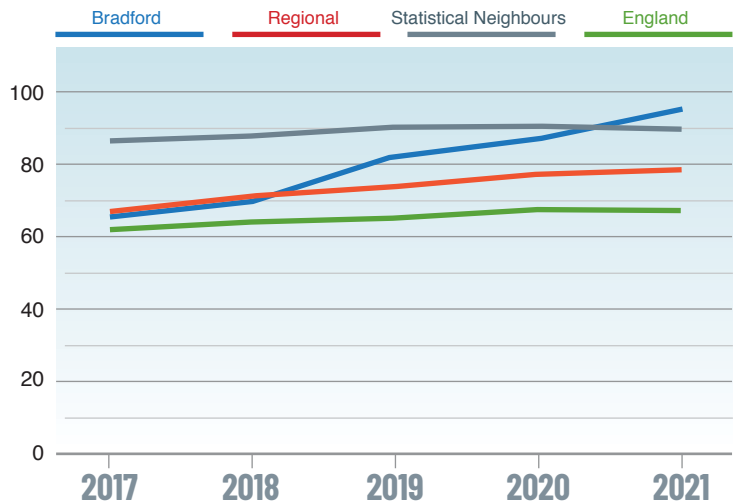
### Children in care per 10,000 population under 18

	2017	2018	2019	2020	2021	Change from 2020 to 2021	Change from 2017 to 2021
<b>Bradford</b>	66.0	70.0	82.0	87.0	95.0	+9.2%	+43.9%
<b>Regional</b>	67.0	71.0	74.0	77.0	78.0	+1.3%	+16.4%
<b>Statistical Neighbours</b>	86.6	88.2	90.3	90.7	89.9	-0.9%	+3.8%
<b>England</b>	62.0	64.0	65.0	67.0	67.0	0.0%	+8.1%

Bradford District saw notable increases in the number of Children in Care, per 10,000 children under 18, during the periods 2018 to 2019 and 2020 to 2021. The five-year period 2017 to 2021 saw a much greater increase than the comparators. These changes have resulted in a position where Bradford District has a higher rate per 10,000 than its statistical neighbours, the region and nationally.



### Number of children under 18 in care at 31 March per 10,000 population



### Children in care (total number)

	2017	2018	2019	2020	2021	Change from 2020 to 2021	Change from 2017 to 2021
<b>Bradford</b>	926	986	1,159	1,245	1,348	+8.3%	+45.6%
<b>Regional</b>	7,720	8,190	8,570	8,970	9,210	+2.7%	+19.3%
<b>Statistical Neighbours (average)</b>	510	524	534	542	618	+13.9%	+21.3%
<b>England</b>	72,610	75,370	78,140	80,080	80,850	+1.0%	+11.3%

Over the five-year period, 2017 to 2021, the District saw a 46% increase in the number of children in care compared to a 21% increase seen by its statistical neighbours, and a 19% and 11% increase seen

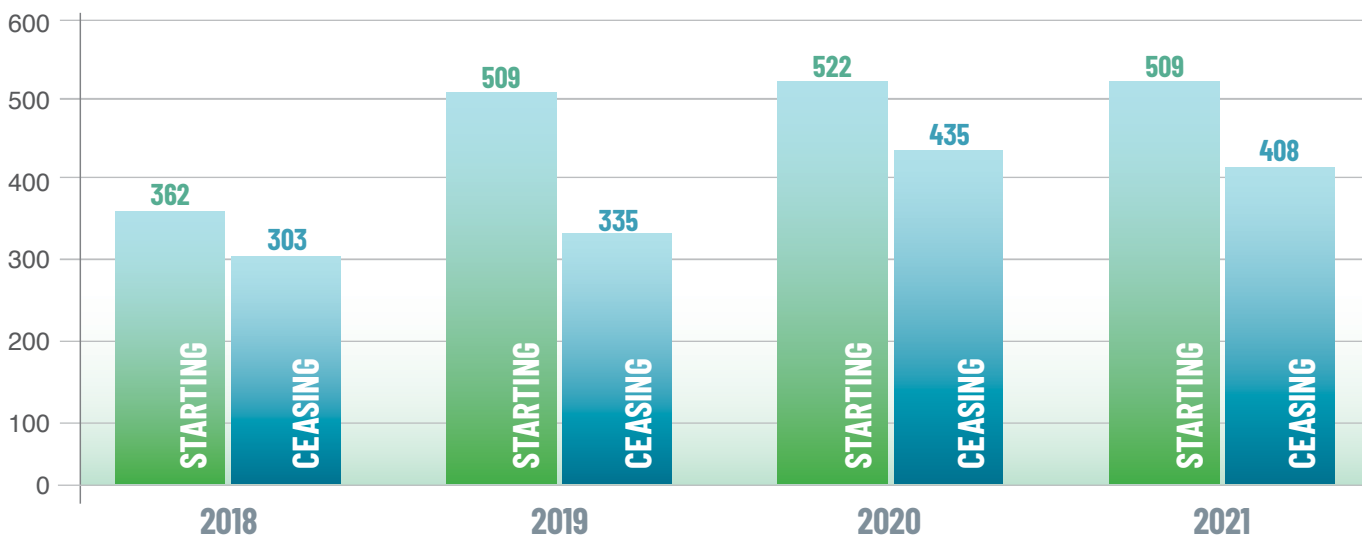
regionally and nationally. The District saw notable increases in the number of children in care between 2018 to 2019 when compared to its statistical neighbours, as well as the regional and national trends.

### Percentage change in Children in Care population



This upturn was due to an increase in the numbers of children starting to be looked after since 2018/19 period without an equal increase in the number of children ceasing care in the same period neighbours, as well as the regional and national trends.

### Children starting and ceasing care

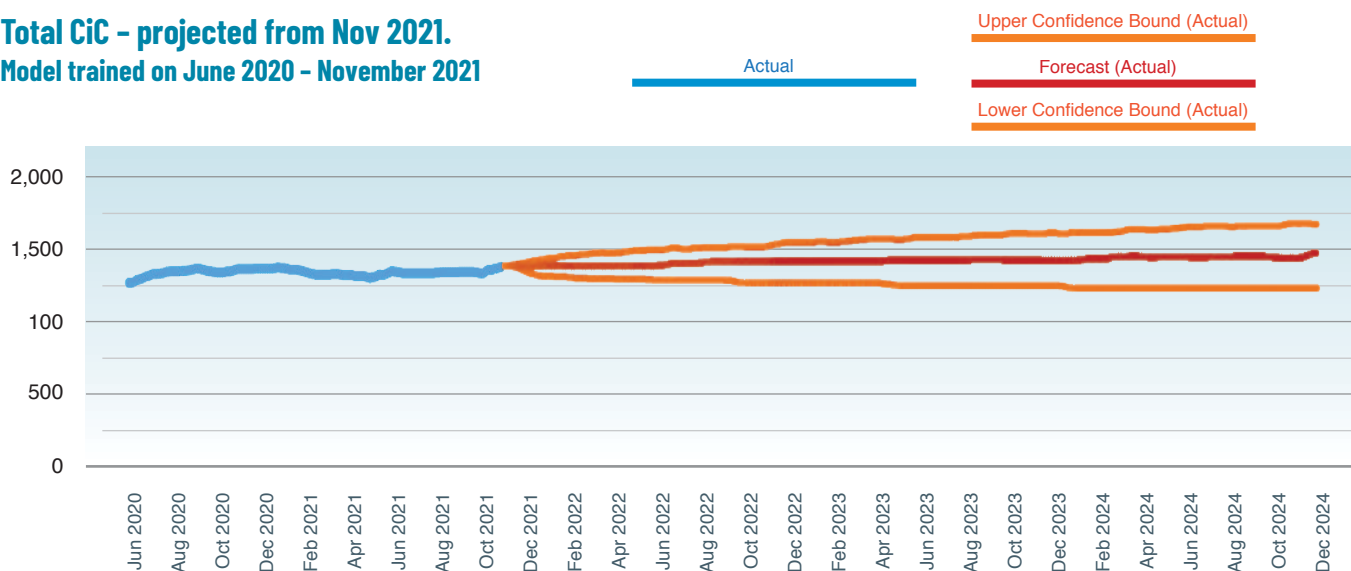


# FORECAST PROJECTION

Historically, Bradford District has presented an upward trend in the numbers of children in care; whilst this was consistent with the wider picture, it occurred at a far accelerated rate in comparison to statistical and regional neighbours, and national trends. Forecasting,

to December 2024, based on this trend suggests a continued increase of the Children in Care population, or, a decrease to below June 2020 levels of children in care based on lower confidence.

## Total CiC - projected from Nov 2021. Model trained on June 2020 - November 2021



### Forecasting data

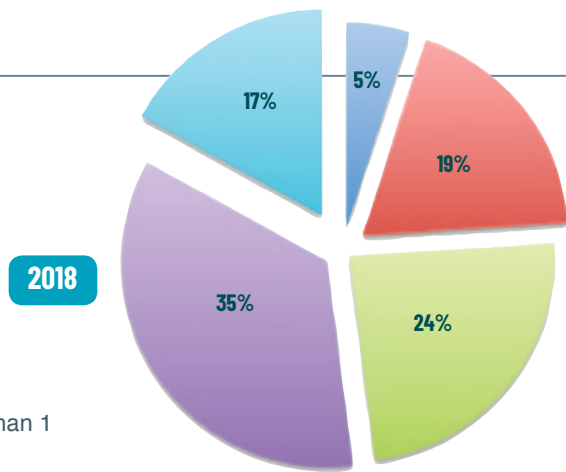
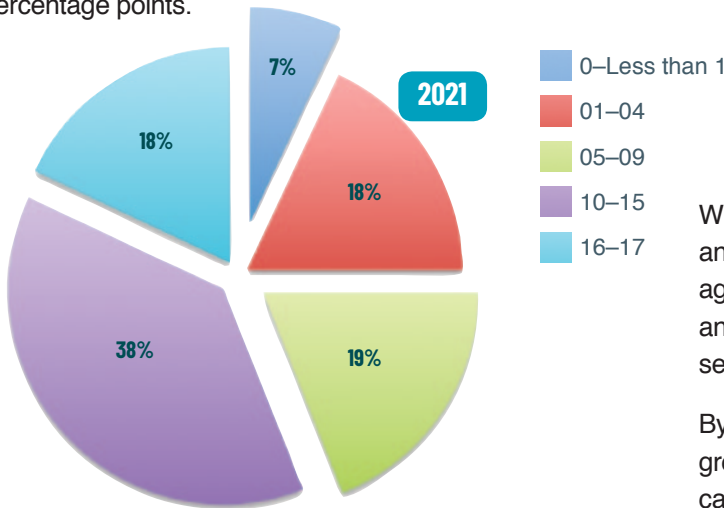
Lower Confidence Bound (Actual)	Actual	Forecast (Actual)	Lower Confidence Bound (Actual)	Upper Confidence Bound (Actual)	Lower Confidence Bound (Actual)	Actual	Forecast (Actual)	Lower Confidence Bound (Actual)	Upper Confidence Bound (Actual)
	Nov-21	1,395	1,395	1,395		Jun-23	1,424	1,287	1,560
	Dec-21	1,394	1,360	1,428		Jul-23	1,425	1,286	1,565
	Jan-22	1,396	1,350	1,442		Aug-23	1,427	1,284	1,570
	Feb-22	1,398	1,342	1,453		Sep-23	1,429	1,282	1,575
	Mar-22	1,399	1,336	1,463		Oct-23	1,430	1,280	1,580
	Apr-22	1,401	1,330	1,471		Nov-23	1,432	1,279	1,585
	May-22	1,402	1,325	1,479		Nov-23	1,434	1,277	1,590
	Jun-22	1,404	1,321	1,487		May-22	1,402	1,325	1,479
	Jul-22	1,406	1,317	1,494		Jun-22	1,404	1,321	1,487
	Aug-22	1,407	1,313	1,501		Jul-22	1,406	1,317	1,494
	Sep-22	1,409	1,310	1,508		Aug-22	1,407	1,313	1,501
	Oct-22	1,411	1,307	1,514		Sep-22	1,409	1,310	1,508
	Nov-22	1,412	1,304	1,521		Oct-22	1,411	1,307	1,514
	Dec-22	1,414	1,301	1,527		Nov-22	1,412	1,304	1,521
	Jan-23	1,416	1,299	1,532		Dec-22	1,414	1,301	1,527
	Feb-23	1,417	1,296	1,538		Jan-23	1,416	1,299	1,532
	Mar-23	1,419	1,294	1,544		Feb-23	1,417	1,296	1,538
	Apr-23	1,420	1,292	1,549		Mar-23	1,419	1,294	1,544
	May-23	1,422	1,290	1,555		Apr-23	1,420	1,292	1,549



# DEMOGRAPHICS

## AGE

Over the period 2018 to 2021 the proportion of children in care aged 5-9 has grown by 5 percentage points, the proportion of children in care aged 10-15 has dropped 3 percentage points.



