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Agenda for a meeting of the Corporate Parenting Panel to be held on Wednesday 26 April 2017 at 4.30 pm in Committee Room 3, City Hall, Bradford

Members of the Committee - Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
D Smith	Thirkill Engel	N Pollard
	Tait	

Alternates:

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
M Pollard	Nazir Shaheen Shafiq	R Sunderland

Notes:

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
- The taking of photographs, filming and sound recording of the meeting is allowed except if Councillors vote to exclude the public to discuss confidential matters covered by Schedule 12A of the Local Government Act 1972. Recording activity should be respectful to the conduct of the meeting and behaviour that disrupts the meeting (such as oral commentary) will not be permitted. Anyone attending the meeting who wishes to record or film the meeting's proceedings is advised to liaise with the Agenda Contact who will provide guidance and ensure that any necessary arrangements are in place. Those present who are invited to make spoken contributions to the meeting should be aware that they may be filmed or sound recorded.
- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From: To:

Parveen Akhtar City Solicitor

Agenda Contact: Sheila Farnhill

Phone: 01274 432268

E-Mail: sheila.farnhill@bradford.gov.uk





A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

(Sheila Farnhill – 01274 432268)

2. DISCLOSURES OF INTEREST

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

- (1) Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.
- (2) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.
- (3) Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.
- (4) Officers must disclose interests in accordance with Council Standing Order 44.

(Sheila Farnhill – 01274 432268)





3. MINUTES

Recommended -

That the minutes of the meeting held on 8 March 2017 be signed as a correct record (previously circulated).

(Sheila Farnhill – 01274 432268)

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Sheila Farnhill - 01274 432268)

B. BUSINESS ITEMS

5. EMOTIONAL AND MENTAL WELLBEING OF LOOKED AFTER CHILDREN

1 - 10

Previous reference: Minute 25 (2015/16)

The Deputy Director (Children's Social Care) will submit a report (**Document "O"**) which updates the Panel in respect of the Child and Adolescent Mental Health Service (CAMHS) Psychological Assessment and Therapy Team for Looked After and Adopted Children.

Recommended -

That Document "O" be noted.

(Jennifer Robb – 07701 284392)





6. INDEPENDENT MONITORING AND QUALITY ASSURANCE OF CHILDREN'S HOMES

11 - 20

Previous reference: Minute 21 (2016/17)

A report will be submitted by the Deputy Director (Children's Social Care) in relation to the independent monitoring and quality assurance of the district's Residential Children's Homes, in accordance with Regulation 44 of the Children's Homes (England) Regulations 2015 (**Document "P"**).

Recommended -

That the Quality Standards Manager (Regulation 44) identify and circulate dates to better support the planning and scheduling of Elected Member visits to the residential and respite homes.

(Suzanne Lythgow – 07582 100936)

7. EDUCATIONAL OUTCOMES FOR LOOKED AFTER CHILDREN

21 - 24

Previous reference: Minute 19 (2016/17)

A report will be presented by the Deputy Director (Children's Social Care) in relation to the performance of looked after children in Bradford schools in 2016 (**Document "Q"**).

Recommended -

That Document "Q" be noted.

(Ken Poucher – 01274 439623)

8. EXIT INTERVIEWS

25 - 50

Previous reference: Minute 19 (2015/16)

The Deputy Director (Children's Social Care) will submit a report in relation to the Exit Interview process for young people who are due to leave care (**Document "R"**).

Recommended -

That Document "R" be noted.

(Carly Turpin – 01274 437123)





9. WORK PROGRAMME

Members are asked to give consideration to the matters that they would wish to see included in the Panel's Work Plan for 2017/18.

THIS AGENDA AND ACCOMPANYING DOCUMENTS HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER









Report of the Deputy Director (Children's Social Care) to the meeting of the Corporate Parenting Panel to be held on 26th April 2017



Subject:

Emotional and Mental Wellbeing of Looked After Children

Summary Statement:

Progress report on the CAMHS (Child & Adolescent Mental Health Service) Psychological Assessment and Therapy Team for Looked After and Adopted Children (LAAC), including information on the allocation of the available finance

Dr Jennie Robb, Clinical Psychologist and CAMHS Clinical Lead for Looked After & Adopted Children (LAAC)

Kelly Barker, Service Manager

Jim Hopkinson
Deputy Director
(Children's Social Care)

Report Contact: Jennifer Robb

Phone: 07701 284392

E-mail: <u>Jennifer.Robb@bdct.nhs.uk</u>

Portfolio:

Children's Services

Overview & Scrutiny Area:

Children's Services





1. SUMMARY

1.1 This report provides detail of the CAMHS (Child & Adolescent Mental Health Service) Psychological Assessment and Therapy Team for Looked After and Adopted Children (LAAC), the allocation of finance through the process of recruitment, the work carried out to date and the evaluation of this work. Detail is also provided in terms of development goals for the next financial year.

2. BACKGROUND

2.1 A proposal for a 'New Health and Emotional Well-being Team for Young People Looked After and Adopted' was completed by the CAMHS Psychological Therapies Lead, in April 2016. This was devised based on the recommendations outlined in the 'Future in Mind' (DoH, 2015) document with a focus of care for the most vulnerable in terms of mental health needs, and in order to improve access to the most effective, specialist support when it is needed. It was recognised that the cohort of young people who have been looked-after or adopted who require a CAMH Service typically do not respond well to behavioural approaches and usually require a more psycho-developmental approach to their clinical management, with close liaison with other professional services and a comprehensive understanding of processes at a systems, as well as an individual, level. The proposal was therefore to develop a specialist team of dedicated, highly trained therapists with a formalised governance structure and a sufficient whole-time equivalent to operate efficiently and respond to the high level of need in the geographical district of Bradford.

3. REPORT ISSUES

Development of the Service

- 3.1 Funding was agreed for £186,000 per year for 5 years in addition to the existing provision of 2.6 WTE (Whole Time Equivalent) Psychological Therapists. These funds have been used to create four new additional WTE posts. Alongside this, Children's Social Care agreed to the re-deployment of 2.9 WTE Therapeutic Social Workers into the team from generic CAMHS.
- 3.2 The development of the Service for LAAC has meant that specific pathways into the service can be outlined, with the new team of experienced therapists reviewing all referrals for direct work. The new team works in an integrated way, with formalised governance arrangement, delivering its work district-wide and in the spirit of agile working. Access has been improved through the addition of a Consultation Clinic model that is available to all, regardless of presentation or severity of need. A broader range of therapists and therapies on offer means that the most appropriate therapeutic approach can be considered based on client need rather than service availability. Whilst it is recognised that this relatively small dedicated team cannot alone meet the emotional wellbeing and mental health needs of all looked after, adopted and children on a SGO (Special Guardianship Order) within the area, the team has been developed in such a way as to improve early intervention, broaden and enrich the expertise on offer and to offer a higher quality of assessment and therapeutic work to those with the greatest needs. When need outstrips capacity, some support can be drawn from generic CAMHS workers who will be supported through supervision and consultation with the specialist team.