With the exception of the under 1's all age groups saw an increase in numbers between 2018 and 2021. The age group with the largest increase, both numerically and proportionally was the 5-9s. The 1-4 group saw the second highest increase in proportion, 45%.

By 2024, we can anticipate that the 10-15 and 16-17 groups will have grown further as those children entering care in 2018/19 onwards get older.

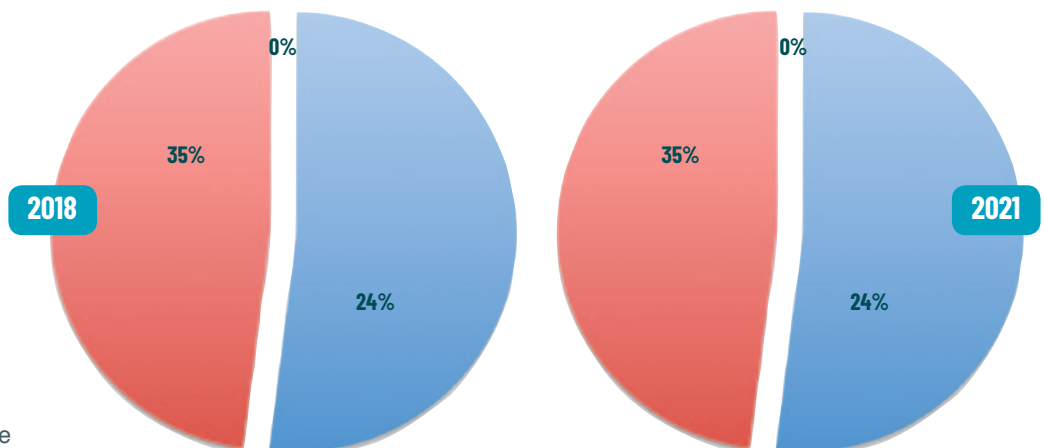
### Age of Children in Care

	2018	2019	2020	2021	% difference 2018 to 2021	Difference 2018 to 2021
0 - less than 1	64	67	73	65	2%	1
01 - 04	179	213	242	260	45%	81
05 - 09	190	243	274	317	67%	127
10 - 15	373	425	429	473	27%	100
16 - 17	179	210	228	231	29%	52
<b>Total</b>	<b>985</b>	<b>1,159</b>	<b>1,246</b>	<b>1,347</b>	<b>37%</b>	<b>362</b>

## GENDER

The gender profile of the District's children in care has not changed between 2018 and 2021

- Male
- Female
- Transgender Male
- Transgender Female



## ETHNICITY

Bradford District's Children in Care population is predominantly white (58% at March 2021), this has remained relatively consistent over recent years. However, when considered against the wider District population there is evident inconsistency; the District's population is 2.5% mixed and 1.5% other, whereas young people from these communities represent over 27% of the children in care population.



### Ethnicity of Children in Care

	2018	2019	2020	2021
White British	584	683	757	780
Other White groups	78	95	112	138
Asian / British Asian	109	138	133	159
Black / Black British	28	34	33	43
Mixed heritage	165	183	184	197
Other ethnic groups	15	18	21	20
Not stated / not yet obtained	6	8	6	10
<b>Total</b>	<b>985</b>	<b>1,159</b>	<b>1,246</b>	<b>1,347</b>

### CiC Ethnicity by Percentage

	2018	2021
White British	59%	58%
Other White groups	8%	10%
Asian / British Asian	11%	12%
Black / Black British	3%	3%
Mixed heritage	17%	15%
Other ethnic groups	2%	1%
Not stated / not yet obtained	1%	1%

### All children in the district

	Aged 0-9	%
White: English/Welsh/Scottish/Northern Irish/British	76,021	51%
Other White groups	4,018	3%
Mixed/multiple ethnic group	7,312	5%
Asian/Asian British	57,926	39%
Black/African/Caribbean/Black British	2,445	2%
Other ethnic group	2,563	2%
<b>All children in district</b>	<b>150,285</b>	

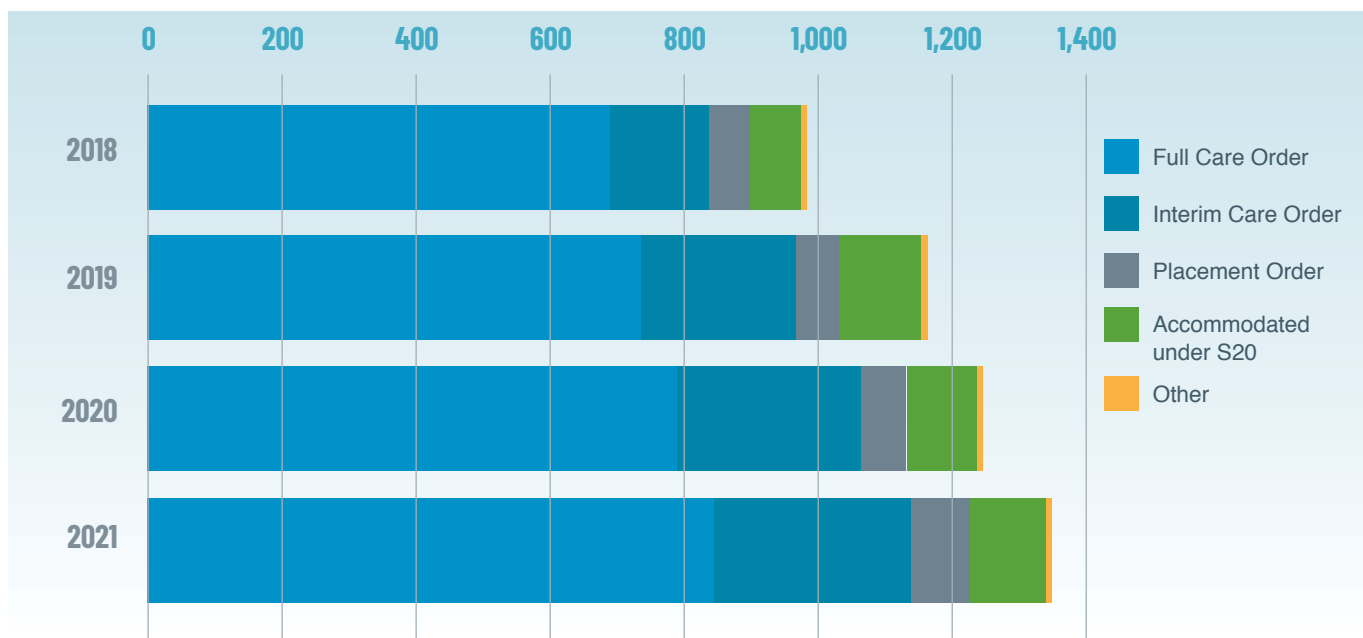
## LEGAL STATUS

The number of children placed on Interim Care Orders doubled between 2018 and 2021. The number of children subject to Placement Orders grew by 50%.



Full and Interim Care Orders account for the majority of the increase in children in our care over the 2018-21 period.

### Number of children under 18 in care at 31 March per 10,000 population



### Legal Status of Children in Care

	2018	2019	2020	2021	% difference 2018 to 2021	Difference 2018 to 2021
Full Care Order	695	740	792	846	22%	151
Interim Care Order	144	231	272	295	105%	151
Placement Order	61	65	73	92	51%	31
Accommodated under S20	81	118	107	112	38%	31
Other	4	5	2	2	-50%	-2
<b>Total</b>	<b>985</b>	<b>1159</b>	<b>1246</b>	<b>1347</b>	<b>37%</b>	<b>362</b>

## LENGTH OF TIME IN CARE

Changes to the length of time a child has been in care align with the increases in number of children in care in the periods 2018 to 2019 and 2020 to 2021.

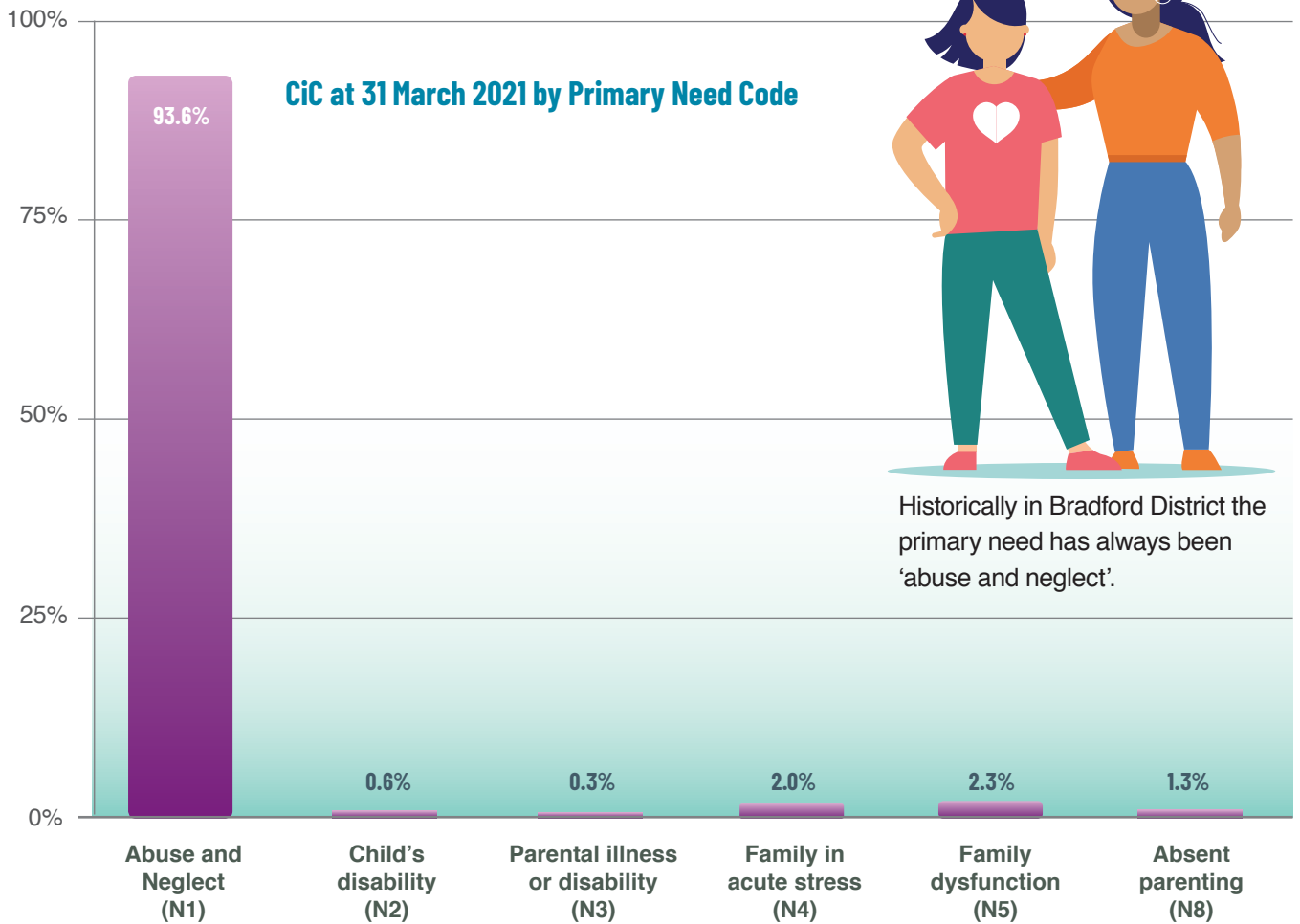
	2018	2019	2020	2021	Difference 2018 to 2021
0-5 months	131	260	187	179	48
6 up to 12 months	104	134	205	220	116
1 up to 2 years	207	168	253	280	73
2-5 years	248	310	306	377	129
5+ years	296	287	295	291	-5

Since 2018 the number of children in care for 5+ years, at the end of each fiscal year, has remained the same.

The chart above shows the big increase in care entrants in the year to March 31st 2019, as the increase in the

'0-5 months' category. This 'group' of children has gradually moved through the categories and currently are within the '2-5 years' category. These children will appear in the '5+ years category' in 2024.

## PRIMARY NEED WHEN ENTERING CARE



## ENTRANTS TO CARE - PLACEMENT REQUESTS

The data set started to be collated in March 2021, at this time we have 11 months data relating to requests for a new placement (new to care).

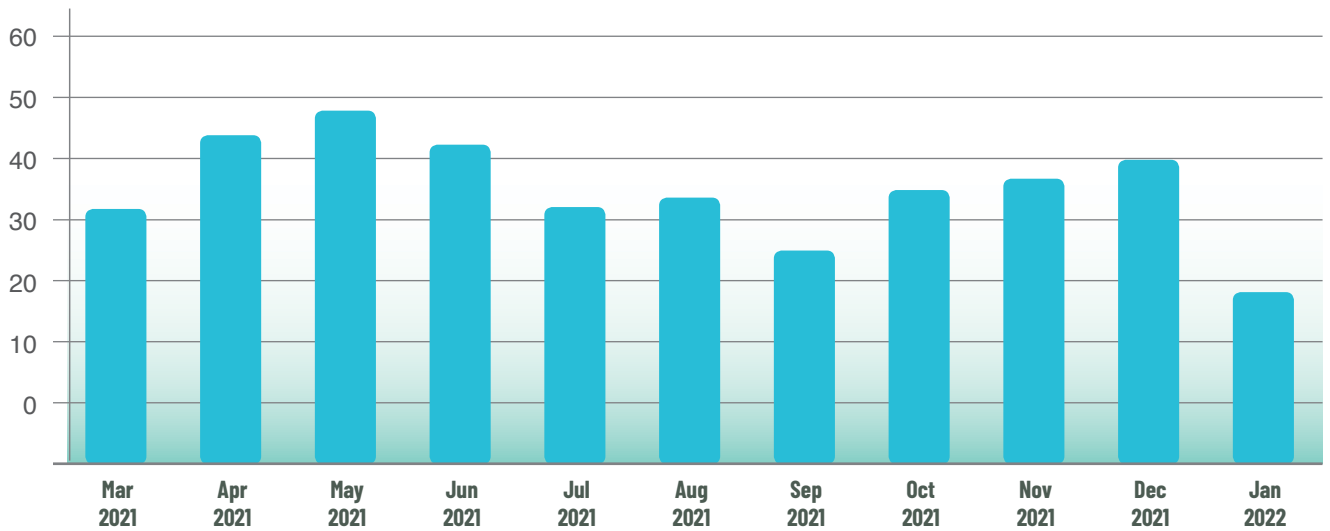
Number of requests for new placements March 21 to Jan 22

In the 11 months period we had 385 requests for new placements. This data includes care leaver requests for UASC children and S17 accommodation cases.

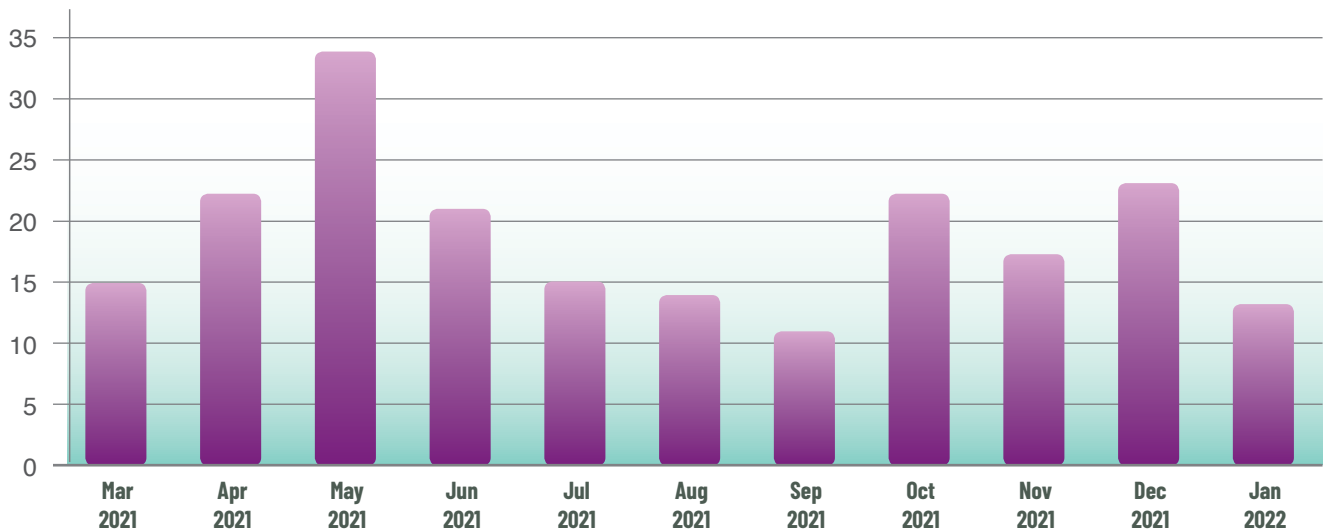
For reference new placement requests make up 47% of the demand for placements for 11 month period (Mar 21 to Jan 21)



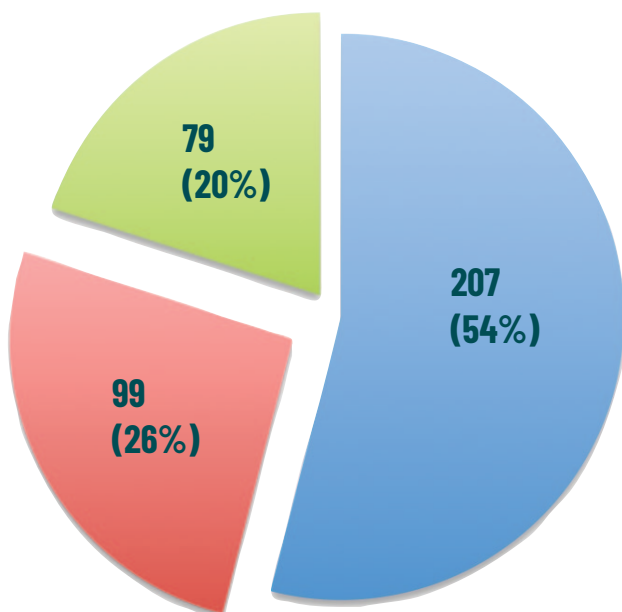
### Placement Requests for New Care Entrants - March 2021 to Jan 2022



### Emergency Placement Requests for New Care Entrants - March 2021 to Jan 2022



### Number of requests for new placements by category for 11 months (March 21 to Jan 22)



These figures represent a disproportionate volume of emergency requests for placement. Whilst acknowledging that there will always be trigger events such as an injury to a child which will require immediate response, for the most part one would expect admission to care to be a planned process as part of child protection and Public Law Outline (PLO) processes.

This volume of emergency placement requests will constrain placement choice and matching at point of care admission.

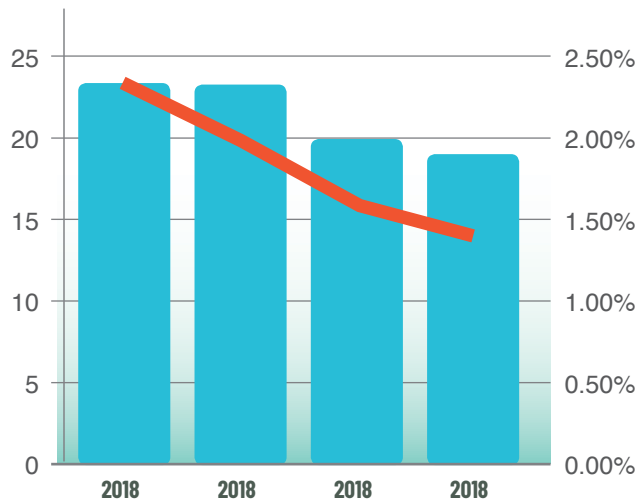
- Emergency – Same Day
- Routine – Over 72 hours
- Urgent – Within 72 hours

# UNACCOMPANIED ASYLUM SEEKING CHILDREN (UASC)

The number of Unaccompanied Asylum Seeking Children has decreased in Bradford District since 2018.

## UASC population

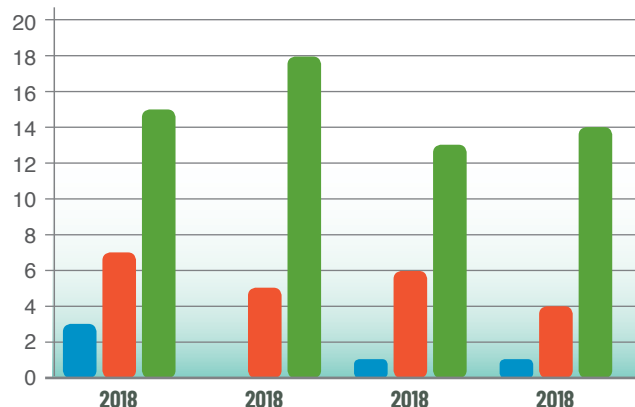
■ UASC  
■ %UASC



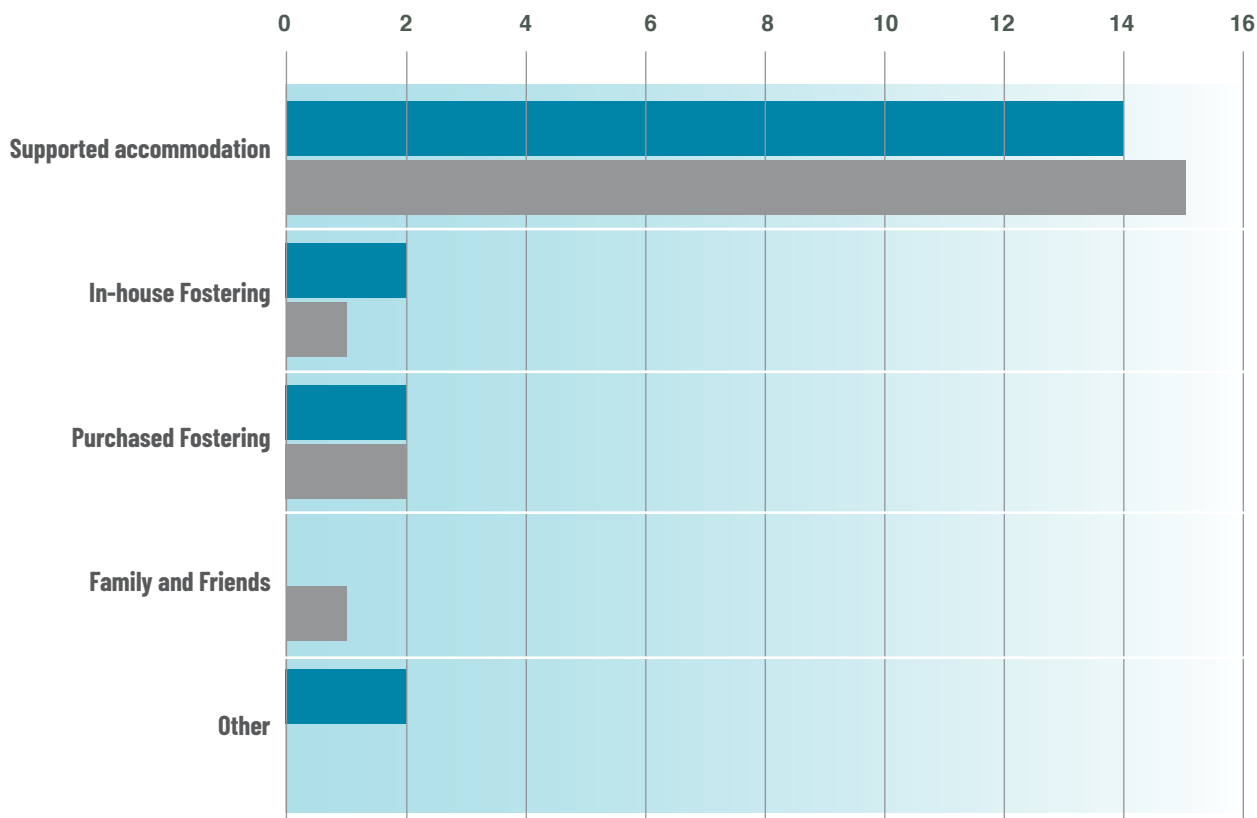
In terms of age profile, the majority of UASC remain seventeen year olds and they are almost predominantly male

## Age composition

■ <16 ■ 16 ■ 17



## Percentage change in Children in Care population



The end of 2021 saw a change in patterns of UASC numbers due to changes in Government policy. A number of young men placed in Bradford by the Home Office challenged their assessment of age as a result of which we assessed them as minors. The National Transfer Scheme for UASC which has up until now been a voluntary arrangement has recently been made mandatory by the Government. This is likely to lead to an increase in UASC numbers for Bradford.