Development of the Team and Recruitment

3.3 CAMHS workers with existing expertise in working with looked after and adopted children have become part of the new team. Their work is ring-fenced and dedicated to this client group only. Recruitment of two additional Psychological Therapists (one a Clinical Psychologist and one an Art Therapist) and an Assistant Psychologist took place in autumn 2016. A panel of young people from the area who are trained in recruitment have been involved in the interviews. There is currently a vacancy for 1.2 WTE Psychological Therapists to join the team. Interviews took place in early April 2017 and we are confident that the posts will be filled within the next few months. It has been agreed that CAMHS Therapeutic Social Workers (Children's Social Care funded) will join the team. These workers have full caseloads of other work, so their capacity within the team will be incremental.

The Team The LAAC Team consists of

- Clinical Lead Clinical Psychologist (0.71)
- Art Therapist (0.80)
- Assistant Psychologist (1.00)
- Clinical Psychologist (1.00)
- Play Therapist (0.40)
- Play Therapist (0.50)
- Psychological Therapist (1.00)
- Therapeutic Social Workers (2.90)
- Psychological Therapists (1.2) (TBC)

Clinical Work

The team offers both indirect and direct clinical work.

Indirect Clinical Work

Indirect work includes the following:

i) Children's Home Staff Consultations/Small Reflective Practice Groups

- 3.4 Bradford has eight mainstream Local Authority Children's Homes, with space for up to 45 children. Children's homes staff consultations take place monthly and, in some cases, where a need for more input has been identified, fortnightly. In addition, residential workers can access the Consultation Clinic (described below) in order to discuss specific young people in more detail.
- 3.5 A recent development is that the Art Therapist is now offering monthly consultation to Valley View Children's Home where a number of looked after children have been placed over the last few years.

ii) Consultation to Social Workers

3.6 Consultation to Social Workers in the Local Authority Looked After Team occurs monthly at Sir Henry Mitchell House. These 30-minute consultations offer an Page 3

opportunity for the screening of cases that might need a direct referral into the LAAC Team, and/or to offer support and advice at a general level. The consultations are organised and co-ordinated by a (LAC) Looked After Children Social Worker. When a more in depth consultation is required to think psychologically about a child's presentation or issues within the system around the child, social workers are encouraged to book into the CAMHS-LAAC Consultation Clinic (see below).

iii) 'Consultation Clinic' for professionals and carers of Looked After and Adopted Children

- 3.7 The consultation clinic can be accessed by *any* professional or carer working with a looked after child, an adopted child, or a child on a Special Guardianship Order (SGO). The team offer 4-5 consultation slots per week, across Fieldhead and Hillbrook. These take place over an hour and a half and are usually offered by two members of the CAMHS-LAAC team. These are also available for children on SGO, children who are 'leaving care' and those who are held within FDAC (the Family Drug and Alcohol Court Team). Consultations offer an opportunity to think in depth about a child's difficulties or presentation, reflect on a child's experiences and early development and draw on psychological expertise. They can also be utilised to think about the network of care around a child and to consider plans for the child with regard to home and school placements and psychological therapy needs.
- 3.8 Clinicians provide a written summary on the consultation for all attendees. All attendees are asked to complete a feedback form at the end of every consultation.

See below for monitoring and evaluation data on this service.

Direct Clinical Work

i) Comprehensive Assessment

3.9 There is a single point of access. All referrals for direct clinical work across both CAMHS sites are received and recorded by the CAMHS-LAAC Assistant Psychologist. Referrals can be made by general practitioners, paediatricians, school nurses and LAC nurses, social workers and residential staff with agreement from the person with Parental Responsibility (often the child's social worker). Referrals will be discussed by clinicians and the team manager at the weekly allocations meeting. The outcome following this will be either:

More information needed (the Assistant Psychologist will gather this)

Or;

Signposting to another service with specific expertise (the Assistant Psychologist will facilitate this), e.g.

- NSPCC team who assess harmful sexual behaviour.
- SOLAS who are commissioned to worked with unaccompanied asylum seekers
- The behaviour support team through education who can work intensively with families to develop strategies based on specific needs

Family Action who can offer grief and loss work over 12 sessions

Or;

Refer to Consultation Clinic (Assistant Psychologist to book with Social Worker)

Or;

Allocate to a LAAC Team keyworker for an assessment

- 3.10 Once a CAMHS-LAAC keyworker has been identified, the keyworker will co-ordinate an assessment with the support of the wider CAMHS-LAAC team. The assessment will usually begin with a meeting with the carers and social worker. Specific assessments will be carried out by team members with the appropriate training e.g. Story Stem Assessments, cognitive assessments (Clinical Psychologists and Assistant Psychologist), psychotherapy assessments, play/art-based assessments. Sensory assessments will be carried out by Occupational Therapists in generic CAMHS. ADHD (Attention Deficit Hyperactivity Disorder) and autism assessments will be jointly held by the LAAC team and the other specialist teams within CAMHS.
- 3.11 Children's carers, social workers and teachers are integral to the assessment process. Assessments are collated in detailed reports with clearly outlined recommendations including recommendations on therapeutic needs.

ii) Therapeutic Intervention

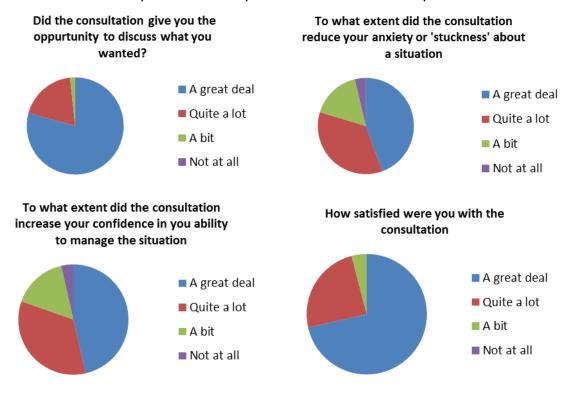
- 3.12 Based on assessment recommendations, the most appropriate psychological therapy is offered by those specifically trained and qualified in that area of therapy. Psychological Therapies on offer include:
 - Art Therapy
 - Child and Adolescent Psychotherapy
 - Cognitive-Behavioural Therapy
 - Dyadic Developmental Psychotherapy
 - Eye Movement Desensitisation and Reprocessing Therapy
 - Family Therapy
 - Filial Therapy
 - Play Therapy
 - Therapeutic Parenting
 - Theraplay

Evaluation and Service Monitoring

3.13 Consultation Clinic

The Consultation Clinic began operating on 31 October 2016. Between then and 10th April 2017 (i.e. a period of five months) 52 consultations have taken place across Fieldhead and Hillbrook, with 110 professionals and carers in attendance in total. Twelve consultations were cancelled.