# ADOPTION

Bradford is part of an adoption consortium with four other Local Authorities that form One Adoption West Yorkshire. (OAWY) Aside from Bradford the consortium consists of Calderdale, Wakefield, Kirklees and Leeds who administer the partnership on behalf of the other Authorities.

OAWY are responsible for all adopter recruitment across the five authorities with centralised assessment and panel functions. This provides the benefit of a larger pool of prospective adopters. Family finding responsibilities are also held by the consortium though each Local Authority retains its own decision making accountability for should be placed for adoption decisions for individual children and the matching of children to adopters.

The numbers of children leaving care through adoption in Bradford has fluctuated in recent years with a gradual decline since 2017. However, the trend for the current

performance year to date is upwards with third quarter figures bringing Bradford back in line with regional neighbours.

The timeliness with which children are placed for adoption is also a performance area that has seen variability in monitoring. There are two key indicators relating to this measure the length of time between a child entering care and being laced with adopters and the length of time between the making of a placement order and the child being matched with adopters.

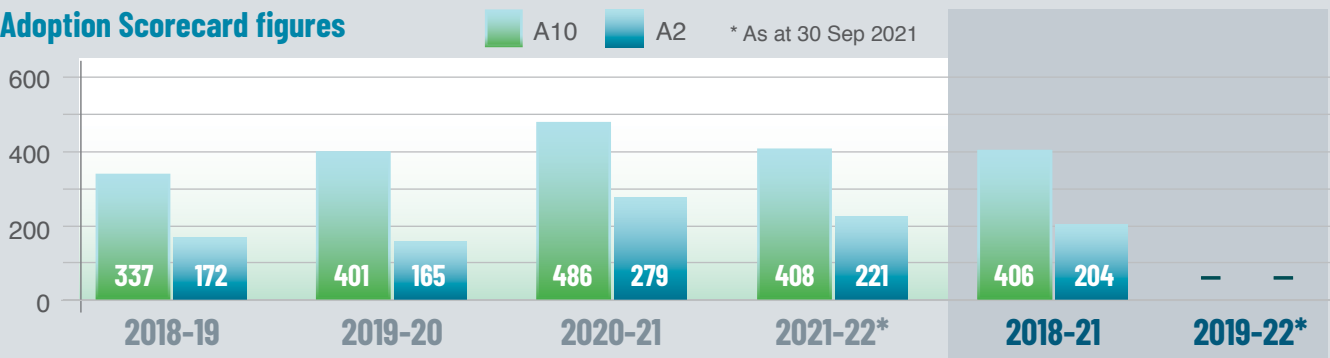
Whilst the last twelve months has seen an improvement for Bradford in respect of both indicators we remain behind statistical neighbours. There will be a number of contributory factors that form the underlying cause of this but most notable will be delays in care planning processes or the family finding process for more hard to place children.

## Percentage of Looked After Children adopted in a year

Local Authority, Region and England	2017	2018	2019	2019	2021	31 Dec 2021
380 Bradford	15.00	10.00	10.00	8.00	7.00	13.00
982 Yorkshire and The Humber	17.00	16.00	15.00	14.00	12.00	-
Statistical Neighbours	21.00	17.10	17.30	17.60	14.30	-
970 England	14.00	13.00	12.00	12.00	10.00	-

The percentage ceasing care in 2021 for adoption has been falling compared to the previous years. Bradford also compares unfavourably to the Statistical Neighbours and England Average figures. However as at 31 Dec 2021 the percentage for adoption is at 13%.

## Adoption Scorecard figures



### A10 Average time between a child entering care and moving in with its adoptive family, adjusted for foster carer adoptions

The average time from a child entering care and moving in with its adoptive parents has fallen, 408 days as at 30 September 2021 compared to 486 days as at March 2021.

### A2 Average time between Placement Order and the LA deciding on a match to an adoptive family

The average time between Placement Order and match to adoptive family has also fallen. 221 days as at 30 September 2021 compared to 279 days at March 2021.

The 3 year average 2018-2021 for this indicator is 204 days. This compares unfavourably with the 3 year average in 2017-2020 of 160 days for Bradford, 186.60 for the Statistical neighbours and 175 for the England average.

# SPECIAL GUARDIANSHIP

In terms of permanence options, it should be noted that the increase in children placed in care with connected carers is in part a reflection of a lack of clarity as regards the financial and support package that is made available to special guardianship carers. For many of these children there is no necessity for them to be in Local Authority care in that they are being well cared for within their extended family.

OAWY are working on a regional SGO (Special Guardianship Order) policy that will be available for approval shortly. This will provide both clarity and equity in terms of the financial offer that is made to SGO carers. Once the policy is approved we will make use of the child in care reviewing process to identify those connected carers who are willing to consider applying for an SGO and progress accordingly.



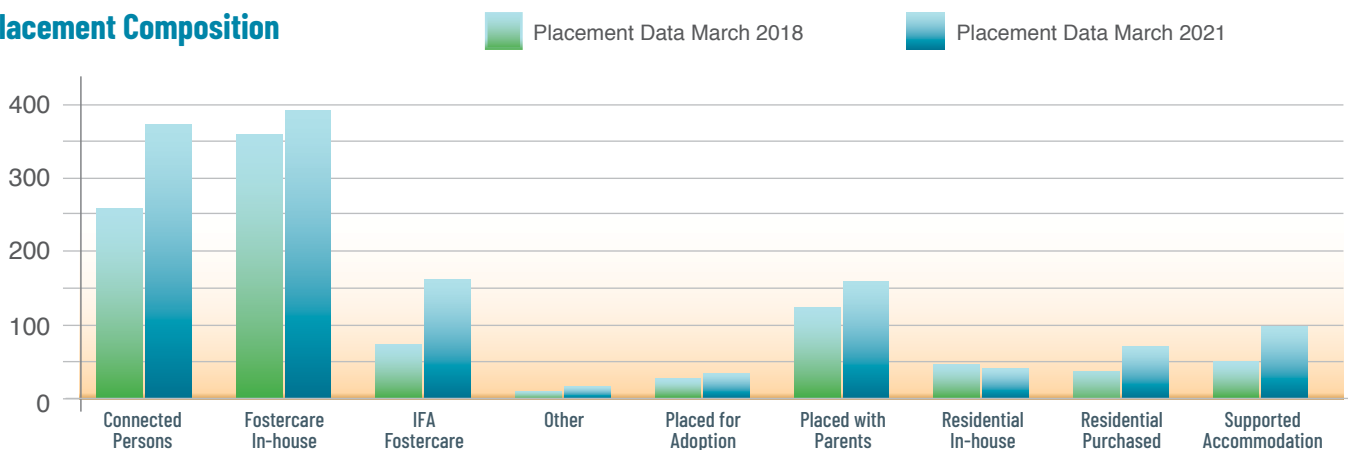
# PROFILE OF CURRENT PLACEMENTS

Placement types	2018	2019	2020	2021
Connected Persons	258	339	353	373
Foster care In-house	360	365	372	394
IFA	73	86	137	164
Other	3	8	3	7
Placed for Adoption	29	25	24	35
Placed with Parents	123	158	150	161
Residential In-house	47	53	50	45
Residential Purchased	41	51	68	70
Supported Accommodation	51	74	89	98
<b>Total</b>	<b>985</b>	<b>1159</b>	<b>1246</b>	<b>1347</b>



Since 2018 it is placements with Connected Persons and IFA foster care that have seen the largest increases, the increases in these two placement types account for more than half of the increase in numbers of Children in Care.

## Placement Composition





In March 2021, of those 1,347 children in care, 673 were recorded as having either a foster or residential placement (47%).

Of those 673 CLA the breakdown for Foster (commissioned -v- internal) and Residential (commissioned -v- internal) is:



The biggest increase in placements was for IFA placements for the 5-9 age group followed by in house fostering placements for 1-4s and 5-9s. The increase in in-house foster placements for the lower age groups may have caused the authority the need to purchase placements for the older age groups.

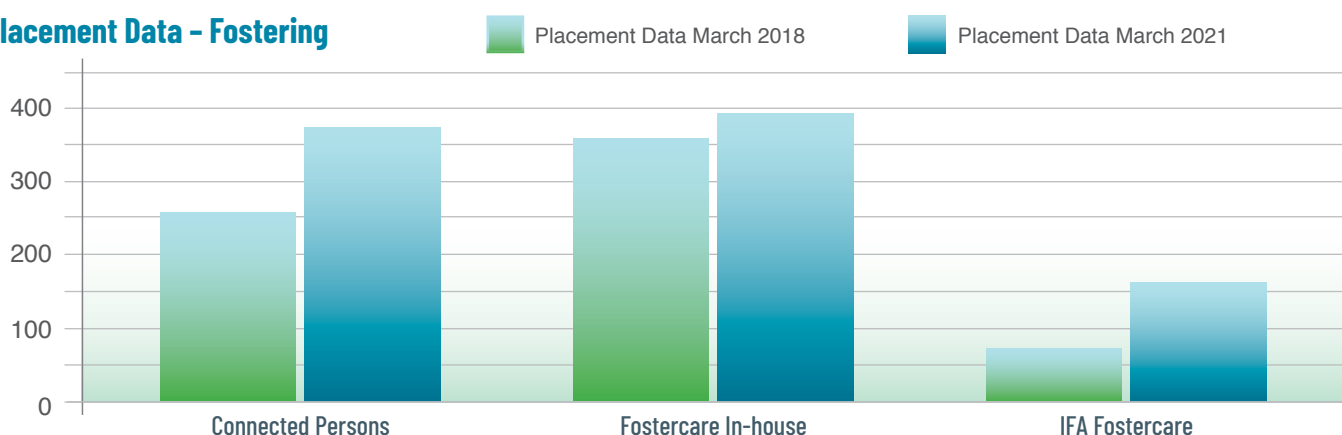
The numbers of children placed at home with parents under legal orders is considerable and substantially in excess of what one would expect. This is falsely inflating our looked after numbers. It is also poor practice to have children on orders in these situations for long periods of time as it represents a constraint on normal family life for the families involved.

We are also seeing a significant increase in numbers of children placed with family and friend connected carers. This is a good outcome for the children involved as they are growing up within their extended family but in many instances it is unnecessary for this to require the children to be in care. This again constitutes a constraint on family life and is requiring considerable resources to maintain in terms of social work and IRO time. The lack of a clear policy on payments to SGO carers (special guardianship order) is currently preventing carers from seeking these orders whereby the children would be appropriately discharged from Local Authority care.

### Age profile of placement types 2021, difference from 2018 in ( )

	0 - less than 1	01 -04	05-09	10-15	16-17	18+ and in Community home	Grand Total
Family and Friends	12 (-1)	86 (+19)	108 (+33)	134 (+50)	33 (+14)		373 (+115)
Fostercare In-house	33 (-5)	80 (+36)	95 (+35)	149 (-29)	36 (-4)		394 (+34)
Fostercare Purchased	6 (+1)	33 (+23)	56 (+44)	55 (+24)	14 (-1)		164 (+91)
Other	3 (+3)	1 (+1)		1	2		7 (4)
Placed for Adoption	1 (-6)	29 (+11)	5 (+1)				35 (+6)
Placed with Parents	9 (+8)	31 (-9)	45 (+14)	55 (+25)	21		161 (+38)
Residential In-house			6 (-2)	31 (+7)	8 (-7)		45 (-2)
Residential Purchased	1 (+1)		2 (+2)	48 (+23)	19 (+3)		70 (+29)
Supported Accommodation					98 (+47)		98 (+47)
<b>Grand Total</b>	<b>65 (+1)</b>	<b>260 (+81)</b>	<b>317 (+127)</b>	<b>473 (+100)</b>	<b>231 (+52)</b>	<b>1</b>	<b>1347 (+362)</b>

### Placement Data - Fostering



Over the period 2018-2021 demand for IFA placements has increased for those children aged 5-9.