All consultees completed a feedback form at the end of the consultation. The form consists of four questions. Responses are shown in the pie charts below.



Graphs 2-5: Pie charts displaying responses to the feedback questions

Almost all attendees (98%) felt that they had the opportunity to discuss what they wanted either **a great deal** or **quite a lot**, two percent felt that the consultation gave them the opportunity to discuss what they wanted **a bit.**

The majority (79%) of those who attended felt that the consultation reduced their anxiety or 'stuck-ness' about a situation **a great deal** or **quite a lot**. Seventeen and four per cent felt that it had reduced their anxiety or 'stuck-ness' about a situation **a bit** and **not at all**, respectively.

Two fifths (80%) felt that the consultation increased their confidence in their ability to manage the situation **a great deal** or **quite a lot**. Sixteen and four per cent felt that it increased their confidence in their ability to manage the situation **a bit** and **not at all**, respectively.

All attendees were satisfied with the consultation either a great deal (71%), quite a lot (25%), or a bit (2%).

Direct Work Referrals

Total Number of Referrals (1/11/16-10/4/17)	64
Number of these that were redirected to consultation clinic	24
Number classed as inappropriate or signposted elsewhere	12
Number accepted for assessment	28

Table 1: referrals received by the team since the beginning of November 2016

The Challenges

3.14 Capacity and Demand

As the profile of the Service grows, demand is beginning to outstrip capacity. It should be noted that the CAMHS Psychological Therapies Lead's original proposal recommended 11.61 WTE posts. The current capacity of the team is 8.61 when fully staffed. The incorporation of the therapeutic social workers into the team has been incremental as they had pre-existing caseloads that consisted of many cases that did not come under the team remit. The therapeutic social workers make up 33% of the team. Furthermore, one therapeutic social worker has now accepted another post, and will be transferring from 0.8 WTE to 0.3 WTE over the next month. Another (0.8 WTE) is due to start maternity leave next month and there has been no provision agreed to cover this maternity leave.

3.15 There is a high level of expertise within the team that is supported through a robust supervision and governance structure. The focus of work can be beneficial to the emotional and mental well-being of young people at both an indirect level, working with the professional networks and carers, and at an individual level, offering comprehensive assessment and long-term therapy where needed. relationships between Children's Social Care and the team are very positive with a shared vision of developing specialist care and therapy for children with the most complex needs who have previously been placed out of authority at great expense. The plan to embed the principles of DDP (Dyadic Developmental Practice) and PACE (Playfulness, Acceptance, Curiosity, Empathy) through all aspects of the workforce and care system is an initiative that has been met with great enthusiasm across services. The demands are high for the team to become involved in supporting such new initiatives within fostering and residential care, through additional supervision, reflective practise groups and training support. This will be very limited without increased capacity and would place an additional pressure on a team already stretched to meet the individual needs of those referred.

Future Aims

3.16 Service User Participation

Looked after and adopted childre particularly are service users represent a particularly

vulnerable group often exhibiting social anxiety and communication difficulties. However, it is vital that their views are incorporated into the on-going developments of the Service, along with the views of their carers. A member of the team will take a lead on developing a group of young people and carers who can represent service users' views, contribute to decisions and offer feedback on their experiences of the service. Recruitment to the team has involved a Young People's Panel at interview, but it is recognised that these young people were not looked after or adopted.

Training Strategy

3.17 Once the team is fully staffed a team away morning will be arranged to analyse team skills, expertise and training. Gaps in training will be identified and a plan for individual and team development will be devised. This will involve in-service training, supervision (both internal and external) and external training courses. Each member of the team will have an individual development plan linked to their annual appraisal.

4. OPTIONS

None.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

None.

6. RECOMMENDATIONS

That Members of the Corporate Parenting Panel note the contents of this report.

7. BACKGROUND DOCUMENTS

7.1 A new Health & Emotional Well-being Team for young people looked-after and adopted - The proposed 'CAMHS-LAAC Psychological Therapy Team' by CAMHS Psychological Therapies Lead, April 2016.

8. NOT FOR PUBLICATION DOCUMENTS

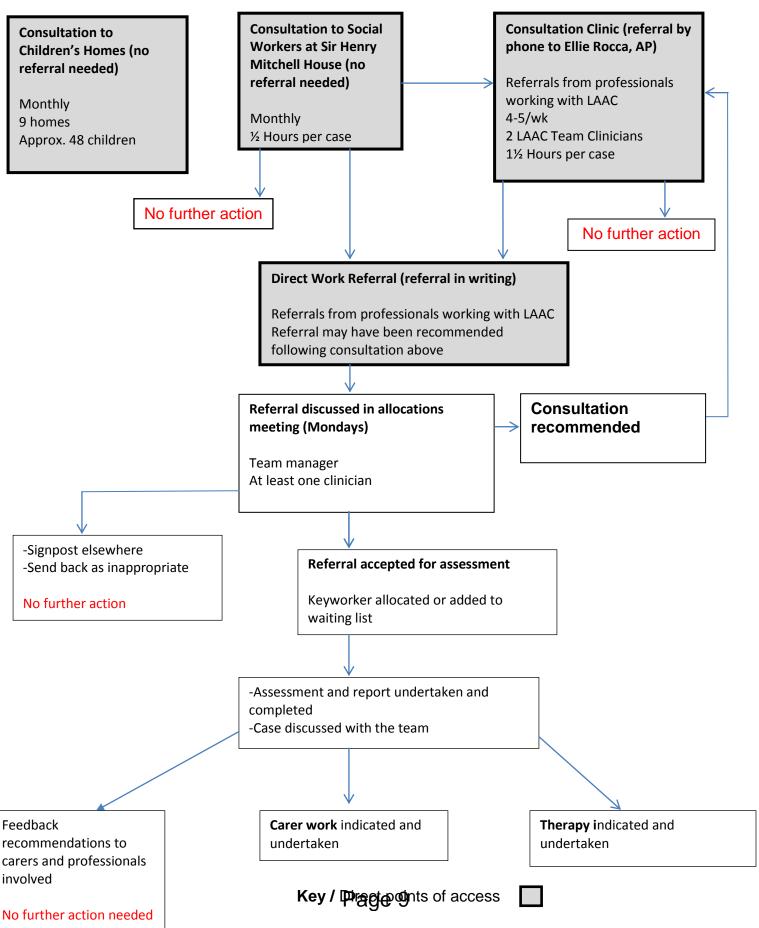
None.

9. APPENDICES

 Appendix A - Flow diagram displaying the care pathway for Looked After and Adopted Children.

Appendix A

Figure 1. Flow diagram displaying the care pathway for Looked After and Adopted Children





Report of the Deputy Director (Children's Social Care) to the meeting of the Corporate Parenting Panel to be held on 26th April 2017

P

Subject:

Update of Elected Member Independent Monitoring and Quality Assurance of Children's Homes, Regulation 44 and Inspection Outcomes.

Summary statement:

The report aims to update on the number of Independent Monitoring visits of Children's Local Authority Residential Children's Homes completed with the additional support and scrutiny of Elected Member.

The report also aims to update with regards the overall outcomes of inspection judgements following completion of all statutory Interim Inspections by Ofsted.

Jim Hopkinson
Deputy Director
(Children's Social Care)

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Portfolio:

Children's Services

Overview & Scrutiny Area:

Children's Services





1. SUMMARY

The report aims to update on the number of Independent Monitoring visits of Children's Local Authority Residential Children's Homes completed with the additional support and scrutiny of Elected Member.

The report also aims to update with regards the overall outcomes of inspection judgements following completion of all statutory Interim Inspections by Ofsted.

2. BACKGROUND

2.1 The report reflects on the number of Elected Member Monitoring visits completed between April 2016 – March 2017 and the efforts to promote participation by Elected Members in completing Independent Monitoring Visits (Regulation 44), in line with the Children's Homes Regulations, Quality Standards Guide and the inspection framework for Ofsted, which came into force on the 1st April 2015.

3. REPORT ISSUES

- 3.1 Independent monitoring of children's homes is a regulatory requirement which requires the Independent Person to visit each of the LA 11 children's home at least once a month. The Children's Homes Regulations (CHR) 2015 set specific requirements for the independent monitoring and quality assurance of children's homes which includes:
 - To interview in private; the children, their parents, relatives and persons working at the home as the independent person requires;
 - Inspect the premises of the home;
 - Inspect the home's records (except for a child's case records, unless the child and the child's placing authority consent) as the independent person requires.
- 3.2 The purpose of the independent monitoring is to offer oversight, scrutiny within the home and for the Independent Person to form and opinion as to whether:
 - Children are effectively safeguarded
 - The conduct of the home promotes children's wellbeing
- 3.3 The process of independent monitoring is to ensure there is a rigorous and robust approach which provides an overview of the running of the home. The report captures areas of good practice which demonstrates compliance with Children's Homes Regulations and Guide to Quality Standards. The independent person's report may identify areas for improvements and make recommendation or requirements with timescales within which the registered person must consider whether or not to take those actions.
- 3.4 The Independent Persons Regulation 44 Reports follow internal processes which ensure the following individuals have oversight of information and identified recommendations / requirements to ensure action is completed:

- Service Managers
- Group Service Manager / Responsible Individual

The role of Elected Members within Regulation 44

- 3.5 The LA aims to comply with legislation which sets out the statutory requirements for the roles of responsibilities for the Director of Children's Services and the Lead Member for Looked after Children covering both social care and education. Legislation notes that the Leader Members and Corporate Parents have a particular responsibility for vulnerable children who are looked after. Internal processes are in place, which invite Corporate Parents to participate in Regulation 44 visits to children's home on three occasions within any one year.
- 3.6 The aim being for Corporate Parenting Councillor to demonstrate that they are interested in and listen to their views and wishes of Looked After Children and Care Leavers. Through participation in Regulation 44 visits of residential children's home's Corporate Parents are able to establish good working relationships with staff within the homes and feel confident that the staff will provide an honest view of the service recognising the strengths of the service / home / staff team whilst being confident enough to recognise the areas of development to improve the home / service.
- 3.7 The process of independent monitoring remains consistent and provides Corporate Parents with the opportunity to form a judgement in relation to the "Quality of Care" delivered to children based on a range of evidence sources including the views of children in the home. For members undertaking visits to children's homes (Independent Monitoring Regulation 44 Visits) the role is more extensive and as previously noted requires members to be informed of the following:
 - Are the right structures and systems in place in order for BMDC to be an effective Corporate Parent and are all the right partners involved?
 - Current (and proposed) government expectations regarding the service to looked after children and care leavers
 - Know how well BMDC is doing in comparison with other councils and our own past performance
 - Know if there sound mechanisms within BMDC for hearing and responding to the views of:
 - looked after children and care leavers / parents / carers
 - Have a good picture of which needs we are meeting and which we are failing to meet?
 - Know if there is an action plan across the council and involving partner agencies the service and to ensure it responds to changing needs?
 - Know what our looked after children and care leavers think about the service we are providing.
- 3.8 Overview of participation for the last three year period reflects a picture, which demonstrates there has been some participation in the review of the quality of care by Corporate Parents.

Three Year Overview of Elected Member Visits				
Apr 2014 – Mar 2015 Apr 2015 – Mar 2016 Apr 2016 – Mar 2017				
6 visits completed 13 visits completed 15 visits completed By Elected Members by Elected Members by Elected Members				

3.9 Following implementation of recommendations noted at the previous Corporate Parent Panel (January 2017) in relation to the process for planning and inviting Elected Member to participate in independent monitoring Regulation 44 visits, it is noted that there has been a significant increase in participation levels.

2016 – 2017 - One Year Breakdown of Elected Member Visits					
Apr 2016 - Dec 2016					
5 visits completed by Elected Members	5 visits completed 10 visits completed 15 visits completed				

Ofsted Inspection Outcome

- 3.10 Bradford offers a diverse and varied range of service provision for looked after children and young people, delivered across the eleven residential and respite homes in the area including; emergency, short / medium and long term residential care as well as specialist provisions for children with complex health and disabilities.
- 3.11 All homes have completed their **Full Inspections** and **Interim Inspections** for the 2016 2017 inspection year. The overall picture reflects in the main a positive outcome with homes demonstrating progression in their quality of care and service delivery. At this time we have; one home being judged as Outstanding, eight homes being judged as Good and two homes being judged to Require Improvement following the full inspection.