As regards the location of IFA placements 68 are inside Bradford District. A further 66 placements are in the immediate surrounding Local Authority areas.

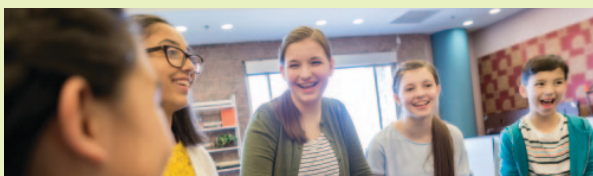
The majority of IFA placements (156) have been made inside the White Rose EMP commissioning framework. Twenty-five IFA placements are outside of the White Rose EMP

## Age composition of IFA Placements

	March 2018	March 2019	March 2020	March 2021
0 - less than 1	5	2	8	6
01 - 04	10	16	28	33
05 - 09	12	26	52	56
10 - 15	31	31	33	55
16 - 17	15	11	16	14
<b>Total</b>	<b>73</b>	<b>86</b>	<b>137</b>	<b>164</b>

## RESIDENTIAL

The biggest increase in purchased residential placements was for the 10-15 age group



## Residential Purchased Children's Homes

	2018	2019	2020	2021
0 - less than 1	0	0	0	1
01 - 04	0	0	0	0
05 - 09	0	0	1	2
10 - 15	25	38	51	48
16 - 17	16	15	16	19

### Residential purchased placements by location

Twelve purchased residential placements are inside Bradford District. Twenty-two are in neighbouring authorities.

Thirty-seven (including twelve placed in Bradford) placements are inside the White Rose commissioning framework. Thirty placements are outside of the White Rose EMP.

### Placement Stability

As numbers of children in Care increased, short term placement stability decreased with more children having 3 or more placements in a year. Between 2020 and 2021 short term stability improved and whilst not in-line with statistical neighbours it is in-line with regional and national performance.

#### Local Authority, Region and England

	2016	2017	2018	2019	2019	2021
Bradford	9.00	10.00	11.00	12.00	13.00	9.00
Yorkshire and The Humber	10.00	11.00	11.00	11.00	11.00	9.00
Statistical Neighbours	7.50	8.70	8.60	9.10	9.60	7.20
England	10.00	10.00	11.00	11.00	11.00	9.00

Long term stability dropped between 2018 and 2020, as it did with the comparator groups. Long term stability Improved by 5pp between 2020 and 2021 and is nearly back to 2018 levels.

#### Local Authority, Region and England

	2018	2019	2019	2021
Bradford	71.00	69.00	65.00	70.00
Yorkshire and The Humber	69.00	68.00	67.00	70.00
Statistical Neighbours	69.90	69.70	68.20	70.80
England	69.00	68.00	68.00	70.00

## CARE LEAVERS

The number of care leavers has increased by over a third in the period 2018 to 2021 placements was for the 10-15 age group

	2018	2019	2020	2021
<b>Total Care Leavers</b>	495	525	611	685

Projection - Care Leavers	
Month	Projection
Mar-2022	727
Mar-2023	811
Mar-2024	889



## ACCESS TO HOUSING PROCESS

Young people eligible for a Leaving Care Service are able to register their housing application with Bradford Home online from the age of 16 years alongside the general population. In order to register the young person requires their National Insurance Number, an email address and details of their current accommodation.

Young people who are looked after require assistance from their Social Worker to apply for their National Insurance Number.

Bradford Homes will apply Priority 1 status only where the young person has identified as having care leaver eligibility.

The Joint Housing and Leaving Care Protocol is being co-developed. The protocol focuses on homelessness prevention and early intervention as well as services in reach. Housing applications will progress sooner (from 16 years) to ensure care leavers have the best possible starting position on the register and are not disadvantaged by delayed applications.

### General Accommodation Issues for Care Leavers

**Priority 1 Status:** regardless of the date of application; Priority 1 will only apply from the age of 18 years; we have explored with housing options whether this could be applied from day 1/ backdate to 16th birthday and age of eligibility, but current processes will not allow.

**Availability of suitable 1-2 bedroom properties:** Housing stock is an issue when supporting young people in their transition from supported accommodation to independent living. At this time [January 2022] there are 71 young people (18+) identified as care leavers with an open housing application with Bradford Homes- initial date of applications stem back to 2020. Young people reside in a range of accommodation including semi-independent placements that continue to be funded by Children’s Social Care to prevent homelessness. This often leads to a route of private landlords even when this is not the most suitable/affordable or secure option.

**Bridging Accommodation:** there are few options available to young people who are 18+ and are not ready to have their own place. Staying Put and Staying Close provide options for some young people but there continues to be a gap in services (this includes supporting young parents and those who do not meet the threshold of adult social care in respect of supported accommodation needs).

**Release from prison/ custody:** early release planning is promoted however care leavers continue to be at risk of homelessness on release from prison. If the young person has previously been a tenant within an In-Communities tenancy; depending on the duration of sentence and/or nature of offence, In-communities will seek possession. Young people in prison/ custody are unable to claim Universal Credit and therefore are likely to breach their tenancy agreement regardless of sentence/ nature of offence due to defaulting on rent payments. The only route to guarantee social housing accommodation is to declare as homeless on release and options often include shared accommodation. This is in conflict with efforts made to plan from the point of sentencing.

**Exceptions for care leavers:** the service have experience of supporting young people in attending housing assessments in preparation for adulthood. Circumstances may lead to young people not wanting to work through the assessment meeting and appear to 'self-sabotage' when there are often a range of other contributing factors. When this has happened the assessment has been rejected and bidding therefore cannot take place. The young person is then unable to reapply for a period of 6 months when circumstances may well have changed.

**Access to Tenancy support:** Existing contract with Centre-point only applies to young people already open to service prior to their 18th birthday. Whilst there are some low level outreach options young people moving to their first home would benefit from prioritised tenancy/befriending support to overcome challenges experienced of living in their own home.

## Current Arrangements

We currently have a Commissioned Dynamic Purchasing System in place with 70 Providers who provide semi-independent group living and supported tenancy placements to care leavers. We currently have sufficient options in post 16 to meet the demands for semi-independent placements for care leavers.

The quality assurance arrangements for this contract have been developed and enhanced over the last 18 months and are as follows:

1. Annual DBS checks
2. Tracking tool to ensure up to date health and safety documentation is held on file (Gas, electric, fire safety and insurances)
3. Annual Quality assurance visits to Providers undertaken by our Reg.44 officers (similar format to Reg.44 adjusted to reflect support not care) – commenced May 2021
4. Quality assurance office post in PC team – appointed in Jan 2021.
5. Announced and unannounced visits by QA officer and PC leadership.
6. On boarding new properties/providers – Locality risk Assessment, full checks of documentation (as in 1 &2), visit in person or virtual or in emergency photographs with follow up visit.



# CURRENT PROVISION

## IN-HOUSE FOSTERING SERVICE

In March 2021 Bradford’s in house fostering service entered in to a twelve month contract with Bright Sparks, an independent company, to assist with the recruitment of foster carers by increasing our visibility on social media and therefore increasing the number of enquiries. The contract has the option to extend for a maximum of 1 further year in 2 six month periods. Whilst there has been an increase in the number of enquiries this has not yet translated in to a significant increase in the number of potential foster carers in assessment. There continues to be a need to recruit foster carers for children aged 8+, sibling groups, and children with a range of complex needs. The in-house fostering service and Bright Sparks will ensure future marketing will focus on these areas.

## FOSTERING HOUSEHOLDS

During the period from March 2018 to March 2021 the fostering service has grown by 59 households, however the vast majority of this growth has been in Connected Persons fostering. Connected Persons households have increased by 47. Mainstream households decreased from 283 in 2017-18 to 280 in 2018-19 but has increased by 15 households to 295 in the period 2019 to 2021. There is an urgent need to increase recruitment activity for mainstream foster care.

The average utilisation rate in mainstream fostering is 1.75. i.e. the average number of children placed per household. Over the last 4 years the number of children in care in Bradford has increased by 362, an average of

90.5 children per year. At least 70% (63.5) of these will require foster care. Therefore, in order to keep pace with this demand, the in house fostering service will need to grow by at least 38 fostering households per year. Over the next three years the fostering service increase by at least 114 fostering households.

## CHILDREN PLACED

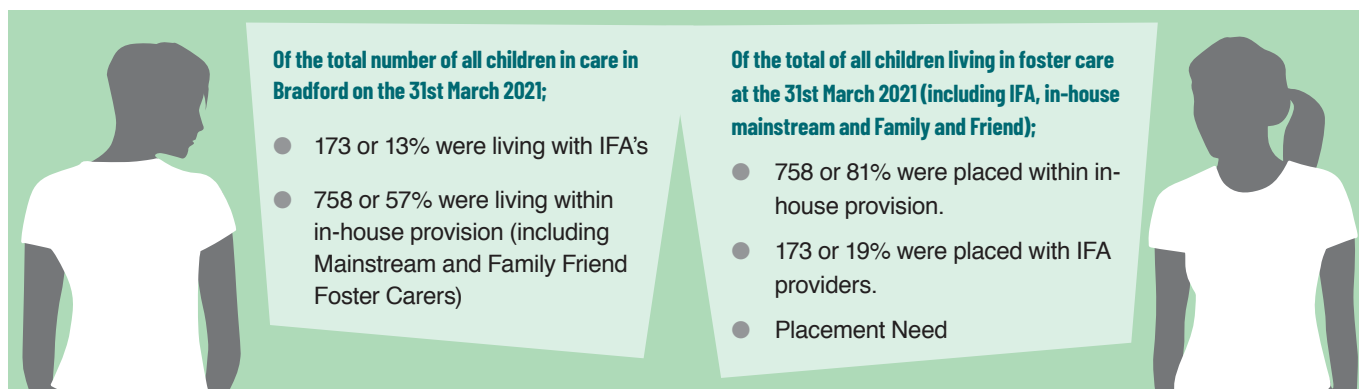
During the reporting period 2020/21 492 children and young people were placed with Bradford’s in-house fostering service. Of these 236 were placed with Mainstream Foster Carers and 256 children were placed with family and friend (connected Person’s) foster carers. In the same period, 430 children left in-house fostering provision; 198 children and young people left mainstream foster care and 232 children and young people left family and friends foster care.

Of the 1,347 Children in Care in Bradford on the 31st March 2021 931 (69%) were living with foster carers (including in house, connected persons and IFA placements). This percentage has reduced slightly from 70% in March 2018. The rapid growth in the number of children and young people in care between 2018 and 2021 has significantly increased the demand for foster care placements. Between March 2018 and March 2021 there has been a 50% increase in the number of Children in Care in Bradford.

### Growth in fostering households & children looked after in in-house foster care

(Source: Ofsted Data returns)

Year	Mainstream Households	Children Placed Mainstream Households	Connected Person Households	Children Placed Connected Persons Households	Total Households	Total Children Placed
2017/18	283	508	148	203	431	559
2018/19	280	495	169	235	449	730
2019/20	281	492	175	263	456	755
2020/21	295	510	195	289	490	799



With the exception of the under 1's all age groups saw an increase in numbers between 2018 and 2021. The age group with the largest increase, both numerically and proportionally was the 5-9s. The 1-4 group saw the second highest increase in proportion, 45%.