Overview of Outcome from Full Inspection For The Last Three Years			
2014 – 2015	2016 – 2017		
Inadequate = 0% Requires Improvement = 0% Good = 73% Outstanding = 27%	Inadequate = 0 Requires Improvement =9% Good = 82% Outstanding = 9%	Inadequate = 0% Requires Improvement = 18% Good = 73% Outstanding = 9%	

3.12 Following completion of Interim Inspections we have six homes judged as sustained effectiveness and four homes improving effectiveness. This is a positive picture of the quality of care and provision of service to the children accessing the service within the residential and respite home.

Overview Of Outcome From Interim Inspection For The Last Three Years			
2014 – 2015	2015 – 2016	2016 – 2017	
Declined effectiveness=18.2% Sustained Effectiveness=63.6% Improved Effectiveness=18.2%	Declined Effectiveness=30% Sustained Effectiveness=50% Improved Effectiveness=20% Willows were not scheduled to receive an interim inspection	Declined Effectiveness = 0% Sustained Effectiveness = 60% Improved Effectiveness = 40% First Avenue were not scheduled to receive an interim inspection	

3.13 The homes are preparing for the change in Ofsted's Inspection framework following the introduction of the "Social Care Common Inspection Framework in April 2017".

4. OPTIONS

None.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

None.

6. **RECOMMENDATIONS**

That the Quality Standards Manager (Regulation 44) identify and circulate dates to better support the planning and scheduling of Elected Member visits to the residential and respite homes.

7. BACKGROUND DOCUMENTS

None.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. APPENDICES

Appendix 1

- Overview of Outcomes Following Full Inspection of Bradford Residential & Respite Children's Homes
- Overview of Outcomes Following Interim Inspection of Bradford Residential & Respite Children's Homes



APPENDIX 1 -Overview of Outcomes Following Full Inspection of Bradford Residential & Respite Children's Homes

	Full Inspection Judgement Apr 14-Mar 15	Full Inspection Judgement Apr 15-Mar 16	Full Inspection Judgement Apr 16-Mar 17
Clockhouse	Outstanding	Good	Good
First Avenue	Good	Good	Requires Improvement
Hollies	Outstanding	Good	Good
Meadowlea	Outstanding	Outstanding	Outstanding
Newholme	Good	Good	Good
P Owlthorpe	Good	Good	Requires Improvement
⊕ Rowan House	Good	Good	Good
Valley View House / BEST	Good	Good	Good
Sky View House	Good	Good	Good
Wedgewood	Good	Good	Good
Willows	Good (formerly ACReS)	Requires Improvement	Good
Overall findings	Inadequate = 0 Requires Improvement=0% Good = 73% Outstanding = 27%	Inadequate = 0 Requires Improvement =9% Good = 82% Outstanding = 9%	Inadequate = 0% Requires Improvement = 18% Good = 73% Outstanding = 9%

Overview of Outcomes Following <u>Interim Inspection</u> of Bradford Residential & Respite Children's Homes

	Interim Inspection Judgement	Interim Inspection Judgement	Interim Inspection Judgement
	Apr 14—Mar 15	Apr 15-Mar 16	Apr 16-Mar 17
Clockhouse	Sustained	Improved	Sustained
	Effectiveness	Effectiveness	Effectiveness
First Avenue	Sustained Effectiveness	Declined Effectiveness	No interim inspection scheduled
Hollies	Declined	Declined	Improved
	Effectiveness	Effectiveness	Effectiveness
Meadowlea	Improved	Sustained	Improved
	Effectiveness	Effectiveness	Effectiveness
P Newholme	Sustained	Sustained	Sustained
	Effectiveness	Effectiveness	Effectiveness
© Owlthorpe	Declined	Declined	Improved
	Effectiveness	Effectiveness	Effectiveness
Rowan House	Sustained	Sustained	Improved
	Effectiveness	Effectiveness	Effectiveness
Valley View House	Improved	Improved	Sustained
/ BEST	Effectiveness	Effectiveness	Effectiveness
Sky View House	Sustained	Sustained	Sustained
	Effectiveness	Effectiveness	Effectiveness
Wedgewood	Sustained	Sustained	Sustained
	Effectiveness	Effectiveness	Effectiveness
Willows	Sustained Effectiveness	No interim inspection scheduled	Sustained Effectiveness
Overall findings	Declined effectiveness=18% Sustained Effectiveness=64% Improved Effectiveness=18%	Declined Effectiveness=30% Sustained Effectiveness=50% Improved Effectiveness=20%	Declined Effectiveness=0% Sustained Effectiveness=60% Improved Effectiveness=40%

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Report of the Deputy Director (Children's Social Care) to the meeting of the Corporate Parenting Panel to be held on 26th April 2017

Q

Subject: Education Outcomes of Looked After Children 2016/17

Summary statement:

This report looks at the performance of Children Looked After (CLA) in Bradford Schools in 2016

Jim Hopkinson
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(Children's Social Care)

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Portfolio:

Children's Services

Overview & Scrutiny Area:

Children's Services





1. **SUMMARY**

This report looks at the performance of children Looked After (CLA) in Bradford Schools in 2016

2. **BACKGROUND**

Report previously presented to Corporate Parenting Panel on 11th January 2017.

3. REPORT ISSUES

- The data to the main Education Standards report, presented to Children & Young 3.1 People's Overview & Scrutiny Committee on 14 March 2017 are based on the performance of children who were Looked After (CLA) by a local authority and attended a Bradford school. This is not the same basis for analysis as the report presented to the Corporate Parenting Panel on 11 January 2017¹: this report related to children looked after by Bradford and provided data and analysis of their performance, regardless of where the children and young people attended school.
- 3.2 The report provides analysis of the performance of pupils in Bradford schools who were identified as being CLA in the pupil-level data provided to the LA by the Department for Education (DfE) from Phonics Assessment in Year 1 (during Key Stage 1) through to Key Stage 4. No pupil-level or national benchmarking data are available for the Early Years Foundation Stage. National data on outcomes for Children Looked After have been taken from the Statistical First Release² published on 23 March 2017. However, the basis for pupil-level and national-level data are not the same: pupil-level analyses are based on pupils who were looked after for at least one day in the year to 31st March 2016: the published data relates to children looked after continuously for the whole year to 31st March 2016. **This means that** outcomes are not directly comparable.

Phonics

Phonics		2014*	2015*	2016*
Achieving Phonics	Bradford CLA	52%	71%	64%
Standard (Year 1)	National CLA	53%	55%	61%
Gap:		-1 ppt	+16 ppt	+3 ppt

^{*}In 2014 there were 31 CLA pupils in Year 1, 49 in 2015 and 42 in 2016.

3.3 Just under two thirds of the 42 pupils who were CLA in Bradford schools met the standard for the Phonics assessment in Year 1 in 2016, a slight fall from 2015 but the three year trend is positive and outcomes compare favourably to the national comparison figure in both 2015 and 2016.

https://bradford.moderngov.co.uk/ieListDocuments.aspx?Cld=352&Mld=6515&Ver=4

² DfE SFR12/2017: https://www.gov.uk/government/statistics/outcomes-for-children-looked-after-by-las-31march-2016 Page 22

Key Stage 1

% Expected Standard	Reading	Writing	Maths
Bradford LAC (48 children)	60%	42%	50%
National LAC	50%	37%	46%
Gap:	+10 ppt	+5 ppt	+4 ppt

3.4 In each of the new Teacher Assessments in reading, writing and maths at the end of Key Stage 1 (KS1), CLA pupils in Bradford schools outperformed CLA pupils nationally; however, outcomes are below those seen for all children at the end of KS1 in each of the subjects (see main report for national data for all pupils).

Key Stage 2

% Expected Standard	RWM	Reading progress	Writing progress	Maths progress
Bradford LAC (66 children)	20	-1.13	0.33	-0.59
National LAC	25	-0.5	-1.0	-1.3
Gap:	-5 ppt	n/a	n/a	n/a

3.5 Only 1 in 5 CLA pupils in Bradford schools met the expected standard in reading, writing and maths combined at the end of Key Stage 2 (KS2) in 2016, compared with 1 in 4 nationally. Value Added progress was just above average in writing but below in both reading and maths: Bradford's CLA pupil made better progress in writing and maths than their peers nationally but not in reading.

Key Stage 4

	Attainment 8	Progress 8	Basics (%)	EBacc (%)
Bradford LAC	27.2	-0.99	21.0%	8.1%
National LAC	22.8	-1.14	17.5%	2.8%
Gap:	+4.4	n/a	+3.5 ppt	+5.3 ppt

3.6 CLA pupils in Bradford schools achieved a slightly better Attainment 8 grade than their peers nationally; however, the figures for both are well below the national benchmark for all pupils (national A8 was 48.2 in 2016). Their Progress 8 score is also below average, at -0.99, but slightly better than the national figure. A higher percentage of CLA pupils in Bradford schools achieved the "Basics" (grades A*-C in English & maths) and the EBacc measures than did CLA pupils nationally.

4. OPTIONS

None.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

None.

6. **RECOMMENDATIONS**

That Members of the Corporate Parenting Panel note the contents of this report.

7. BACKGROUND DOCUMENTS

None.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. APPENDICES

None.



Report of the Deputy Director (Children's Social Care) to the meeting of the Corporate Parenting Panel to be held on 26th April 2017

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Subject: Exit Interviews

Summary statement:

To inform Members of the exit interviews collated by Through Care and After Care Service (previously Leaving Care Service).

Exit interviews are used to collate the views of looked after children who are due to leave care. The exit interview is carried out before the young person turns 21. It is used to obtain their views about their time in care and the experience they had, particularly within through care and after care service. These views are used to improve our services.

Previously they were a paper exercise, however, this year we have moved to an electronic version which is much easier to obtain information and monitor trends and views of young people. It also gives young people the ability to complete the survey online.

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Portfolio:

Children's Services

Overview & Scrutiny Area:

Children's Services





1. SUMMARY

- 1.1 To inform Members of the exit interviews collated by Through Care and After Care Service (previously Leaving Care Service).
- 1.2 Exit interviews are used to collate the views of looked after children who are due to leave care. The exit interview is carried out before the young person turns 21. It is used to obtain their views about their time in care and the experience they had, particularly within through care and after care service. These views are used to improve our services.
- 1.3 Previously, they were a paper exercise, however, this year we have moved to an electronic version which is much easier to obtain information and monitor trends and views of young people. It also gives young people the ability to complete the survey online.
- 1.4 Exit interviews are collated yearly, usually in January for all young people who turned 21 the previous year. This information is collated and all compliments are passed onto the correct department. The information is reviewed and we will look where we can improve the service. More recently, the form was considered at Children in Care Council, who asked for improvements to be made, which were.

2. BACKGROUND

- 2.1 Exit interview information is provided to Members every year in February.
- 2.2 This year the information will be in a new format as the procedure has moved onto to be electronic.

3. REPORT ISSUES

None.

4. OPTIONS

- 4.1 To continue to collate this information on a yearly basis.
- 4.2 For the service to look at and consider other ways to gather the information based on the interviews now being electronic.
- 4.3 To consider whether mentors need to be appointed to carry out the interviews with the young people. The pros of this are that the views are obtained by an independent person. The cons is that the young person may not wish to engage, therefore their views may be missed, so consideration needs to be given to the young person who they feel is best to seek these views, whether that be, a mentor, the worker or themselves.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 Obtaining this information on a yearly basis, allows the service to review the views of young people and improve where needed.
- 5.2 It also gives the "council" a voice for looked after children, and that their views have been sought.

6. **RECOMMENDATIONS**

6.1 For information purposes only.

7. BACKGROUND DOCUMENTS

7.1 See Appendices which includes the document

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. APPENDICES

- A Exit Interview Analysis
- B Exit Interview Questionnaire



LEAVING CARE SERVICE

EXIT INTERVIEW
RESULTS

2016

35 Young People completed the EXIT interview during 2016. Below is some demographic information of those completing the survey:-

Age at completing survey	Gender	
17 years (4)	Male (14) 40%	
18 years (1)	Female (21) 60%	
20 years (21)		
21 years (6)		
22 years (2)		
Blank (1)		

Ethnicity	Total Number
White English / Welsh / Scottish /	
Northern Irish / British	22
Asian or Asian British Pakistani	3
Mixed White / Asian	3
Prefer not to say	2
Mixed White / Black African	1
Other	1
Asian or Asian British Indian	1
Asian or Asian British Other	1
Mixed Other	1
Grand Total	35

As in previous years most young people moved into the Leaving Care Service at the age of 16.