### Age of Children in Care

	2018	2019	2020	2021	% difference 2018 to 2021	Difference 2018 to 2021
0 - less than 1	64	67	73	65	2%	1
01 - 04	179	213	242	260	45%	81
05 - 09	190	243	274	317	67%	127
10 - 15	373	425	429	473	27%	100
16 - 17	179	210	228	231	29%	52
<b>Total</b>	<b>985</b>	<b>1,159</b>	<b>1,246</b>	<b>1,347</b>	<b>37%</b>	<b>362</b>

## COMMISSIONED FOSTERING PROVISION

Bradford Metropolitan District Council (MDC) has an in house fostering service but commissions provision from external agencies via the White Rose Electronic Market Place (EMP). The EMP is a pseudo Dynamic Purchasing System set up by the White Rose Partnership (WRP). The WRP is a well established strategic alliance between Bradford, Leeds, Wakefield, Kirklees, Calderdale, Sheffield, Barnsley, Doncaster, Rotherham, Hull, North Lincolnshire, North East Lincolnshire, York and the East Riding of Yorkshire councils designed to secure sufficient placements for children and young people in care within the region. This includes Independent foster care, specialist SEND (Special Educational Needs and Disabilities), and residential placements. The WRP was initially established in 2011 and has subsequently been reviewed and updated since this time.

The WRF offers Bradford MDC access to 29 Independent Fostering Agencies (IFA) providers (as at March 2021); these providers have over 2700 registered carers nationally and are registered to provide 5600

placements. It should be noted that this demonstrates the number of registered carers and approved fostering 'beds' cumulatively across the WRF, either occupied or vacant, but as would be expected, availability changes on a daily basis.

The majority of this provision is outside of Bradford's borders. 68 IFA children are placed within IFA's in the Bradford District. 156 (including the 68 in within Bradford District) are placed with the WRF footprint and 25 children and young people are placed outside of this area. Commissioning and the in-house fostering service continue to work to develop the availability of local, good quality fostering homes for our Children and Young People.

Nationally the fostering market is significantly impacted by a lack of supply to meet demand coupled with an aging foster carer population; despite the potential for Bradford to access in excess of 5000 placements, vacancies are not consistently readily available. During the 2020/2021 period, Bradford made 119 placements with IFA providers. In the same period 73 children and young people left IFA placements. For some children this will have meant one or more placements within that

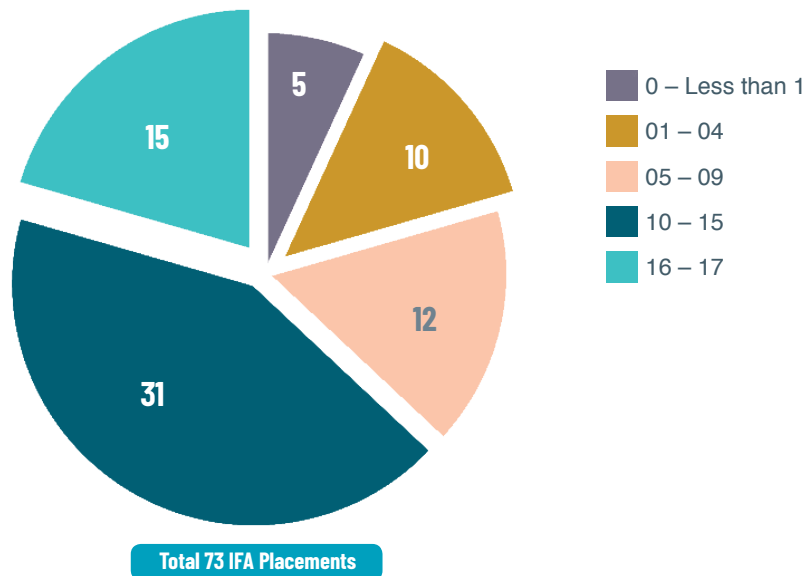
period within IFA provision. At the end of March 2021 173 Bradford children were living with IFA Foster Carers. All but two of these were procured through the WRF.

The WRF has supported Bradford to ensure good quality; 98% of IFA providers on the DPS at March 2020

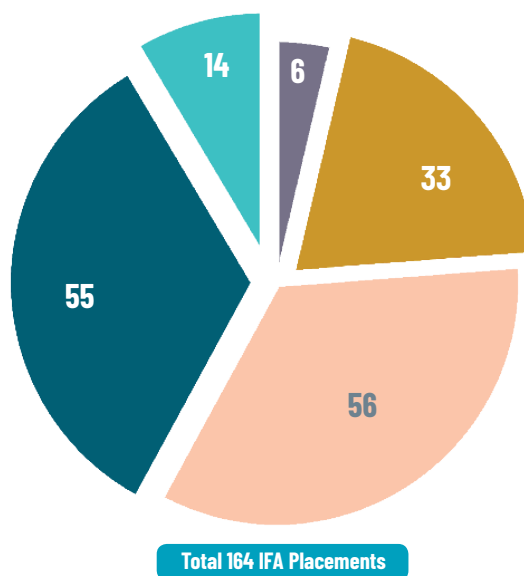
were judged to be 'Good' or 'Outstanding' by Ofsted. In House Fostering

This is also reflected in the numbers of Bradford children placed with IFA's.

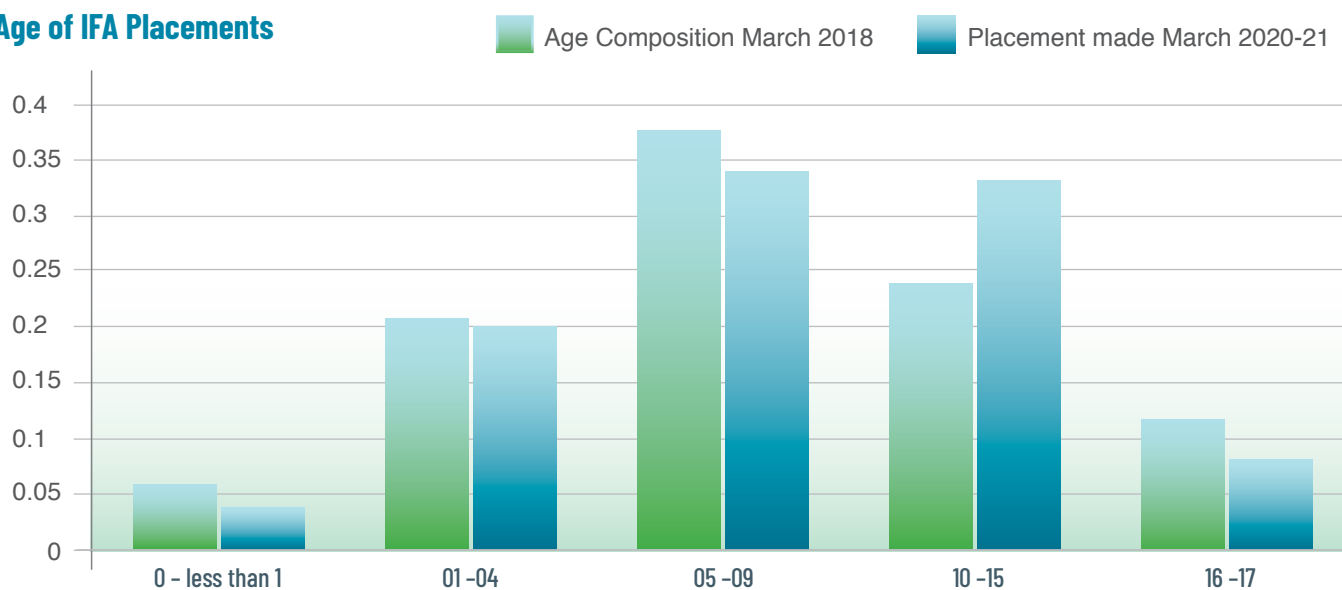
### IFA Placements at March 2018



### IFA Placements at March 2021



### Age of IFA Placements



## FOSTERING

### Challenges / Gaps

- Lack of availability of local foster carers.
- Lack of availability of foster carers able to meet the needs of children and young people aged 8+, and those young people with complex and challenging behaviours.
- Lack of foster placement for teenagers either within in-house provision or independent sector. This may have an impact on the number of young people looked after in residential homes
- Fostering placement breakdowns, and short term 'bridging' placements, affecting stability for children and young people.

### Actions Required

- Continued development of Bradford's in-house Fostering Service, with focus on recruitment of carers to support older children and young people, and those young people with complex needs and challenging behaviours in our local area.

### Impact

- Increased availability of local provision, which in turn will offer greater stability to children and young people requiring short, medium or long term placements.

## IN-HOUSE FOSTERING

### Challenges / Gaps

- Increase of in house foster carers required, with particular focus on resilient foster carers able to offer placements to older children and young people aged 8+ and those with complex needs/ challenging behaviours.

### Actions Required

- Focused and targeted recruitment of prospective foster carers for Bradford's In House Fostering Service.

### Impact

- Increased availability of local foster carers to meet the needs of Bradford's children and young people in care.
- Support demand pressures, enable children and young people to maintain networks and have their needs met by local services close to home.

## LOCAL PROVISION

### Challenges / Gaps

- Need for greater in area, good quality, local placements available via the WRF, to meet the needs of our children and young people and adhere to our sufficiency duty.

### Actions Required

- Ensure that all local Fostering Agencies have an awareness of the WRF, how Bradford sources placements, and how to submit a tender to join the WRF.
- Engagement with those providers who offer provision within the Bradford District to promote exploring vacancies with Bradford prior to other Local Authorities

### Impact

- Increased availability of local provision will support children and young people to live in 'in area' provisions (where it is suitable to do so).
- Children and young people are better supported to maintain local networks, education provision, health services, specialist health provision [CAMHS].
- Increased opportunity for permanency/rehabilitation.
- Reduction in costs and resources associated with out of area placements.



## CURRENT IN-HOUSE RESIDENTIAL PROVISION

Bradford currently operates eleven Ofsted registered Children's Homes and one unregulated placement, which is in the process of being registered with Ofsted for one young person.

Two homes offer provision for children with disabilities short breaks, Wedgewood Hall, which is part of Wedgewood currently offers full time residential care for three young people. This provision was registered with Ofsted in July 2021.



Residential Home	Location	Residential category and total bed availability	Current occupancy
Clockhouse	BD21 1QX	Mixed 5-17 year olds Short breaks / respite CWD for up to 6 children	
Hollybank	BD7 4QL	Mixed 11-18 year olds planned admissions. 4 beds	4 young people
Meadowlea	LS29 6HP	Mixed 5-10 year olds Currently no admissions are being accepted for this age group to residential care. 7 beds	6 children
Newholme	BD10 9LE	Mixed 12-18 year olds planned admissions. 4 beds	4 young people
Owlthorpe	BD18 2TG	Mixed 11-18 year olds planned admissions. 6 beds	5 young people
Rowan House	BD13 3NS	Mixed 12-18 year olds planned admissions. 6 beds	4 young people
Sky View House	BD20 5SB	12-18 year olds planned admissions. 6 beds	5 young people
The Hollies	BD12 OTD	8-14 year olds planned admissions. 6 beds	5 young people
The Willows	BD2 2DU	1 bed registered specifically for the young person currently in placement. Previously registered for 4 young people as short term emergency admissions 11-18 years	1 young person
Valley View / BEST	BD2 4LL	1 bed registered specifically for the young person currently in placement	1 young person
The Bungalow	BD4 OLH	1 bed to be registered specifically for the young person currently in placement	1 young person
Wedgewood House	BD4 ONQ	5-18 year olds short break respite care. 7 beds	
Wedgewood Hall		Mixed 5-18 year olds planned admissions. 3 beds	3 young people

## IN HOUSE CHILDREN'S HOMES

### Challenges / Gaps

We currently have no Edge of Care short break respite provision and no capacity for emergency admissions. Due to Ofsted challenges and our own review, all current provision can only take planned admissions. The majority of provision is larger 6 bedded group care provision, which is not suited to manage children and young people with differing and highly complex needs.

Recruitment to Registered Manager and Residential Practitioner posts remains a challenge, and is impacting on our ability to take new admissions to one home.

We are also running high levels of sickness which has been exacerbated by additional absences due to Covid outbreaks. Staff training has suffered during the pandemic and due to resourcing challenges. There is a need for a focused training offer specifically tailored for residential homes staff.