4 Young Person out of 35 stated they had a disability

11 Young People are Parents.

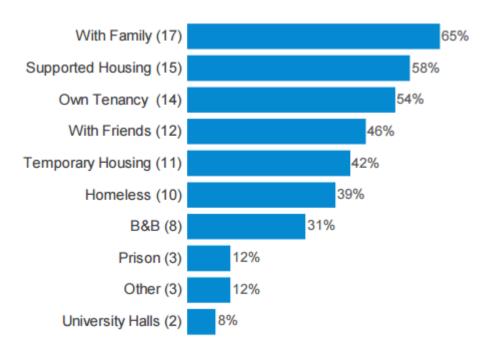
<u>Accommodation</u>

Current Housing Situation

The majority of Young People at the time of the interview were living in their Own Tenancy or living with Family. 5 Young People were in Supported Housing, 2 were in Halls of Residence and 1 was Staying Put with Foster Carers.

The below graph shows the types of accommodation a Young Person had lived in at some point since they became independent.

Accommodation since becoming Independent



The majority of Young People had <u>at some time</u> stayed with family, had their own tenancy or been in Supported Housing.

Of the Young People questioned the <u>best accommodation</u> they had lived in was their Own Tenancy because they had felt they had their own personal place and independence.

Some Young People also stated that Supported Housing was good since the staff were very supportive, friendly and caring

The <u>worst accommodation</u> according to the Young People questioned was being Homeless and living in a B&B. This they felt was "a bad start to life". Also Young People felt that Supported housing accommodation wasn't very good since they have to "follow the rules".

EET/NEET

Of the 35 Young People questioned:-

22 are Unemployed of which 8 are parents

6 in Full time Employment – with 1 YP doing an online Business Management Degree

2 in Part Time Employment

2 in Higher Education

8 in Training

1 Work Experience

3 Young People were also involved in voluntary work.

Qualifications/Achievements

The majority of Young People have obtained GCSE's and a few went on to do A levels and a Degree course. Only 3 Young People stated they had no qualifications.

Snap Shot of Qualifications
Degree
A Levels
GCSE
NVQ
BTEC
Health and Social care level 2
Princes Trust
Stonham HAPS
Food Hygiene
Welding and Fabrication
Bricklaying

<u>Health</u>

All Young people besides 1 were registered with a GP, however only 20 were registered with a Dentist. 21 Young People were also registered with an Optician. Most of the Young People felt they were able to make appointments for themselves.

Support Networks

Young people were asked who they were still in contact with.

A high proportion of the Young People were in contact with Siblings, CRW/Social Workers and Friends. Also a number were in contact with Extended family and Parents.

Other professionals Services Young People were in contact with include:-

Mental Health Services Child Services Victim Support GP Drug Services Adult services

Emotional Well Being

Over the last 6 months 5 Young People have felt Very Unhappy but the majority of the Young People felt a combination of both Happy and Unhappy and felt they were able to make lasting friendships.

Most Young People felt they could cope in a crisis, or would at least know where to go for help.

Hobbies and Leisure Activities

Below are some of the hobbies the Young People are involved in.



Future Plans and concerns

The Young People were asked what plans they had for the future. Below are some of the most common answers.

- Finding a Job
- Volunteer Abroad
- Secure Place to live / buy own home
- Contact with brother
- Provide Stable home for children
- Get Married
- Further Study
- Expand Business
- Clear Debts
- Get Married
- Re-apply for Army
- Go on holiday
- Get Driving License
- Travel
- Own Salon

The majority of Young People weren't too concerned about the future but those that were; the main concern was to find employment and permanent accommodation.

Service from Leaving Care

The majority of Young people were given the opportunity to be involved with the service and its development. Some took up this opportunity and helped with the Children in Care Council, Brathay Trust, Interviewing Staff and volunteering. However some Young People decided not to get involved or found it too far to attend from where they lived.

83% of the Young People did not have a volunteer whilst with the Leaving Care Service.

14 Young People had used Viewpoint, with only 8 giving it a rating of <u>5 stars</u> and above.

Experiences whilst with Leaving Care

Young People rated the service they received from Leaving Care at <u>6 stars</u> and above. The word cloud below shows some of the things they said about their experience.



The majority of Young People didn't think that there was anything they would change with the service they received from Leaving Care. However below are a few comments from those who did.

- Employ more workers like Yvonne
- 21 too young to close case, should be 25yrs
- Too many questions when buying items for the home.
- Supervised spend didn't like it.
- More Organised with Planning with the Young Person

Further Comments from the Young People



Exit Interview Survey

Introduction

This is not a questionnaire for young adults to fill in themselves without help. It is structured in an interview format to help the young adult participate fully in the process, give honest and straightforward answers and highlight any unresolved issues. However, should a young adult wish to fill in the form independently they can make this choice.

The planned outcome of the interview will be that the young adult will feel listened to, valued and respected. The service can use the feedback to improve services in the future.

This interview should take place six months prior to the young adults 21st or 24th Birthday (if in education).

How this information is to be used

This is a piece of action research and will be used to improve services for looked after children and people leaving care in the future.

It is important that the information generated from this research is collated at a central point and is used to outline current services, plan new initiatives

Interview

This interview is your chance to say what you think of the service you have received since you have received services from the Leaving Care Team.

What you tell us will be used to make services better for other children and young people in care and Leaving Care. There are no right or wrong answers. We hope that you will be as honest as possible.

About you....

Name (optional)		
Date of Birth (dd/mm/yyyy)		
Age		
Gender Male Female	Trans GPrefer n	ender ot to answer
Please select your ethnicity White English / Welsh / Scottish / Northern Irish / British White Irish White East / Central European White Other Mixed White / Black Caribbean Mixed White / Black African Mixed White / Asian	Mixed Other Asian or Asian British Indian Asian or Asian British Pakistani Asian or Asian British Bangladeshi Asian or Asian British Kashmiri Asian or Asian British Other Black or Black British Caribbean	Black or Black British African Black or Black British Other Chinese Roma Arab Gypsy /Traveller Don't Know Prefer not to say Other
Do you have a disability No Yes If Yes, please give details of y	our disability	

How old were you when you moved into Independence / Leaving Care Service?
16 years old
17 years old
18 years old
19 years old
20 years old
Can't remember
Are you a parent
○ Yes
○ No
If Yes, Number of children
with CRW if you need more help with this)
Are there any hobbies you would like to be involved in?
Name of Worker

Accommodation information....

Where are you living at the moment	t
○ B&B	Prison
Own Tenancy	Temporary Housing
 Supported Housing 	Homeless
With Family	University Halls
With Friends	Other
If Other, please specify	
On a scale of 1 to 10, how did your	placement help you to move into independence (1 being
poor - 10 being excellent)	placement in place in the management (in the management of the man
O 1	O 6
O 2	O 7
3	O 8
4	9
O 5	O 10
What types of accommodation have that apply)	e you had since becoming independent? (Please tick all
B&B	Prison
Own Tenancy	Temporary Housing
Supported Housing	Homeless
With Family	University Halls
With Friends	Other
If Other, please specify	

In your opinion, what is the best acc	commodation you have lived in and why?
○ B&B	Prison
Own Tenancy	Temporary Housing
 Supported Housing 	OHomeless
With Family	University Halls
With Friends	Other
If Other,please specify	
Please explain why you think this is	the <u>best</u> accommodation.
In your opinion, what is the $\underline{\text{worst}}$ a	ccommodation you have lived in and why?
O B&B	O Prison
Own Tenancy	Temporary Housing
 Supported Housing 	Homeless
With Family	University Halls
With Friends	Other
If Other, please specify	
Please explain why you think this is	the <u>worst</u> accommodation.

On a scale of 1 to 10, how did workers help you to do budgeting around rent, bills, taxes etc? (1 being poor - 10 being excellent)	
O 1	O 6
O 2	O 7
O 3	O 8
O 4	9
O 5	O 10
t are you doing now - Education,	Employment and Training
Are you in	
 Full Time Employment 	Unemployed
 Part Time Employment 	Other
If Other,please specify	
Education Further Education Higher Education Training Voluntary Work If Other,please specify	Vocational Qualifications (NVQ)ApprenticeshipsOther

Which type of education / training did you feel you gained the most support from? (please select one)
O LEAP
College
University
O Princes Trust
Apprenticeship
Other
If Other, please give details
Do you understand what a Pathway Plan is?
O Yes
○ No
Has your worker discussed the provision of a post 21 Service with you?
O Yes
○ No
If Yes, please explain what has been agreed under your Pathway Plan
Do you have any qualifications / achievements?

Do y	ou have any concerns about your future?
01	⁄es
1 🔾	No
If Yes	s, please tell us what they are
1 <u>.</u>	
<u> </u>	
Are y	vou registered with.
_	GP .
_	Dentist
=	Optician
Do y	ou feel able to make appointments for yourself?
0	⁄es
1 🔾	No
Did y	you meet the Leaving Care Nurses?
_	/es
\bigcirc	
_	NO.
1 🔾	No , why not?

Support Networks....

Who are you in contact with?	
Siblings	CRW/ Social Worker
Parents	Friends
Extended Family	Other
If Other,please specify	
Are you in contact with any other professional	
Mental Health Services	Child Services
Drugs Services	Other
Adult Services	
If Other,please specify	
Do you feel you were supported whilst in care? Yes	?
O No	
O NO	
If Yes, who gave you the most support whist in	care? (please select one)
Siblings	Mental Health Services
O Parents	O Drug Services
Extended Family	O Adult Services
CRW / Social Worker	Ohild Services
Friends	Other
Carers	
If Other, please give details	

Emotional Well Being....

Overall how have you felt in the last 6 months? (please select one)			
O Very Happy			
Нарру			
O Combination of happy/unhappy			
Unhappy Very Unhappy			
○ Angry			
Other			
If Other, please give details			
How do you feel you cope in a crisis?			
O Very Good			
○ Good			
Can't cope			
Know who to ring for help			
○ N/A			
Have you experienced a recent crisis?			
○ Yes			
○ No			
If Yes, what was the crisis and how did you deal with it			

Can you give us a bit of feedback on the Leaving Care Service....

Have you had a Volunteer whilst you have been with Leaving Care Service?		
Yes		
○ No		
If Yes, how would you rate this involvement (1 kg	peing poor - 10 being excellent)	
O 1	0 6	
O 2	0 7	
O 3	0 8	
O 4	0 9	
0 5	O 10	
0 0		
Would you recommend having a volunteer to of	thers?	
Yes		
O No		
Did you use Viewpoint when you were aged 16,	17 and 18?	
Yes		
○ No		
If Yes, how would you rate Viewpoint (1 being p		
O 1	O 6	
O 2	O 7	
O 3	8	
O 4	9	
O 5	O 10	
Tell us about your experiences in working with information about service, workers etc	the Leaving Care team e.g. type of support,	
Did your worker inform you about the Children	in care Council?	
O Yes		
O No		

Did you ever take part in the Children in care Council?	
Yes	
○ No	
Were you given the opportunity to get involved services?	in the development of any of these
Smooth It out Group	
Cook and Eat Group	
Fitness Group	
○ LEAP	
Other	
Please give details for your answer	
How would you rate the service you have receively being excellent)	ved from Leaving Care? (1 being poor - 10
O 1	O 6
O 2	O 7
O 3	8
O 4	9
O 5	O 10
Is there anything you would change about the I	_eaving Care Service you received?
Yes	
○ No	
If Yes, please specify what you would change	
How do you feel about your case being closed?)

Do you have	any other comm	onte?		
Do you nave	arry Other Commi	ents:		
ew questior	<u>ıs</u>			
-				
Did you feel o	is comfortable durii	ng the intervie	v?	
-		ng the intervie	v?	
Did you feel o	omfortable durii			
Did you feel o				
Did you feel o	omfortable durii			
Did you feel o	omfortable durii			
Did you feel of Yes No Please state	omfortable durii	not feeling con	nfortable	
Did you feel of Yes No Please state	comfortable duri	not feeling con	nfortable	
Did you feel of Yes No Please state Did it give yo	comfortable duri	not feeling con	nfortable	
Did you feel of Yes No Please state Did it give yo Yes No	comfortable duri	not feeling con	nfortable	
Yes No Please state Did it give yo Yes No	the reasons for the the chance to s	not feeling con	nfortable	
Did you feel of Yes No Please state Did it give yo Yes No	the reasons for the the chance to s	not feeling con	nfortable	
Did you feel of Yes No Please state Did it give yo Yes No Please give	the reasons for the the chance to story	not feeling con	nfortable nink?	
Did you feel of Yes No Please state Did it give yo Yes No Please give	the reasons for the the chance to s	not feeling con	nfortable nink?	

s there anything you would change about the interview?
Yes
○ No
If Yes, what would you change (Who, where, what would make it better)?
signed (optional)
Pate survey completed

Thank you for your taking the time to complete this survey, we value your opinions and we wish you all the best for the future.