### Actions Required

- Review BPP/Willows to develop short stay Edge of Care provision.
- Move our 5 -10 year olds from residential care to foster care and repurpose the home for admissions of older children.
- Repurpose a home to be able to admit and manage emergency admissions linked to BPP/Willows.
- Agree closure of Valley View/BEST and review need and current capacity for CWD short break provision.
- Develop additional capacity in house and via commissioning arrangements for smaller 1,2, and 3 bed homes to develop provision for children and young people with high levels of vulnerability and complex needs.
- Improve recruitment, training and retention.

### Impact

- Improvement to Edge of Care services and reduction in family breakdown.
- Increase of residential places for older children with less complex needs.
- Create capacity and resources to meet demand for emergency/crisis admissions .
- Increase in placement choice and availability.
- The development of a skilled stable work force that is equipped with the knowledge and ability to meet the needs of complex children and young people.



# COMMISSIONING

## CURRENT POSITION

### Regional Arrangements

The current arrangements to commission external placement make us of regional arrangements for procurement of placements from external suppliers. The White Rose partnership is managed by Leeds City Council and is a consortium of 14 local authorities across Yorkshire and Humber that work together to put in place shared commissioning arrangements for placements for Children in Care. There are separate Pseudo-DPSs and frameworks in place for:

- Residential provision
- Independent Fostering Agencies
- SEND residential / school placements

### Regional Arrangements

**IFA** – the White Rose system is used to purchase IFA placements. A small number of placements are made with IFA providers outside of the White Rose framework (13.8% of IFA placements are outside White Rose).

**Residential** – As well as use of the White Rose EMP to spot purchase placements we also have a block contract for 10 beds across 2 homes for young people displaying low to medium levels of need. This

contract is effective and places are purchased at a 15% lower price than the price for a spot purchased placement.

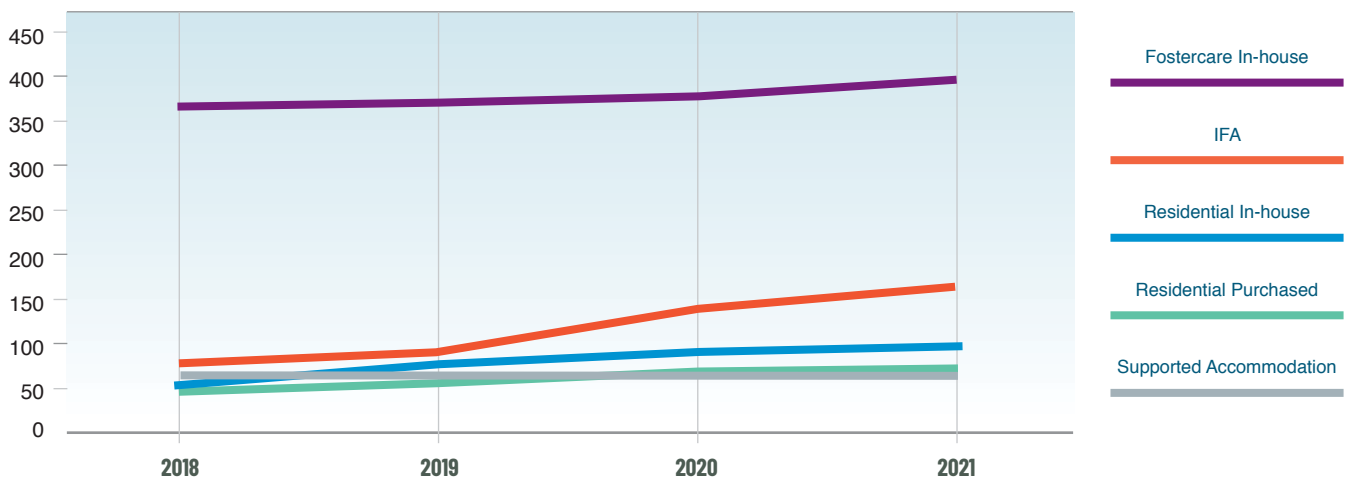
It is not possible to spot purchase to meet all the demand for residential placements from the White Rose EMP. For this reason off-framework placements are also made with other external organisations with due diligence checks undertaken by the Placements Team.

**Post 16** – We currently have an arrangement with Calderdale and Wakefield where we have a joint Purchasing System for commissioning of Accommodation and Support for 16-18 year olds. Recent review of this arrangement has taken place and the need for more robust contractual arrangements for Bradford has been identified. There will be a tender process undertaken to put a new Framework for 16-18 year old accommodation and support which will start to operate in September 2022. This new framework will have a much improved ability to ensure high quality provision from providers on the framework, in the right locations for young people, and will set agreed pricing levels to control the prices being paid for post-16 placements.

We also have two block contracts for 12 beds each across 4 homes for support and accommodation for young people displaying low to medium levels of need.

## CURRENT NEEDS

### Numbers in type of placement



There has been a significant increase in demand for placements in Bradford over the past 4 years, in line with the increasing number of children in care. The biggest number of children are placed in in-house foster care but the largest increase has been in use of IFA, with in-house foster care, residential purchased and supported accommodation also seeing increases.

The young people who are most difficult to identify a suitable placement for are young people (age 10 or older) who require a response that is based on understanding their experience of trauma. The cohorts (which are not mutually exclusive) where there can be difficulty in identifying a suitable placement are:

- Young people at risk of / involved in criminal exploitation
- Young people at high risk of / involved in CSE
- Young people with significant emotional / mental health support needs
- Young people with significant needs in terms of neuro-diversity and experience of trauma

## FUTURE REQUIREMENTS

There is a requirement for on-going work with colleagues through the White Rose partnership to ensure procurement and contract arrangements put in place on a regional basis meet the needs of Bradford Council. Further analysis is required of the number of placements made for medium need residential provision in order to assess whether there would be any benefit in further block contract arrangements for this type of provision.

When the new Post-16 framework arrangements are in place in 2022 further consideration will be given to the use of block contracts for some post-16 provision. The current block contracts that are in place for young people will be retendered, with consideration given to whether additional capacity is required that can be created through additional block contract arrangements.

The time taken by Placements Team to identify suitable placements for young people with significant needs creates a significant use of resources within the team. It is the case that a small proportion of the children and young people requiring a placement take the majority of time available to Placement staff. Improvements in availability of placements to meet these needs, and improved working relationship with trusted, high quality



providers, would allow the Placements team staff to operate more effectively and efficiently. This could improve the quality of placements identified for all children and young people.

We know that the availability of enough of the right kinds of placement for young people with significant experience of trauma is especially challenging, given the national scarcity of secure accommodation and a lack of private providers able and prepared to care for them. Because of this, the need to address the specific care requirements of these young people should be a specific feature of our sufficiency work. There is a need to identify a different solution to provide suitable and effective placements and support for young people with higher levels of need due to experience of trauma. Commissioning activity is required to understand needs and best practice in meeting needs, including a multi-agency approach with partner agencies. This would allow the commissioning of high quality placements to ensure provision is available to meet needs when required.

Multi-agency work will be undertaken with key partners in health and education to explore options for flexible provision, including placements and support services, that can be adapted to meet individual needs of a young person. This is likely to involve the commissioning of new smaller bedded homes, as well as partnership work to consider the support models that would be effective for these young people.

# DISABILITY / SHORT TERM BREAKS

Children open to CCHDT are able to access a short break at one of two short break children's homes in Bradford or through specialist fostering short breaks.

A growing number of children and families receive a personalised budget via direct payments for short break provision

## Wedgewood House

**Wedgewood House** is a 10-bedded Unit, which provides 24hr Specialist Short Break care for up to 7 days a week. The type of Specialist Short Break Care offered ranges from day care, overnights, weekends, mid-weeks and teatime visits. The Unit also runs summer holiday activities as an additional family support, for children who currently receive a Specialist Short Break Service. It has been specifically adapted to meet the needs of children and young people with disabilities and/ or complex health needs. Children with the most complex health needs are referred to Wedgewood House.

In Jan 2020 Wedgewood House was providing a short break to 22 children consistent with their assessed needs.

In January 2022 Wedgewood House is currently providing 11 children with a short break. 5 of the children are receiving a full package that they were assessed to receive and 6 children are receiving a proportion of their assessed packages.

A further 16 children have had a short break requested at Wedgewood or previously attended Wedgewood prior to the pandemic and are not currently able to access the resource.



Families have been offered an alternative care package in lieu of access to Wedgewood and 9 of the 16 children are in receipt of direct payments. A number of families have chosen not to have a personalised budget and continue to wait for Wedgewood House

There have been several barriers which have reduced the service delivery, including:

- Increasingly complex needs of children
- Children with a range of needs which has limited the number of children accessing the resource at any given time
- Staff shortages and recruitment pressure
- Challenges relating to the training of staff to meet the complex medical needs of children
- Some children have increasing size of care package which reduces wider availability of resource

## Clockhouse

**Clockhouse** is a Specialist Short Break centre based in Keighley offering provision for children and young people aged 5-18 years old with learning, physical or sensory disabilities and complex health needs. Clockhouse offers residential Specialist short break for children and young people who need a break from their families/carers. This can be an overnight stay, tea time stay or day time stay during the weekends and school holidays

The service provision at Clockhouse is back to the same level as pre-covid. The number of children currently accessing a short break at Clockhouse is 30, with a further 3 children waiting to access the provision over the next few weeks. In 2020 there were 32 children registered for a short break at Clockhouse.

Challenges to service provision exist which include:

- Providing holiday respite for children placed in foster care
- Increasing sizes of care packages for the children already attending Clockhouse
- Children accessing block stays and emergency short break provision due to bereavements or lack of other support available

## Valley View House

**Valley View** was closed by Ofsted in July 2021.

The main function of Valley View House was a 7-bed residential home for children and young people aged 5-18 with a learning disability or difficulty. The service provided long term and shared care placements alongside providing 2 beds for specialist short breaks.

Prior to the pandemic all of the available beds at Valley View were providing either full time or 50:50 care packages. It is the view of both the regulator and the Local Authority that the premises at Valley View are not fit for purpose in providing residential care for children.

## BEST

**The Behavioural Evaluation Support Team (BEST)** project is a behavioural support service run in partnership with CAMHS that aims to enable children and young people, aged 5-18 years who have a learning disability and challenging behaviour, to remain at home with their families. The project is adjoined to Valley View and provides a managed environment for children and young people to be assessed and supported through behaviour evaluation and interventions.

BEST is four-bedded home, which allows children and young people to be assessed at night, including assessment of their sleeping.

Following assessment, behaviour management plans are implemented that aim to address areas of difficulty. These plans are then transferred to other settings including home, other respite units, education and the child's community.

BEST is not currently being used to provide this service to children following the decision by Ofsted to close Valley View House. This service is health funded and an agreement has been made that this funding should divert to the learning disability trauma based treatment team that has picked up the work previously carried out by BEST.

## Shared Care (fostering)

**Shared Care** is a fostering service offering short breaks to children with complex disabilities and health needs and consists of a team of approved carers.

When the pandemic began, the number of children accessing Shared Care was limited to three.

In previous years the service had a much larger number of approved fostering households providing this type of short break to children in Bradford.

There are currently 13 children open to CCHDT who are accessing a short break through the Shared Care scheme. This is provided by 4 fostering households.

A further 2 households are currently undergoing assessments which would create further capacity for short breaks via this service.

## Personalised Budgets via Direct Payments

There has been successive annual growth in the number of care packages for children utilising direct payments.

The overall spend on direct payments has also increased year on year and by over 100% within the last 3 years. The increased use of direct payments is evidenced by 177 children's care packages accessing some element of direct payments in 2018-2019, increasing to 249 by Jan 2022 for the 2021/2022 financial year.

Whilst the growth in children open to CCHDT will account for some of these increases, a number of children have had direct payments offered as a result of a decline in availability of specialist short breaks during covid-19 and more generally.

The majority of direct payments packages are used by families to secure the services of a personal assistant for their children. It is understood that some families may not be aware of the different options of using direct payments to access services for their children.

Further analysis should be undertaken to understand how well utilised personal budgets have been and whether they are helping to achieve the desired outcomes for children in Bradford.

Whilst maintaining disabled children within their families and communities is our primary aim there will be some who will require Local Authority care. The sourcing of appropriate placements for children with complex needs arising from autistic spectrum diagnosis with associated behavioural challenges is consistently problematic sometimes resulting in their being placed some distance from their family. As part of the development of localised residential options, both internal and commissioned, priority should be given to this group of children and young people. Given the complexity of need of these children and young people this will require partnership working in particular with health colleagues to ensure that wrap around clinical support is available to care providers.

# EDGE OF CARE / EARLY HELP

All services in the Bradford District will offer Early Help support. This might be signposting or ensuring that a step down to the most universal point is completed by statutory services but we will all work together to identify every child, young person and their family that require support. We will ensure that this whole family support is provided at the right time, in the right place, by the right practitioner.

Children and young people need time and space to enjoy their childhood and adolescent years, to grow up to be responsible citizens who contribute to the City, they should be supported to develop independent skills which allows them to become fulfilled adults.

Bradford's Early Help Strategy underlines the Councils vision to promote economic growth and jobs and protect the most vulnerable.

Early help is not a specific service but a collaborative approach across all agencies that work with children, young people and their families. It's an approach which brings together people from different services who work well together to support whole families. Early Help is the support provided by a trusted person for children, young people and their families to respond when difficulties emerge or to stop their problems developing in the future. The trusted person will help identify and build on a family's' strengths, they will work with others to help and support families to resolve their own difficulties, develop skills and better manage future challenges. Early Help is a high priority both nationally and at a local level. This is reflected in the Council's plan 2021-2025 as well as the Children's and Young People's plan 2021-2022.

Bradford's approach to Early Help reflects the widespread recognition that it is better to identify and deal with concerns early, rather than to respond when difficulties demand action by statutory or crisis services. Early identification of children and families who would benefit from a coordinated early help assessment is pivotal for improving outcomes for children and families as a whole.

## The Family Hubs contribution to Early Help

**Family and Young Persons Information (FYI) directory.** This is a service in development but will provide an accessible directory of current and sustainable information, guidance and services for children, young people and their families. It will provide support to any professional delivering early help.



## Access and take-up for early years childcare and funding

Providing support and guidance to families who are entitled to free childcare for 2,3,4 year olds, as well as signposting to local and voluntary services and support.

## Early Help Co-ordinators (EHC)

There are 12 EHC for the Bradford district, they support both universal services and lead practitioners (Levels 1 & 2) to deliver Early Help. They provide consultancy and support to ensure good quality assessments and plans are achieved and meet the needs of the whole family. They have access to befriending services, family aid workers and domestic violence support for families.

## Family key workers

Complete assessments for children/families where there are complex and/or multiple needs. They provide 'key' work which offers focused support addressing a wide range of issues. They will carry out the lead practitioner role (Level 3) and coordinate the 'team around the family' meetings. Family Key workers are allocated cases either via a referral for targeted Early Help or when a case has been stepped down from Children's Social Care.

## Parenting Support workers

Provide access and delivery of high quality, evidence based parenting programmes to support families from pregnancy to adulthood.

## B POSITIVE PATHWAYS (BPP)

**BPP** is a multi-disciplinary service which provides both residential care, outreach support and therapeutic input to families in crisis where this is a high risk of a child coming into care or where a child has already entered care.

BPP is a model of care for looked after children and young people with the most complex needs, through specialist care hubs consistently supported by workers who have been specifically trained in the most effective therapeutic models including PACE (Playfulness, Acceptance, Curiosity & Empathy) approach, Signs of Safety and Team Teach

The BPP hub consists of specialist practitioners, including Outreach Practitioners, Specialist Teacher, Psychologists, Speech and Language Therapists, Occupational Therapist, Therapeutic Social Workers and PCSO.

The model works in partnership with professionals, families, parents, carers, children and young people to explore the current situation, identifying areas where support is needed and exploring what support is already in place. A bespoke package of support is then offered to compliment what is already in place to create positive and sustainable changes for the family, child or young person.

BPP offer families, parents, carers, children and young people a 24 hour, 7 days a week service, including Bank Holidays.

Referrals are made via social workers and reviewed by the BPP Referral Panel on a weekly basis. If the referral is accepted an action plan is discussed followed by an initial visit and assessment by a health specialist. This then determines the package of support required.

Referrals that are rejected, feedback is provided to the social worker with recommendations.

## Package of care includes the following support:

**Outreach Practitioners** – equipped with a vast amount of experience, knowledge and know-how to support families. Including specialist knowledge in Child Sexual Exploitation (CSE), Child Criminal Exploitation (CCE), Parenting Support including Implementing routines, boundaries, rewards and consequences, Basic Care and Healthy Eating.

**Specialist Teacher** – supports families with children who are experiencing education difficulties through consultation; to help families understand the education process and support available; to support young people with education assessments and to help identify any special education needs and to support families and schools with Education Health Care assessments where appropriate

**Speech and Language Therapists** – work with young people to improve their speaking and listening skills; will identify the young person's communication strengths, as well as the things they find difficult. They can visit young people at home, in school or college or other places in the local community.

**Psychologists** – help assess the difficulties that children are faced with, and their psychological needs and uses evidence based psychological knowledge to assist; offers advice to families and professionals about how to go on during and after difficult crisis situations, based on psychological theory and evidence about what works; works with the young people, their families, carers, and other professionals to address anxiety, mood, relationships, and behavioural issues.

**Occupational Therapist** – explore the young person's meaningful engagement in activity. An occupational therapy assessment is holistic and can address issues







with education, self-care, and play/ leisure activities. Our occupational therapist is also a trained sensory integration (SI) therapist and so involvement often centres on regulating a young person's sensory experiences in the home, community or at school.

**Therapeutic Social Workers offer** – therapeutic thinking time (TTT) - a reflective space for thinking about the child, difficulties & strengths, and what would be helpful going forward; fostering/placement support clinic (FPSC) - support for foster carers and residential workers to get support in managing and understanding children and young people's complex behaviours; dyadic developmental psychotherapy (DDP) - support and guidance for foster carers to improve their relationships with the children/young people they are caring for (using the principles of PACE to help families feel safe and secure, build attachments, and help children/young people to repair relationships); theraplay - a practical approach to helping children and their carers which is active and playful and promotes closeness. Theraplay can offer ideas for how carers can connect with children and help them to find ways to move forward together.

**PSCO** – safeguard young people, reduce missing episodes, share relevant intelligence with social care, conduct key work session with young people around relevant issues (Child sexual exploitation, Criminal exploitation, county lines, online safety, knife crime awareness, drugs and many more).

## Intervention

BPP offers a number of courses to those families on the edge of care. Some examples are CSE/CE courses, Healthy Relationships, Positive Parenting, Substance Misuse, and Specialist / Education Support. BPP keyworkers also complete direct sessions with young people and parents/carers exploring the risk and vulnerabilities using resources such as Real Love Rocks, CEOP, NSPCC. Keyworkers will deliver parenting sessions and sessions with young people.

The courses which were most frequently recorded from January – December 2021 are Healthy Relationships, CSE Courses, PACE, and Placement or Transition support when returning home, or moving to a new location. In this time period, there were 105 closed outreach cases and 45 families were recorded (42%) of engaging in the above courses.

# SUMMARY AND RECOMMENDATIONS

---

## SUMMARY

The data currently available demonstrates a continuing upward trend in the numbers of Children in Care in Bradford. Whilst this is consistent with the wider national picture, the increase has occurred at a far more accelerated rate in comparison to statistical and regional neighbours and national trends. The age group with the largest increase, both numerically and proportionally is the 5-9s. The 1-4 age group saw the second highest increase in proportion at 45%. This highlights the need for Bradford to work swiftly in identifying and providing placements that will focus on permanency and stability.

In terms of permanency Bradford is part of the One Adoption West Yorkshire (OAWY) consortium. This is generally working well with an increased pool of adopters. Numbers being placed for adoption have fluctuated in recent years but appear to be on the increase again. The timeliness with which children are placed with adopters is inconsistent and this needs to be carefully monitored so that we can be clear as to the factors that are contributing to this.

Whilst an increase in care numbers is an expected pattern where Local Authorities are under Ofsted intervention the accelerating trajectory should be of concern as is the volume of emergency admissions. A more cohesive early help strategy and offer needs to be put in place with current resources reviewed.

The numbers of children placed at home with parents is excessive and represents over 10% of the care population. This is falsely inflating our children in care numbers and is not consistent with best practice. Bradford also has a growing number of children placed with family and friend connected carers. In many instances these children do not actually need to be in care and a revised SGO (Special Guardianship Order) policy would appropriately move a number of these children out of the care system.

There is also a lack of breadth, volume and coordination in our short term break offer to families with a disabled child. This needs to be addressed by building upon existing resources with health partners and engaging actively with parent/carer forums.

Bradford District's Children in Care population is predominantly white (58% at March 2021), this has remained relatively consistent over previous years.

However, when considered against the wider District population there is evident inconsistency; the District's population is 2.5% 'Mixed' and 1.5% 'Other', though young people from these communities represent over 27% of the Children in Care population.

In-house fostering is our first choice of placement for children, allowing those children to be nurtured in a natural family environment within their home community. Additionally, placements through in-house fostering present significantly better value for money than the cost of commissioned care. There is insufficient in house fostering capacity across all areas. There is also an over reliance on the use of residential care as we are unable to maintain children with more complex needs in foster care. Recruitment campaigns for foster carers need to be re invigorated with annual targets alongside the development of a tier of foster carers who are able to provide for those children with more complex needs.

We still require residential care in Bradford as occasionally we have to acknowledge that foster care placements are not the most suitable for some children in care and therefore we must also ensure we have sufficient, robust and supportive packages outside of fostering. The current portfolio of homes needs to be consolidated with clear statements of purpose and a development plan put in place for future growth. There needs to be an emphasis on smaller group homes with targeted needs groups such as Tier 4 hospital step down and high end disability/autism as analysis indicates that these groups are the most difficult to place. Close engagement with health colleagues will be required in planning these homes.

In terms of commissioned placements, we accommodate the majority of children in the Bradford area within the White Rose EMP. However, our use of out of area provision is steadily rising. The market for commissioned placements is becoming increasingly competitive as a result of the national increase in children in care numbers. There is a need for Bradford to pro-actively manage market engagement with local providers to develop placement choice and capacity within the District. This is particularly true of residential care options and 16+ supported accommodation where a revised purchasing framework is proposed. This is of particular importance given Ofsted's intention to begin the regulation of supported accommodation from 2023 onwards.

## RECOMMENDATIONS

- Review current edge of care provision to develop a cohesive all age edge of care offer that ensures timely intervention and support to maintain children and young people at home wherever possible and appropriate.
- Carry out further analysis of the underlying factors in the disproportionate volume of emergency care admissions in order to tighten care planning processes.
- Progress a programme of reviews to identify children laced at home on orders where the discharge of those orders can be appropriately sought
- Agree a revised SGO (Special Guardianship Order) policy that permits some children placed with friends and family connected carers to exit the care system.
- Consolidate our schedule of fostering payments to ensure that we remain competitive with neighbouring Local Authorities.
- Develop an annual fostering recruitment strategy that is sufficiently targeted to recruit carers in line with our priority placement needs.
- Implement an advanced fostering level for children with specific and/or complex needs who would otherwise be placed in residential care.
- Strengthen the range and volume of placement support options to maximise our ability to hold children in family placements liaising with health colleagues on the clinical elements of this.
- Complete a review of our current residential provision to ensure clarity on homes individual statements of purpose and resulting capacity.
- Develop a longer term strategy for the growth of the Councils internal residential portfolio which is cost effective and geared towards our identified placement needs.
- In producing this residential strategy there will be an emphasis on smaller group home provision making full use of the new regulatory permissions to cluster a number of homes under one registered manager.
- Engage with health partners to put in place clinical wrap around support for those homes providing care to children and young people with high end emotional health needs or needs arising from behaviours linked to autism/learning disability.
- Integrate the existing placement coordination team with the fostering family finding workers to form one single point of placement finding activity that fully maximises use of internal capacity.
- Undertake market testing of commissioning options for in district small group homes tailored to individual categories of need minimising risk of unavoidable use of unregulated placements.
- Progress the introduction of a revised Bradford specific purchasing framework for 16+ supported accommodation.
- Engage with the external market pro-actively to develop strong relationships with good quality providers and encourage localised capacity building in line with our strategic placement priorities.
- Broaden services that are made available to disabled children and their families as part of a re invigorated short term break strategy.



The wording in this publication can be made available in other formats such as large print or Braille. Please call 01274 431867.

Published by City of Bradford Metropolitan District Council.